

## Appendix 6.1: Managing the Request for Proposals Process

*This has been adapted, with permission, from the U.S. Centers for Disease Control and Prevention's Designing and Implementing an Effective Tobacco Counter-Marketing Campaign, which is available at [http://www.cdc.gov/tobacco/media\\_communications/countermarketing/campaign/00\\_pdf/Tobacco\\_CM\\_Manual.pdf](http://www.cdc.gov/tobacco/media_communications/countermarketing/campaign/00_pdf/Tobacco_CM_Manual.pdf).*

Issuing a Request for Proposals (RFP) and selecting an agency or other firm is a process that should be handled carefully. Issues to consider during two key stages of the bidding process are listed below. The process is outlined for selection of a full-service advertising agency to develop and place advertising, but you can use the main steps to select any kind of communications firm or marketing-related contractor.

### Before the Bidding Process

Do not rush into issuing an RFP. Take some time to:

- **Learn what your budget can buy in your area.** Media and production costs vary, area to area. Find out what it should cost to reach your audience(s) in your particular location. One approach is to talk to the managers of other campaigns in your area (e.g., another health topic, tourism, the lottery) to find out what they spend per target audience member.
- **Look at what has been done by other programs in your region.** Learn how other organizations selected an agency; again, health issues, the lottery and tourism campaigns may be a good place to start.
- **Explore approaches used in other states, provinces or countries.** Examine RFPs for advertising contractors in other areas and the contracts awarded.
- **Learn the complexities of your organization's contracting rules.** Find someone in your organization's financial or contracting office to guide you through its contracting procedures and to help you develop language for an RFP. A good way to start is by reviewing media RFPs from other organizations in your area. Make sure that you understand the RFP and that your contracting office has reviewed the process for your RFP. You should be comfortable with the wording of the RFP and the deliverables it describes.
- **Decide on the type of firms for your program.** Do you want one all-purpose agency that can give you a range of communications services or a set of specialized firms that work together as a team? Do you have the staff to oversee contracts with more than one firm, such as separate advertising and public relations companies?
- **Avoid firms that work with tobacco companies.** Just as Coca-Cola does not hire firms that work for Pepsi, you should not hire firms that work for the competition. This recommendation has become more complicated with the recent trend toward acquisitions and mergers. Many agencies that do not work with the tobacco industry have been bought by conglomerates that may own other firms with tobacco accounts. At a minimum, the agency you hire should have no direct connections with the tobacco industry or its affiliates. You will have to consider the advantages and disadvantages of hiring a firm that does no tobacco work but has partner agencies that do. *Adweek*, an advertising industry publication in the United States, publishes a directory of advertising firms, their clients, and their affiliations with advertising conglomerates and holding companies. You should require that all bidding agencies disclose any connection, direct or indirect, with the tobacco industry or its partner companies so you can consider that information in selecting an agency. If an agency you want to use has such a connection, ask the bidder to submit a plan for separating your campaign and account from any potential conflicts of interest.

- **Recruit a diverse review committee.** The members of your review committee (the group of people you select to help you review the firms' proposals) should have a wide range of expertise and backgrounds, including experience with health issues and the communications techniques you plan to use in your program (e.g., advertising, public relations, and media advocacy). Check your organization's or government's restrictions about using outside reviewers.

## During the Bidding Process

Most contracting rules limit your ability to communicate directly with firms bidding on your proposal. Nonetheless, the review process gives you opportunities to learn about the firms. As you review proposals and listen to bids from each firm, keep these questions in mind:

- How strategic and thoughtful are the decisions the firm makes and the work it produces?
- How creative is the firm?
- How do you like the way that the firm describes how it would approach the subject of tobacco?
- Does the firm have experience working with community groups?
- Does the firm have experience with your target audience(s)?
- Does the firm have experience with tobacco control, social marketing or other health-related work? If not, you may still want to consider the firm; it would be much easier for you to teach the firm's staff about tobacco control than to teach them about developing and placing ads!
- Do the firm's references and samples give you insights into the quality of the work and skills of the staff assigned to your account?
- Has the firm developed campaigns that have generated measurable results? Ask for examples.
- Has the firm bought media in every market in your area? Does it have experience in evaluating and buying a wide variety of media?
- What is the experience of the primary staff members who will be assigned to your account?

## Appendix 6.2: Elements of a Creative Brief

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### Purposes of a Creative Brief

The creative brief includes key information gleaned from formative research and translates these research learnings into direction for the advertising agency creative staff (“Creatives”) to develop communications materials. It serves as a link between the research and the creative process. The creative brief also helps bring everyone involved into alignment before the development of materials begins. Materials development can begin once the campaign’s key decision makers have approved the creative brief.

### Elements of a Creative Brief

Below is a description of the most common elements included in a creative brief. There are many ways to design a brief, and organizations and agencies will use different formats that may include some or all of these elements.

#### Project Description and Background

The specific assignment for the agency’s Creatives. This section provides important background information and short-term tactical thinking to help bring the long-term strategy to life in the target audience’s current environment. The assignment might be a broad one, such as:

- Develop comprehensive introductory advertising for a new campaign designed to reduce exposure to secondhand smoke.
- Develop a public education campaign designed to spur individual and community action to reduce young people’s access to tobacco products, especially by building support for local enforcement efforts.

The assignment might also be as specific as:

- Develop a new television advertising execution (or new version of a series of ads; also called a “pool-out”) for an existing campaign.
- Create ads for billboards to supplement existing TV and print ads.

#### Description of the Target Audience

Identification of the target audience you want to reach. Examples of target audiences include:

- Restaurant owners who smoke.
- 11- to 15-year-old nonsmokers.
- Family members of smokers.
- Policy makers.

### **Target Audience Insights**

Descriptive details about the target audience, including specific information about demographics, lifestyles, psychographics, and other characteristics of the target audience to help the Creatives develop appropriate materials. Creative materials are most persuasive when based on one or more insights into target audience beliefs or practices related to the concept, product, attitude or behavior being addressed. These target audience insights can be positive or negative. They are the foundation for building the content of communications materials.

One example of a target audience belief that might influence the creation of youth tobacco use prevention advertising is that young people are more afraid of living a life of pain and physical problems as a result of smoking than they are afraid of dying from smoking because their perception of death is vague and abstract.

### **Goal(s)**

What you want the target audience to do as a result of hearing, watching, reading or experiencing the advertising.

Examples include:

- Increase awareness of the tobacco industry's deceptive marketing practices.
- Change attitudes about secondhand smoke so that they feel smoking is also dangerous to those around the smoker.
- Support policies restricting smoking in public buildings.
- Enter a smoking cessation program.

### **Obstacles**

Beliefs, attitudes, values, behaviors or environmental factors that prevent the target audience from adopting the desired attitude or behavior. The obstacles are what stand between the audience and the desired attitude or behavior.

Examples include:

- Lack of knowledge of the harmful effects of secondhand smoke.
- The belief that smoking is not harmful if one smokes only occasionally in social settings.
- Tobacco industry financial support of community organizations.
- Smokers' belief that they must quit on their own without getting help.

### **Key Promise/Key Benefit(s)**

Statement of the key benefit(s) or reward(s), including emotional benefits if appropriate, that the audience will experience for adopting the desired attitude or behavior. The key benefit is something that will make changing to the desired attitude or behavior worth it for the audience. Examples include:

- Ability to live long enough to see one's children grow up.
- Saving oneself from great pain and suffering caused by smoking-related disease or illness.
- Being a good parent by protecting one's children from secondhand smoke.

**Statements of Support or Reasons to Believe**

A statement of support, a reason to believe, or evidence that adopting the desired attitude or behavior will result in gaining the key benefits. These statements should be compelling enough to overcome the obstacles.

Examples include:

- Sharing the fact that smokers who quit live an average of 15 years longer than smokers who continue smoking throughout their lives, and showing middle-aged and older nonsmokers enjoying life with their children and grandchildren.
- Showing a credible portrayal of someone who became ill from smoking and revealing how difficult that smoker's life became.
- Persuasively communicating that children in households where smoking occurs inhale the same poisons as the smoker.

**Brand Character**

Description of the brand's image or qualities designed to appeal to the target audience (e.g., nurturing and helpful, strong and powerful, credible and trustworthy, or rebellious and independent). Because many tobacco control marketing campaigns are not based on a brand, this section is often not included in tobacco control creative briefs.

**Copy Strategy**

A short paragraph developed to succinctly summarize what the advertising needs to achieve, including who the advertising is directed to, what action is desired, the key benefit(s) of taking that action, the reason(s) to believe that benefit will be realized if the action is taken, and the brand character (if relevant). The format of a copy strategy might be something like, "The television ad will convince A (target audience) to do B (desired action) because they will believe that doing so will provide them with C (key benefit). The reason to believe will be D."

**Tone**

The feeling that the materials will convey (e.g., authoritative, positive and encouraging, heart-wrenching, hopeful).

**Media Vehicles**

Media vehicle(s) for which creative materials will be produced (e.g., TV spot, radio spot, newspaper ad, billboard, transit ad, Web site, brochure, educational video).

**Considerations for Executions, Creative Considerations or Mandatory Elements**

Specifics that the materials should or must contain. Examples include:

- Materials may need to be easily adaptable for local or national use; therefore, references to names of specific towns or states should not be included.
- Materials must not alienate adults even though teens are the primary audience because adults will be exposed to the materials as well.
- The TV advertising must include a five-second tag at the end with the quitline number.

# Appendix 6.3: Sample Creative Brief for The Quit Group

*This has been adapted, with permission, from The Quit Group, New Zealand.*

## CREATIVE BRIEF

CLIENT	The Quit Group
PROJECT/PRODUCT	Smoking Cessation
DATE	26 January 2005

## Background

The national Quitline is a popular quit smoking service in high demand from the public. For the past five years it has been promoted through advertising campaigns, and the level of calls received by the service is closely related to the level and type of on-air television advertising.

The Quit Group currently runs two separate television advertising campaigns:

- Every cigarette is doing you damage (EC)
- It's about whānau (IAW)

The EC campaign is still very effective, but the IAW campaign is nearing creative “wearout” after extensive airplay. The Quit Group aims to create a new advertising campaign by January 2006 to replace the IAW campaign. The Quit Group would like to commission the development of two optional creative concepts for new quit TVCs. These will be concept-tested alongside two additional concepts that have been sourced from overseas to determine the direction of the new campaign.

## Current Quit Campaigns

### Every cigarette is doing you damage

The EC TV campaign highlights the health effects of smoking and advertises the Quitline number. It is a “threat-appeal” campaign, adapted from the National Australian Tobacco Campaign ([www.quitnow.info.au](http://www.quitnow.info.au)). The five commercials—lung, brain, aorta, tumor and eye—pull no punches about the devastating effects smoking has on the body. There are images of fatty aortas, rotting lungs, tumors, blind eyes and a blood-clotted brain.

The EC campaign has been running on television regionally since 1998, and nationally since 2001. Despite the campaign’s relative age, it continues to generate a high number of calls to the Quitline (more than any other Quit campaign). The TVCs in this campaign have not received heavy airplay. There is one commercial from the original Australian series that has yet to be shown in New Zealand—the “tar” commercial. This and another similar commercial—“heart attack”—are being redeveloped for airing in New Zealand to refresh the existing suite of EC commercials.

**It's about whānau**

The IAW TV campaign features a number of Māori ex-smokers who represent diverse iwi, age groups and socio-economic backgrounds. They share their personal stories about quitting smoking, which highlight the effects of smoking on family. The stories were gathered using an interviewing style and were unscripted. The commercials were developed and filmed in New Zealand by a Māori film company, and deliver an empowering message aimed at increasing smokers' confidence in being able to quit.

The campaign was launched in August 2001 and has had extensive airplay. It is a popular campaign, especially among Māori, but the commercials are becoming increasingly dated. Five of the original 15 TVCs can no longer be aired due to people's lives moving on. Talent contracts are being renewed for three or four of the IAW ads so that they can be aired in 2005 while a new campaign is under development.

**New Quit Campaign Requirements**

The new Quit campaign is intended as a replacement for the IAW campaign with a similar "feel-good" and supportive theme. While the IAW campaign generates fewer calls to the Quitline, it acts as an important counterbalance to the more confrontational EC series. Requirements for the new ad campaign include ensuring the campaign is:

**Supportive and empathetic in tone**

Research with all groups of smokers consistently highlights the effectiveness of showing gory smoking health effects images, but it is also important to balance the hard-hitting approach with an empathetic and supportive campaign, such as IAW. The new Quit campaign is intended to replace IAW, so the new campaign needs to be supportive and empathetic in tone.

**Relevant for Māori, Pakeha and Pacific smokers**

It is important that Māori, Pacific and Pākehā are shown in the new campaign to encourage all these groups to consider quitting, and to demonstrate that the service is available for people from all main cultural groups. Quitline monitoring data shows advertising on television increases the percentage of Māori callers, and that the Māori-specific IAW campaign increases the proportion of Māori callers phoning the Quitline. Research with Pacific smokers suggests that quit campaigns need to include Pacific people, as this group currently holds the perception that the Quitline is a service for Māori smokers. In order to specifically reach Māori and Pacific audiences as well as non-Māori, we envisage that a suite of TVCs will need to be developed. Each concept that is tested, therefore, needs to be able to be developed as a series of TVCs.

**Encouraging of relapsed smokers to try and quit smoking again**

The Quitline service receives increasing numbers of calls from relapsed callers. The media campaign should encourage relapsed smokers to make another quit attempt and reassure people that relapse is a normal part of the quitting process.

**Relevant, believable and thought-provoking for priority audiences**

Media research has shown that TVCs are more effective if the content is relevant, believable and thought-provoking for priority audiences. It is important the stories and people are perceived as "real" so that smokers can relate to them. Examples of how this can be achieved for this campaign include:

- depicting people, settings and key messages that are seen to apply to the priority audience,
- ensuring key messages are believable, and
- presenting information in a way that is insightful and prompts people to think about quitting.

### **Flexible with a variety of advertisement options**

The new campaign must be good for several years, therefore, it should be a series of messages rather than one or two TVCs. The IAW series was made up of 15 different commercials, and it would be ideal to have a series of commercials to rotate in this way.

## **Overall Campaign Objectives**

- To generate awareness of the Quitline service and telephone number.
- To increase knowledge of the benefits of quitting smoking among smokers.
- To increase smokers' motivation to quit and stay quit.
- To encourage and motivate relapsed smokers to try and quit smoking again, and to let them know that they can re-contact the Quitline for quit smoking support and advice.

### **Overall Campaign Aim**

Motivate people to think about and take action to quit smoking.

### **Advertising Motivators**

- Increased perception of the harms of smoking (to self and others).
- The knowledge/belief that you can quit successfully, even if it takes a few quit attempts.
- Have clear out-take—quit smoking.

### **Tone**

Empathetic, supportive and encouraging to smokers.

### **Key Messages**

- Smoking causes serious illness and death.
- Protect your health so you can enjoy a long life and be around to watch your family grow.
- Relapse is a normal part of the quitting process. Keep trying and you will succeed in giving up smoking.
- Call the Quitline for quit smoking support and advice.

### **Single-Minded Proposition**

You can quit smoking, and the Quitline is here to help.

### **Priority Audiences**

- Smokers aged 25 to 44 years.
- Lower socio-economic people.
- Māori, Pacific and Pākehā.

**Smokers at different stages of the quitting cycle; smokers generally go through five successive stages in the process of quitting, each involving different issues and challenges:**

1. pre-contemplation (not thinking about quitting)
2. contemplation (thinking about quitting but not ready to quit)
3. preparation (getting ready to quit)
4. action (quitting)
5. maintenance (remaining a nonsmoker).

**Media**

TVCs—30 seconds (or shorter)

**Support media**

The concept needs to be transferable to other media including radio, magazine advertising, press advertising and posters. However, for the initial concept, only TV concepts need to be developed.

**Mandatories**

Logos: Quit/Me Mutu

The Quitline number, 0800-778-778, is also an advert mandatory, although please note that we will need to have alternate versions of the ads made that do not feature the 0800 number. This is because call levels to the Quitline need to be kept at manageable levels, so at times it is necessary to play Quitline adverts that promote quitting smoking but do not feature the Quitline 0800 number.

**Timing**

Concepts needed by: 18 March 2004

**Budget**

\$4,000 for concept development.

**Concept Presentation Requirements**

All concepts will be pre-tested in storyboard format. Two campaign concepts have been sourced from overseas which, when adapted for a New Zealand audience, could fit the above quit campaign requirements (overseas campaigns are included on the attached disc). As per the above brief, The Quit Group would also like to contrast these overseas concepts with two new concepts developed by a New Zealand-based creative agency. All four concepts will then be concept-tested to evaluate their effectiveness and acceptability to the priority audiences.

# Appendix 6.4: Sample Creative Brief for the U.S. Centers for Disease Control and Prevention and the World Health Organization

*This has been adapted, with permission, from the U.S. Centers for Disease Control and Prevention's Designing and Implementing an Effective Tobacco Counter-Marketing Campaign, which is available at [http://www.cdc.gov/tobacco/media\\_communications/countermarketing/campaign/00\\_pdf/Tobacco\\_CM\\_Manual.pdf](http://www.cdc.gov/tobacco/media_communications/countermarketing/campaign/00_pdf/Tobacco_CM_Manual.pdf).*

## STRATEGY PLATFORM

CLIENT	World Health Organization and U.S. Centers for Disease Control and Prevention Project
PROJECT/PRODUCT	"How To Quit" TV—Revised
DATE	12/13/00

## Background—*What is the situation?*

The World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC) with other health organizations are committed to tobacco use reduction; making it a priority over the next three years. The goal is to reduce the use of tobacco products, thereby reducing preventable disease and death. Globally, four million deaths a year are attributed to tobacco use. If tobacco use continues unchecked, this death rate is projected to rise to 10 million deaths annually by 2030. By 2020, 70 percent of tobacco-related deaths would be in developing countries. Most of the future tobacco-related deaths over the next 50 years will be those of adult smokers smoking today; thus governments concerned about making health gains for their citizens can make a significant advance by encouraging and helping adult smokers to quit.

As part of the commitment to tobacco use reduction, quit tools need to be provided to countries to assist in the fight against tobacco. As mentioned, WHO and CDC are working with other partners to develop a TV spot that educates smokers about "how to quit." There are many tools to aid quit attempts and it often takes more than one attempt to succeed.

Historically, public service announcements (or paid media TV spots) on tobacco have focused on the health risks of smoking—both for active and, more recently, passive smokers. While this remains important, in many countries the vast majority of smokers are now aware of these risks; stating that they want to quit and have tried to quit several times in the past. Unfortunately, however, the vast majority of smokers try to quit unaided, without any support (behavioral or pharmacological), despite the fact that such treatments are available and have been clinically proven to significantly increase success rates. Therefore, there is also a need to educate smokers that effective treatments do exist and that going it alone is the least successful way of quitting, and to encourage them to seek out and use such treatments.

## Competitive Framework—*Against whom are we competing?*

### General Overview

The tobacco companies continue to sell tobacco and their advertising has not changed to include the health risks or addictiveness associated with cigarette smoking. Other than the mandated warning labels specific to each country and any other enforced mandates, the industry does not disclose information about the health consequences in any of its marketing. The industry continues to expand around the world, in developed and developing countries.

### Specific to Quit Attempts

In the context of helping smokers to quit, the competitor is “cold turkey”—the least effective, but most commonly used, means of quitting.

## Objectives—*What are we trying to accomplish?*

- Overcome the perception that the best way to quit is to go it alone.
- Get smokers to think about quitting with help; reinforce that quitting is not easy and it is okay if success is not achieved the first time.

## Target—*With whom do we want to connect (include demographics and psychographics)?*

- Adult smokers, ages 18 to 49
- Smokers’ thoughts and behavior on quitting are varied:
  - Some are in denial that they are addicted and that they cannot quit—they feel they can quit whenever they are ready.
  - Some are ready to quit now but still may not realize they need help to succeed.
  - Others feel the only way to quit is to do it on their own. They are not receptive to help because they feel they should do it alone. Even if they have tried to quit before and have failed, they still feel that it is their own responsibility to quit. They want to be in control. Accepting help shows weakness and lack of control.

## Current Response—*What the consumer would say about the brand and/or offer before advertising:*

I know I need to quit; when I am ready, I will do it on my own.

## Desired Response—*What we want the consumer to say after the advertising:*

I know quitting is hard and I do need help; getting help does not diminish my accomplishment of quitting.

## Key Selling Message

Do not quit alone; seek out help to improve your chances of success.

## **Motivating Support Points**—*Why should the consumer believe us?*

- Cigarette smoking is addictive and it is hard to quit. Success does not happen overnight. With help, it could be achieved sooner. Quit tools to consider: quitlines, pharmaceutical products, cessation programs, and Web sites. Being in the right mindset is crucial (wanting to quit) and having the willpower is critical but getting help will significantly increase chances of success.
- Smokers have a tendency to get discouraged if success is not immediate; they need to feel this is not a reflection on them as a person. They need to know it is okay to attempt more than once before success is achieved. Additional support points should be specific to the tags for pharmaceutical products or quitline support. For countries that do not have either of the above, tags could contain a more emotional message, such as a point about how much your family cares about you and wants you to succeed in quitting.

## **Tone**

Understanding and encouraging

## **Executorial Considerations**—*Media/timing, unit sizes, budgets, other client directives*

- One :30 TV spot, :25/:05 split—25 seconds dedicated to message and 5 seconds dedicated to call-to-action. Once in the creative process, the second split will more accurately be determined—the tag may need 10 seconds especially when the support points are clarified and confirmed.
- Individual tags (5 or 10 seconds) highlighting quitlines, Web sites, cessation programs, pharmaceutical products so people know what “quit tools” are available and where to find them.
- Translations to be considered being executed by individual countries to ensure appropriate dialect and language.
- The organization’s name to be included and will change by country. Each country will be responsible for inclusion when translations are done (need to discuss this portion further).
- Due to countries not being identified at this point and the fact this spot needs to be globally applicable, the creative concept may need to be more visual and less talent heavy. This will be determined once creative development begins.
- Budget: (not confirmed)
- Timing: Available the week of May 7, 2001

## Appendix 6.5: Sample Creative Brief for QUITPLAN™

*This has been adapted, with permission, from ClearWay Minnesota.<sup>SM</sup>*

### Creative strategy brief

**Job:** QUITPLAN Television

**Job #:**

**Client:** QUITPLAN

**Brand Supervisor:** Rankin

**Project Manager:** Thompson

**Creative Team:** Fury/Coverdale

**Brief To Client:** 3.7.05

**Client Approved:**

**Date of creative briefing:** 3.11.05

**1<sup>st</sup> presentation date:**

**First Media Close Date:**

#### What is the assignment?

We are developing a marketing communications campaign designed to introduce all Minnesotans to QUITPLAN™. QUITPLAN is a service dedicated to helping all Minnesota smokers find better ways to stop smoking. The QUITPLAN portfolio of services includes—a telephone helpline, web counseling and a variety of face-to-face counseling options. For the initial part of the campaign, our lead medium will be television.

#### What is the strategy?

Educate smokers that using QUITPLAN significantly increases your odds of success. QUITPLAN has the tools smokers need.

#### Who are we talking to?

##### *Primary*

Smokers aged 25 to 54

63 percent of smokers in Minnesota who want to quit and are planning to quit.

#### What do we want to say to them?

QUITPLAN has a better way to stop smoking. They can teach me how to increase my odds of success.

#### What do we know about the audience that will help us communicate this?

Smokers have little knowledge of the best ways to quit. And how certain methods can increase your odds of success, nor that QUITPLAN offers this help. We need to tell them.

For emotional leverage:

- *Learning to quit/Offer hope/Just give me a plan*
  - Most smokers are very eager to learn, and viewing it as a topic to be learned is both novel and engaging (“I never thought of it in that way”)
  - Hopefulness is attractive when delivered in the right way (tonality)

**What justifies or supports this message? Key facts/ideas that support the message.**

Studies have demonstrated that addressing the physical as well as the psychological aspect of quitting in your stop smoking plan can significantly increase your odds of success.

**Perceptions: What do we want consumers to think?**

*Current perception*

Smokers think a help line (including 1-877-270-STOP) will be of little use, and that calling will be a belittling experience.

*Desired perception*

If I use QUITPLAN, my odds go up.

**Behavior: What do we want consumers to do?**

*Current behavior*

Smokers are using techniques that are not as effective as what QUITPLAN offers.

*Desired behavior.*

I need to contact QUITPLAN.

**How will we know if we have been successful?**

- More calls to the help line or hits on the Web site
- Greater awareness of QUITPLAN.
- Greater understanding that there are more effective ways to stop smoking.

**Constraints and mandatories:**

- QUITPLAN brand identity must be used
- Individual versions for the QUITPLAN Web site and helpline will need to be created.
- Calls to the QUITPLAN Helpline have been down recently. Because of this, the spot will need to deliver strong QUITPLAN brand identity.

## Appendix 6.6: Sample Budget for Follow-Up with Smokers Registered for 2006 Quit and Win Program in Three Regions of Ghana

Provided by Edith Wellington, Senior Health Research Officer, Ghana Health Service, Ghana.

Activity/Item	Quantity Required	Unit Cost	Cost (CEDIS)	Cost (USD)
<b>Cessation Assessment:</b>				
<b>1. Recruitment and training of data collectors:</b>				
a) Data collectors to recruit	7 x 2 days	—	—	
b) Training hall rental	1 x 2 days	200,000	400,000	
c) Meals	10 x 2 days	105,000	2,100,000	
d) Stationery	Assorted	1,000,000	1,000,000	
e) Pre-testing of tools:				
• Transportation	2 pickups x 1 day	—	—	
• Fuel	10 gallons	40,000	400,000	
• Allowance for drivers	2 x 1 day	80,000	160,000	
<b>Sub-Total</b>			<b>¢4,060,000</b>	<b>\$441</b>
<b>2. Fieldwork to collect data:</b>				
a) Allowance for data collectors	7 x 3 days	200,000	4,200,000	
b) Allowance for supervisors	2 x 3 days	400,000	2,400,000	
c) Coordinator	1 x 4 days	500,000	2,000,000	
d) Transport (motorbikes)	4 x 3 days	—	—	
e) Pickups	3 x 3 days	—	—	
f) Drivers	3 x 3 days	80,000	480,000	
g) Fuel	20 gals	40,000	800,000	
<b>Sub-Total</b>			<b>¢9,880,000</b>	<b>\$1,074</b>
<b>3. Data management and analysis:</b>				
a) Allowance for data manager	1 x 3 days	200,000	600,000	
b) Allowance for data analyst	1 x 2 days	400,000	800,000	
c) Logistics for data management and storage		200,000	200,000	
<b>Sub-Total</b>			<b>¢1,600,000</b>	<b>\$174</b>

Activity/Item	Quantity Required	Unit Cost	Cost (CEDIS)	Cost (USD)
<b>Cessation Assessment: (cont'd)</b>				
<b>4. Report writing and dissemination of findings:</b>				
a) Allowance for report writing	2 x 1 day	150,000	300,000	
b) Binding and postage	4 copies	50,000	200,000	
c) Snack for participants at dissemination workshop	100 x 1 day	30,000	3,000,000	
d) Fuel for organizing dissemination	5 gallons	40,000	200,000	
e) Allowance for co-ordination	2 x 2 days	500,000	2,000,000	
f) Allowance for facilitation	2 x 1 day	400,000	800,000	
g) Rental of meeting hall	1 x 1 day	450,000	450,000	
<b>Sub-Total</b>			<b>¢6,950,000</b>	<b>\$755</b>
<b>Launching of World No Tobacco Day</b>				
<b>5. Preparation of grounds:</b>				
a) Pickup for preparatory rounds	1 x 2 days	—	—	
b) Buses for participants	3 x 1 days	—	—	
c) Fuel (diesel) for preparatory rounds	10 gallons	40,000	400,000	
d) Fuel (diesel) for conveyance of participants to launch	15 gallons	40,000	60,000	
e) Refreshments for participants	500 x 1 day	30,000	1,500,000	
f) Brass band	1 group x 1 day	500,000	500,000	
g) Allowance for drama rehearsal and performance on launch grounds	15 member group x 3 days	50,000	2,250,000	
h) Chair rental	500 x 1 day	5,000	250,000	
i) Canopy rental	10 units x 1 day	50,000	500,000	
j) Drinking water	1,000 sachets	500	500,000	
k) Cola for community entry	10 nuts x 10 villages	1,000	100,000	
l) Allowance for grounds preparation	6 x 2 days	40,000	480,000	
<b>Sub-Total</b>			<b>¢6,540,000</b>	<b>\$711</b>

Activity/Item	Quantity Required	Unit Cost	Cost (CEDIS)	Cost (USD)
<b>Launching of World No Tobacco Day (cont'd)</b>				
<b>6. Publicity and media coverage:</b>				
a) Banners	4	450,000	1,800,000	
b) Placards	15	50,000	750,000	
c) Public address system	1 x 1 day	400,000	400,000	
d) Honoraria for press	15 x 1 day	100,000	1,500,000	
<b>Sub-Total</b>			<b>¢4,450,000</b>	<b>\$484</b>
<b>GRAND TOTAL</b>			<b>¢33,480,000</b>	<b>\$3,639</b>
<b>BUDGET SUMMARY:</b>				
Recruitment and training of data collectors			<b>¢4,060,000</b>	<b>\$441</b>
Fieldwork to collect data			<b>¢9,880,000</b>	<b>\$1,074</b>
Data management and analysis			<b>¢1,600,000</b>	<b>\$174</b>
Report writing and dissemination of findings			<b>¢6,950,000</b>	<b>\$755</b>
Preparation of launch grounds			<b>¢6,540,000</b>	<b>\$711</b>
Publicity and media coverage			<b>¢4,450,000</b>	<b>\$484</b>
<b>GRAND TOTAL</b>			<b>¢33,480,000</b>	<b>\$3,639</b>

## Appendix 6.7: Sample Budget for Media Campaign in Canada

*This media campaign budget was provided by Niki Legge, Director of Cessation Initiatives and Tobacco Control, Lung Association of Newfoundland and Labrador, Canada.*

This media campaign budget was created for the "It's Your Call" campaign, which was funded through a Health Canada grant and was conducted in Newfoundland and Labrador, Canada, in 2006-07. The costs are listed in Canadian dollars. The conversion to U.S. dollars is approximately 1.00 CAD = 0.94 USD. For more information about the campaign, visit <http://www.smokershelp.net>.

### Sample Budget for 2006-07 Call for Proposals for Mass Media Contributions Funding, Tobacco Control Programme - Office of Programmes and Mass Media, Health Canada

Budget Items	Financial Contribution - Health Canada 2006 - 2007	Financial Contribution - Health Canada 2007 - 2008	In Kind Support, Lung 06-07 - 07-08	Total Funding (Requested from Health Canada)
<b>1 - Personnel</b>				
<b>Salary</b>				
Campaign Manager			45,000.00	0.00
Project Coordinator				0.00
Communications Officer				0.00
Other Employee(s) (Specify the role of each employee)				0.00
<b>Subtotal - 1 - Personnel</b>	<b>0.00</b>		<b>45,000.00</b>	<b>0.00</b>
<b>2 - Travel - partnership building local travel (Verify with your program officer before you register any anticipated expenses in this budget item)</b>				
	0.00			0.00
			6,000.00	
<b>Subtotal - 2 - Travel</b>	<b>0.00</b>		<b>6,000.00</b>	<b>0.00</b>

Budget Items	Financial Contribution - Health Canada 2006 - 2007	Financial Contribution - Health Canada 2007 - 2008	In Kind Support, Lung 06-07 - 07-08	Total Funding (Requested from Health Canada)
<b>3 - Production Costs and Material</b>				
<b>Production Costs of Media Creative:</b>				
<b>Television</b>	65,000.00	65,000.00		<b>130,000.00</b>
<b>Radio</b>	12,000.00	12,000.00		<b>24,000.00</b>
<b>Promotional Items</b> (1,000 SHL shirts for promotion and partners)	5,000.00	0.00		<b>5,000.00</b>
<b>Other(s)</b> (Specify) E-Newsletter creative design and IT work	2,000.00	0.00		<b>2,000.00</b>
Creation of posters for Local Groups programs	2,000.00	0.00		<b>2,000.00</b>
Creation of a pamphlet with local photos (year 1 and year 2)	3,000.00	3,000.00		<b>6,000.00</b>
Website updates for partners and contest	5,000.00	5,000.00		
website launch and contests prizes (twice a year)	10,000.00	10,000.00		
<b>Printing</b> (pamphlet year 1 and 2, CARE supplies, group poster)	12,000.00	12,000.00		<b>24,000.00</b>
<b>Mailing</b> (CARE kits- 2500 and Quit Kits 2500 @ \$5.00 postage)	10,000.00	10,000.00	5,000.00	<b>20,000.00</b>
Mailing other resource materials to partners (posters, pamphlets)	4,000.00	3,000.00		
<b>Subtotal - 3 - Production Costs and Material</b>	<b>130,000.00</b>	<b>120,000.00</b>	<b>5,000.00</b>	<b>250,000.00</b>
<b>4 - Evaluation and Dissemination</b>				
External Evaluator (poll)	20,000.00	20,000.00	5,000.00	<b>40,000.00</b>
Dissemination Costs			2,000.00	<b>0.00</b>
Other(s) (Specify) internal statistical review/database updates	5,000.00	5,000.00		<b>10,000.00</b>
<b>Subtotal - 4- Evaluation and Dissemination</b>	<b>25,000.00</b>	<b>25,000.00</b>	<b>7,000.00</b>	<b>50,000.00</b>

<b>Budget Items</b>	<b>Financial Contribution - Health Canada 2006 - 2007</b>	<b>Financial Contribution - Health Canada 2007 - 2008</b>	<b>In Kind Support, Lung 06-07 - 07-08</b>	<b>Total Funding (Requested from Health Canada)</b>
<b>5 - Strategic Planning and Development</b>				
Marketing and Communications Agencies Cost	40,000.00	40,000.00		<b>80,000.00</b>
Other(s) (Specify)				<b>0.00</b>
<b>Subtotal - 5- Strategic Planning and Development</b>	<b>40,000.00</b>	<b>40,000.00</b>	<b>0.00</b>	<b>80,000.00</b>
<b>6 - Media Buy</b>				
Television (New Ads each year, rebroadcast adult ad in Year 2)	60,000.00	70,000.00		130,000.00
Radio	35,000.00	35,000.00		70,000.00
Print (i.e., Newspapers Insert, etc.)	10,000.00	10,000.00		20,000.00
Billboard				0.00
Other(s) (Specify)				0.00
<b>Subtotal - 6 - Media Buy</b>	<b>105,000.00</b>	<b>115,000.00</b>	<b>0.00</b>	<b>220,000.00</b>
<b>TOTAL BUDGET</b>	<b>300,000.00</b>	<b>300,000.00</b>	<b>63,000.00</b>	<b>600,000.00</b>