CDC Office on Smoking and Health (OSH), Health Communications Branch

Considerations for Creating and Placing Mass-Reach Tobacco Counter-Marketing Ads

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Mass-reach health communication interventions target large audiences through television and radio broadcasts, print media (e.g., newspaper), out-of-home placements (e.g., billboards, movie theaters, point-of-sale), and digital media to change knowledge, beliefs, attitudes, and behaviors affecting tobacco use. Intervention messages are typically developed through formative testing and aim to reduce initiation of tobacco use among young people, increase quit efforts by tobacco users of all ages, and inform individual and public attitudes on tobacco use and secondhand smoke. (17)

This document outlines key elements of what we know works, and where to proceed with caution, when developing and/or placing mass-reach tobacco counter-marketing ads and campaigns. We have a strong evidence base to draw from, and the vast majority of the information in this document is from the following key publications:

- *Best Practices for Comprehensive Tobacco Control Programs—2014* (Centers for Disease Control and Prevention - CDC)
- *Clear Communication Index* (CDC)
- *The Community Guide: Reducing Tobacco Use and Secondhand Smoke Exposure: Mass-Reach Health Communication Interventions* (Community Preventive Services Task Force)
- *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign* (CDC)
- *Monograph 19: The Role of the Media in Promoting and Reducing Tobacco Use* (National Cancer Institute)

The document is divided into the following sections:

Considerations before Starting Campaign Development

1) **Start with a strategic communications plan that sets priorities based on what you want to achieve through your overall tobacco control plan**. A communications plan guides how communications strategies will be implemented to help achieve program goals. It describes intended audiences, campaign messages, communications strategies, and infrastructure to support communications efforts. In order to make a measurable impact, a campaign has to be well planned and executed, requiring adequate staffing and funds; if you have limited resources, consider focusing on one key goal and do the campaign well. Your tobacco control program may not have the funds to simultaneously run separate campaigns to encourage tobacco use cessation, **and** prevent youth initiation, **and** reduce exposure to secondhand smoke. Recognize that a single campaign may support more than one goal; for instance, research shows that messages about secondhand smoke can also promote cessation, and cessation ads can also prevent initiation. There are a variety of materials that can help you develop a

comprehensive tobacco control plan on OSH's website, under the "Tobacco Control Programs" tab. (11, 65)

2) **Use surveillance data to set campaign goals, guide your media buys, and establish a baseline so that you can measure the effects of your media efforts**. Use demographic and epidemiologic data (e.g., census, hospital and mortality data; the Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System; and the Adult or Youth Tobacco Surveys) to identify key audiences you want to reach (e.g., populations with high rates of tobacco use or chronic diseases caused or made worse by tobacco). Also use this data to assess the knowledge, attitudes and behaviors you intend to change through your media efforts. Programs have complemented demographic and epidemiologic data with information from market research firms about audience media use and psychographic factors (e.g., habits, interests and lifestyle preferences). The Pew Research Center is a source of free information on media consumption, particularly with regards to digital and social media. Data can help you target your media buy to reach key populations and geographic areas. You can also evaluate the effect of your campaign against the baseline measures you collect. Consult the CDC/OSH publication *Surveillance and Evaluation Data Resources for Comprehensive Tobacco Control Programs* for more information about data sources. (3, 15, 16, 58, 81)

3) **Don't reinvent the wheel — take advantage of what other programs have developed.** Before developing new advertising, do a thorough review of CDC's Media Campaign Resource Center (MCRC) ads for your chosen goal area, to identify ads that could be used. Many programs have saved time, money and avoided the uncertainties associated with developing new ads by using or adapting existing ads. At a minimum, use those ads in formative testing to determine whether the messages are clear and persuasive to your audience(s). You may be able to use the ads as they are, or re-shoot the ads using people with local accents or other unique characteristics. (11, 15, 40, 52, 75, 90)

4) **Always pre-test ads with your target audience(s); do this whether you are using an existing ad or have developed a new ad**. The ad you prefer may not have the same effect on your intended audience(s). The best way to be sure your campaign has a chance of achieving your goals is to pre-test ads with your target audience(s). See OSH's *Sample Questions for Formative Testing of Ads* for more information. (11, 15, 75, 89)

5) **Ensure that exposure to advertising is sufficiently high or the campaign may have little chance of producing attitude and behavior changes, regardless of how well-developed the ads are**. Campaigns may fail not because the ads weren't effective but because the ads weren't seen by enough people or with adequate frequency over time. Experience from the U.S. and other countries indicates that new campaigns should reach 75% to 85% of the target audience with a *minimum* of 1200 average Gross Rating Points (GRPs) per quarter at campaign introduction; ongoing campaigns need a minimum of 800 average GRPs per quarter thereafter (GRPs = % of audience reached multiplied by the number of exposures per 4-week period). A campaign should run at least 3 to 6 months to achieve awareness of an issue, 6 to 12 months to influence attitudes, and 12 to 18 months to change behavior. Achieving GRPs above the standard 'minimum dose' can increase the effect of the campaign on recall, knowledge and behavior change, and has been shown to be particularly effective in reaching populations experiencing tobacco-related disparities. *If you don't have sufficient resources to achieve*

minimum GRPs, a paid mass-reach television media campaign may not be your best option. (5, 11, 15, 19, 23, 26, 30, 40, 52, 60, 61, 92)

6) **Television is still the most effective mass media channel, but don't forget radio, print, digital, and other channels.** Television is the most heavily consumed mass media channel among adults of all ages. The benefits of using TV include its quality of combining sound and moving pictures and its unique ability to reach the majority of any major population group. Many studies have confirmed that ads on TV are recalled at greater levels than ads on other media and influence more people to change attitudes and behaviors – but TV is more expensive than radio, print and other media channels. If you can't afford TV, consider other channels. At least one study found that an emotionally evocative radio ad was just as powerful as a TV ad. Cross-media campaigns offer important benefits. Repurposing content across a variety of channels is a well-established marketing practice that can expand the reach of and reinforce messages. Cross-media efforts should be unified; creative that includes a common element across all platforms boosts memorability. Including print, radio and digital media platforms in your marketing mix also allows you to reach narrowly targeted audiences through niche media channels. (31, 37, 40, 51, 52, 63, 65, 66, 72)

7) **Complementing traditional media with digital media platforms is an effective way to disseminate health messages and augment exposure of a mass media campaign, but evidence on digital media's reach, impact and best practices is still evolving**. Digital formats – such as Web sites, mobile and social media platforms - may be less expensive, allow for narrow audience targeting, and are a promising channel to reach underserved populations, but they don't yet approach the population reach of more traditional mass-reach media. Social media's audience engagement is promising, but it is not known whether engagement leads to behavior changes. There is evidence that message approaches need to be adjusted for social media platforms (e.g., messages that are novel or have a positive frame are more likely to be engaged with and shared). Some researchers note that digital media are a low-cost way to support campaign development; programs can monitor knowledge and attitudes, and experiment with campaign elements to identify promising content and messaging approaches. Marketing on social media platforms requires a significant investment of dedicated staff time to develop, monitor and evaluate efforts. At this time, these platforms can enhance, but should not be substitutes for, traditional mass media and earned media efforts. (12, 15, 16, 21, 39, 41, 47, 50, 51, 54, 62, 67)

8) **Include an earned media plan in your overall communications plan**. Whether your media budget is large or limited, and whether your plan includes paid media or not, comprehensive earned media efforts should be part of your strategic plan. Although paid media benefits from the ability to control the message and the placement, news media coverage is important because it can help set the public agenda, add credibility to paid messages and broaden exposure to them. Research has found that earned media can support key tobacco prevention and control goals, including increasing calls to a state quitline, influencing tobacco-related knowledge, attitudes and behavior, and building support for changes in tobacco control policy. Examples of earned media efforts include establishing relationships with journalists to become a trusted, responsive, and knowledgeable resource; issuing press releases; scheduling editorial board briefings; holding events to generate media coverage; writing Op Ed pieces or letters to the editor; and training spokespeople for interviews. Studies show that providing local data and story angles increases the chance of coverage. In some health departments Public Information

Officers (PIOs) may be the gatekeeper to reporters; if you have a PIO, be sure to educate him/her on your key goals and messages. (11, 15, 25, 27, 32, 65, 70, 71, 83, 84, 95)

Considerations for All Types of Ads

1) **Messages and images that elicit strong negative emotions (such as anger, resentment, fear, loss, sadness or disgust) are especially effective in changing tobacco-related attitudes and behaviors.** However, make sure to use formative testing, not your own viewpoint, to confirm that the ads affect your target audience(s) in these ways. Emotionally intense ads elicit fewer counter-arguments, achieve higher recall (potentially requiring lower broadcast volume than other approaches) and are effective with audiences experiencing tobacco-related disparities (e.g. low socio-economic status, some racial/ethnic minorities, and youth). Message formats shown to be effective in eliciting negative emotions are graphic portrayals of the health consequences of tobacco-use, and testimonials (real stories). If you produce testimonial ads, carefully vet the persons being featured in the ad. (2, 4, 11, 28, 29, 30, 40, 52, 56, 60, 63, 65, 69, 73, 79, 80, 82, 90)

2) **Messages that counter deceptive marketing, used concurrently with a health message, are also effective.** Ads that include a direct link between deceptive marketing practices and the health harms that tobacco causes can prevent smoking initiation, support cessation, and change attitudes about tobacco control efforts. These counter-marketing messages may be especially effective among youth most receptive to cigarette advertising. It is critical that these messages are clear; otherwise, audiences may be confused and not fully understand the issue or how they should react. (15, 33, 43, 55, 59, 65, 68, 78, 82, 96)

3) **Ads that stimulate campaign-related conversation (among smokers and non-smokers alike) can increase the effect of a mass media campaign.** Emotionally intense ads are more likely to generate interpersonal communication, which can transmit the message to those who haven't seen the campaign, and reinforce the message for those who have. Studies show that smokers who report conversations generated by antismoking ads are more likely to have recently tried to quit, and nonsmokers are more likely to report support for tobacco control measures. (6, 24, 33, 43, 44, 61)

4) **Including a call to action in your ads is important.** Calls to action can include providing a quitline number or website address, suggesting a change in behavior (such as talking to a health professional or making your home smokefree), or making an enticing offer (such as receiving free nicotine-replacement therapy medication). (5, 11, 40, 93)

5) **Producing ads that appeal to a broad audience and targeting specific audiences through placement can maximize limited resources.** Research indicates strong ads can be effective across a wide variety of audiences; different ads don't necessarily need to be produced for different audiences (e.g., segmented by race/ethnicity, education or socio-economic status), as long as each audience, *particularly those experiencing tobacco-related disparities*, is sufficiently exposed to the campaign. Featuring a variety of people in your ads from different racial/ethnic backgrounds can make them more accessible to broad audiences. Specific audiences then can be targeted via tailored media placements. (2, 4, 15, 16, 20, 30, 34, 40, 48, 56, 60, 65, 77, 82)

6) **Simplified, clear messages and visuals are best.** One main message is ideal—two to three would be the maximum to communicate. In general, out-of-home ads require the fewest words; then TV ads and videos; then radio ads; then print ads. Avoid being too clever, too subtle or too sophisticated with your messages. A recent study found that smokers responded more to strong arguments against smoking than they did to clever tricks like loud sounds or unexpected twists. Consider literacy levels and the desire of all people, not just those who are highly educated, to understand messages quickly and easily. In addition, make sure your visuals match and support your messages. For more information, see the CDC publications *Simply Put* and the *Clear Communication Index*. (8, 65, 74, 75, 91)

7) **Key messages need a credible supporting fact or persuasive statement.** This helps the audience better understand what you are telling them and why they should believe it. In commercial advertising, this fact or statement is called the "reason to believe." An example of this is when you make a statement such as "Everyone has the right to breathe clean air" the message will be more convincing and clear if you back it up with a supporting fact, such as "Secondhand smoke contains about 70 chemicals that cause cancer." Formative testing is always recommended to ensure that your target audience understands and believes your intended message(s). (1, 8, 13)

8) **Potential shelf life and adaptability are important considerations when making decisions about and ad's execution.** Ensuring that your ads are not tied to a certain location or time period will increase the likelihood that you can use the ads in later years and that your ads can be shared with other states or localities (or even other countries). Ways to help make the ads timeless and location-less include placing localized information in the tagging section only, avoiding showing items that might become outdated quickly (such as cell phone or other technology) and using voice-overs rather than talking heads where appropriate. If you produce a great ad, it will be in everyone's best interest for the ad to be used over time and more broadly. (9, 10)

Considerations for Cessation Ads

1) **Showing people living with the negative consequences of tobacco use is powerful.** The concept of death is abstract and too distant to motivate some tobacco users. Ads that portray living with the consequences of tobacco use help them appreciate tobacco's short-term effects and how difficult life can be when tobacco-related harms occur. (5, 60, 65)

2) **Generally, "why to quit" messages are stronger motivators than "how to quit" messages.** Tagging emotionally evocative "why to quit" ads with a quitline or other cessation resource is generally a sufficient "how to quit" message. Some evidence suggests that including cessation support and/or self-efficacy messages in hard-hitting health consequences advertising can reduce the likelihood that smokers will have avoidance reactions or dismiss the key message(s). However, keep in mind that "how to quit" messages, on their own, are less effective in promoting behavior change as "why to quit" and may not be suitable as a stand-alone campaign strategy. (11, 15, 16, 22, 34, 40, 64, 88, 93)

3) **Tone matters.** Confront tobacco users, but do so respectfully--don't patronize, make fun of, or scold them. Use an empathetic tone that conveys you understand what they are going through, and that quitting is challenging. Educate and motivate tobacco users, and support those ready to quit, but don't tell them what they "must" or "should" to do. (11, 40)

Considerations for Secondhand Smoke Ads

1) **Emotionally evocative ads increase knowledge and beliefs that secondhand smoke is harmful; positive, supportive ads emphasize the benefits of smokefree air to promote compliance with smokefree protections**. Varying the tone is important to first get people's attention and educate them persuasively about the health harms of secondhand smoke, and then later to make the community feel good about new smoke-free protections and how they will improve everyone's lives. (38, 52, 53, 79, 80, 86)

2) **Messages about secondhand smoke can support cessation**. The more places smokers can't smoke (e.g., workplaces, public places, homes and cars), the more likely they are to try to quit. This effect may be due to a combination of factors: 1) smoking becomes less convenient and the opportunities less frequent; 2) secondhand smoke messages change social norms about the acceptability of tobacco use; and 3) secondhand smoke messages can elicit concern about the impact smoking has on others, which can avoid smokers' tendencies to counter-argue and deny health messages. (36, 40, 46, 52, 96)

Considerations for Youth Prevention Ads

1) **Youth respond to effective general audience advertisements.** Well-executed, emotionally evocative ad campaigns - even those with a primary audience of adults - can be very effective in building knowledge, and changing attitudes and behaviors among youth. Young people respond well to the same key messages as adults about the serious health effects of tobacco use and secondhand smoke, and about deceptive marketing practices. It is not necessary to show young people in advertisements in order to influence this population. (4, 13, 16, 33, 40, 60, 65, 82, 85, 97)

2) **Health consequences and countering pro-tobacco messages have more impact than messages about social approval/disapproval and choice/refusal skills.** The negative health consequences of tobacco use and secondhand smoke, and messages that counter deceptive marketing practices have a proven track record of effectively reaching youth, perhaps because they produce strong emotional arousal (a key component of ad effectiveness). Youth-targeted ads with explicit behavioral directives (e.g. "don't smoke") or that portray smoking as an adults-only behavior may actually increase youth smoking prevalence. (2, 14, 35, 42, 65, 68, 82)

Caution Areas

1) **Including smoking cues in tobacco counter-marketing ads may undermine their effectiveness; it is best to avoid including smoking images, unless accompanied by strong anti-smoking arguments.** Studies to date have found mixed and even contradictory effects to including smoking cues in ads, and those effects have varied by smoking status (e.g. daily vs. non-daily, former vs. current smoker, motivated to quit vs. pre-contemplation). Cues include portrayals of holding and handling cigarettes (and e-cigarettes); smoking of cigarettes; and showing smoking-related materials (e.g., cigarettes, ashtrays, matches and lighters). If you include smoking cues, test the argument strength of the ad to be sure it is adequate to overcome the potential loss in persuasion created by the smoking cue. See OSH's *Guidance on Smoking Images in Counter-Marketing Ads* for more information. (45, 49, 87, 94)

2) **Ensure that messages and images are credible.** Don't go so far in trying to make ads graphic/hard-hitting that it isn't believable to the audience; check to make sure the ad isn't activating counter-argument and/or denial responses that would diminish the ad's effectiveness. (82)

3) **Humor is a less effective motivator of desired attitude and behavior changes than seriousness; however, some humor has been used effectively in ads.** Humorous ads are generally less effective in motivating smokers to quit than serious ads, but there may be an appropriate role in a campaign for a humorous ad if the humor is used to convincingly show empathy for smokers (e.g., California's "Quitting Takes Practice" ads). Also "dark humor" can be used to motivate attitude and behavior change when it elicits negative emotion (e.g., the truth ® "Body Bags" and "1200" ads). Humor used simply for the sake of entertaining should be avoided. Because humor is subjective, it carries a risk of being misunderstood or off-putting, and should always be pre-tested with your target audience. (18, 50, 57, 65, 82)

4) **Be cautious when using celebrities in ads.** Experience has shown that using celebrities in ads has more downsides than upsides. Downsides include behavior by celebrities over time that compromises their ability to be appropriate role models; interest in controlling the content and production of the ads; and lack of credibility among viewers who assume that the celebrities are being paid to act in the ads. On the upside, celebrities can be effectively involved in earned media efforts, for instance participating in press conferences to attract the news and entertainment media. However, even in these cases, it's recommended that only celebrities with genuine personal experience with the harms of tobacco be involved (e.g., those who lost family members or who struggled with quitting). (11, 82)

5) **Repeating misinformation to debunk or clarify an incorrect claim can create "belief echoes" that reinforce the original misinformation**. This "belief echo" persists even when the audience believes, understands and recalls the correction. (7)

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