

Lessons Learned Globally: Tobacco Control Digital 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 Goal found after the Table of Contents focuses only on the case studies, organizing them by the main tobacco control goal of each campaign. Campaigns are grouped according to whether they sought to:

1. Prevent initiation of tobacco use
2. Reduce tobacco use via assisting tobacco users in quitting
3. Reduce exposure to secondhand smoke

The List of Campaigns by Goal may be helpful to those who are seeking insights from campaigns that have a common tobacco control goal. On the following page, there is a grid detailing the digital elements used in each campaign which may be helpful to those who are seeking information about effective use of particular digital vehicles/approaches.

Table of Contents

	List of Campaigns by Goal	3
	Grid of Digital Elements used in Each Campaign	4
I.	Executive Summary	5
II.	Introduction	7
	Acknowledgements	7
	Purpose of This Document	7
	Methods	8
	Limitations	11
	Additional Campaign Information	11
III.	Key Lessons Learned	13
IV.	Case Studies	25
	Australia (New South Wales (NSW)) —2009-present <i>iCanQuit</i> Website	
	Australia (Western Australia) — 1996-present <i>Smarter than Smoking</i> Campaign	
	Canada (British Columbia)—2009-2010 <i>QuitNow & WIN</i> Campaign	
	Canada (Ontario) — 2008-2009 <i>Campaign for a Smoke-free Ride</i>	

Canada (Ontario) —2010 *The Driven to Quit Challenge* Campaign

Denmark — 2004-present *Xhale.dk* Campaign

England — 2009 *AOL Beauty* Campaign

England — 2008-2010 *Smokefree MSN* Campaign

England — 2009 *Smokefree United* Campaign

England — 2008-2009 “*Stub it out together*” *Yahoo Forum* Campaign

England (South West) —2009-2010 *One-Way Street to Success* Campaign

European Union – 2005-2011 *Help* Campaign

Germany— 2005-present *Smoke-free* Campaign

Israel — 2007-2008 *Sigi Tabak* Campaign

The Netherlands —2005-2006 *Smoke Alert* Campaign

New Zealand —2008 *Quit* Website

New Zealand — 2008-2009 *Txt2Quit* Service

Norway — 2003-2005 *Happy Ending* Campaign

Singapore— 2009 *Kids Watch. Kids Learn.* Campaign

United Kingdom — 2007-2008 *Breathe* Campaign

United States – 2008-2010 *Become an EX* Campaign

United States (Arizona) — 2009-2010 *Venomocity* Campaign

United States (Minnesota) — 2010 *The QuitCash Challenge* Campaign

United States (Minnesota, Dakota County) —2008-2009 *Respect my Ride* Campaign

United States (Nebraska) — 2009-present *IMReady* Campaign

United States (Wisconsin) —2008 *My SmokeFree Story* Campaign

Appendix A – Glossary

Appendix B – Email message sent to campaign contacts to solicit campaign data

Appendix C – Questionnaire Used to Solicit Campaign Data

Appendix D – Contributing Individuals and Organizations and International Review Panel

End Notes

List of Campaigns by Goal

Youth Prevention & Cessation

Australia *Smarter than Smoking*
Denmark *Xhale.dk*
European Union *Help*
Germany *Smoke-free*
The Netherlands *Smoke Alert*
United Kingdom *Breathe*
United States *Venomocity*

Adult Cessation

Australia *iCanQuit*
Canada *QuitNow & WIN*
Canada *The Driven to Quit Challenge*
Denmark *Xhale.dk*
England *AOL Beauty*
England *Smokefree MSN*
England *Smokefree United*
England *One-Way Street to Success*
England *Stub it out together Yahoo Forum*
European Union *Help*
Germany *Smoke-free*
Israel *Sigi Tabak*
New Zealand *Quit Website*
New Zealand *Txt2Quit Service*
Norway *Happy Ending*
Singapore *Kids Watch. Kids Learn.*
United States *Become an EX*
United States *The QuitCash Challenge*
United States *IMReady*

Reducing Exposure to Secondhand Smoke

Canada *Campaign for a Smoke-free Ride*
European Union *Help*
United States *Respect my Ride*
United States *My SmokeFree Story*

Digital Media Used in each Campaign

Country & Campaign or Program Name	Websites /Micro-sites	Online Ads, Banners, Buttons	Social Media	Mobile texting/ messaging	Email msgs.	IM, chats, blogs
Australia <i>iCan Quit</i>	X					
Australia <i>Smarter than Smoking</i>	X	X				X
Canada <i>Quit Now and Win</i>	X	X	X			
Canada <i>Campaign for SF Ride</i>	X	X				
Canada <i>Driven to Quit Challenge</i>	X	X	X		X	
Denmark <i>Xhale.dk</i>	X			X	X	
England <i>AOL Beauty</i>	X	X				
England <i>Smokefree MSN</i>	X	X				X
England <i>Smokefree United</i>	X	X	X	X	X	X
England <i>One-Way Street to Success</i>	X	X	X			
England <i>Stub it out together Yahoo Forum</i>	X	X	X	X	X	X
European Union <i>Help</i>	X	X	X	X		
Germany <i>Smokefree</i>	X	X			X	X
Israel <i>Sigi Tabak</i>	X		X			X
Netherlands <i>Smoke Alert</i>	X					
New Zealand <i>Quit</i>	X	X				
New Zealand <i>Txt2Quit</i>	X			X		
Norway <i>Happy Ending</i>	X	X		X	X	
Singapore <i>Kids Watch. Kids Learn.</i>	X	X		X		X
United Kingdom <i>Breathe</i>	X	X	X			
United States <i>Become an EX</i>	X	X	X	X	X	X
United States <i>Venomocity</i>	X	X	X			
United States <i>The QuitCash Challenge</i>	X	X	X	X	X	
United States <i>Respect My Ride</i>	X		X		X	
United States <i>IMReady</i>	X			X		
United States <i>My Smokefree Story</i>	X	X			X	

Executive Summary

Reducing tobacco use and exposure to secondhand smoke have become public health priorities for many countries because of the compelling facts regarding their harms: Tobacco kills nearly six million people each year, of whom more than five million are users and ex-users and more than 600,000 are nonsmokers exposed to secondhand smoke. Unless urgent action is taken, the annual death toll could rise to more than eight million by 2030.¹ To assist countries in establishing comprehensive tobacco control programs and putting in place effective tobacco control policies, the World Health Organization (WHO) facilitated establishment of the Framework Convention on Tobacco Control (FCTC) in 2003.² This international treaty includes *education, communication, training and public awareness* as one of the obligations that ratifying Parties have to meet (see Article 12 of the Convention), and in addition, the WHO MPOWER statement lists “Warn about the dangers of tobacco” as one of its six recommended tobacco control policies.³

The FCTC Article 12 guidelines state that, “Parties should use all available means to raise awareness, provide enabling environments and facilitate behavioural and social change through sustained education, communication and training” and later states that Parties should, “Identify the most appropriate media to reach the intended audience, based on reach and relevance to the target groups. The opportunities and potential risks of using new and innovative communication and marketing vehicles, as well as new technologies, should be investigated and applied or avoided accordingly. Clearly, one of the key emerging means for communicating with individuals is through digital media⁴ and yet there is little information about how this channel is being used or its effectiveness in reducing tobacco use or exposure to secondhand smoke.

Because of the important role that public education campaigns⁵ play in the success of efforts to reduce tobacco use and exposure to secondhand smoke and yet the dearth of analysis regarding digital media’s role in this context, 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 tobacco control digital media campaigns. While effectiveness and impact data regarding these digital campaigns are limited to date, some patterns emerged upon reviewing the diverse campaign data collected, providing insights regarding the processes followed and the content included in various campaigns.

The authors feel fortunate to have been able to work with knowledgeable individuals on 26 campaign case studies from 11 countries and the European Union, as well as with a diverse review panel representing five countries, whose members provided valuable input and direction on the draft document. Among the case studies is one or more from each of the following jurisdictions: Australia, Canada, Denmark, England, Germany, Israel, New Zealand, the Netherlands, Norway, Singapore, the United Kingdom and the United States. In addition, one campaign case study is from the European Union.

It is important to note that digital media 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.⁶

¹ World Health Organization, Tobacco Fact Sheet N°339, July 2011, accessed October 2011 at <http://www.who.int/mediacentre/factsheets/fs339/en/> .

² World Health Organization, Framework Convention on Tobacco Control, accessed October 2011 at <http://www.who.int/fctc/en/> .

³ WHO, Tobacco Fact Sheet N°339.

⁴ As mentioned in the Introduction, in this document the term “digital media” refers to those vehicles/channels that are accessed through the Internet or through mobile technology, such as websites, blogs, social media (Facebook, Twitter, etc.), email messages, and text messaging.

⁵ As mentioned in the Introduction, in this document the term “campaign” refers to the strategic use of mass media (including digital media) to build awareness and knowledge, and to change beliefs, attitudes, behaviors and community norms.

⁶ Feltracco A, Gutierrez K. *Campaign Development Tool Kit: An International Guide for Planning and Implementing Stop Smoking Campaigns*. Brandtford, ON: Global Dialogue for Effective Stop-Smoking Campaigns; 2007. Accessed October

Available evidence suggests that digital media interventions can have the greatest impact when combined with traditional mass media interventions as well as other tobacco control policy and program interventions.

Finding campaigns to review was relatively easy. Digital campaigns have become very popular in tobacco control, ranging from just having a website, to maintaining an interactive quitting program online to conducting social media campaigns through Facebook and Twitter to holding quitting contests that engage people online and through mobile technology. International contacts were more than willing to share their experiences and campaign materials which was much appreciated. However, many of the campaigns accessed, 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 about campaigns, 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.

Summary of Lessons Learned

Research & Evaluation

1. Target audience research and pre-campaign evaluation of materials improve the likelihood of campaign success.
2. In order to fully develop and evaluate digital campaigns and compare their results to those of traditional media campaigns, significant resources must be invested (time, staffing, funds, etc.).
3. Outcome evaluation of campaigns is critical to assess their impact and improve them for the future, and such evaluation should focus on determining whether the campaign's interventions changed the target audience's relevant attitudes and behaviors.
4. Digital campaigns can be very inexpensive, but reach is limited and, thus, measurement is critical.

Effectiveness

5. Digital media can effectively reach and influence diverse audiences.
6. People want to be engaged digitally—to give and get input.
7. Digital stop smoking programs (products and services) have helped smokers to quit.
8. Digital campaigns can benefit from integration with traditional media

Planning Considerations

9. A variety of digital vehicles can increase participants' involvement and can engage multiple audiences.
10. The Internet opens your program to everyone in the world which has benefits and drawbacks.

In addition to the more detailed Lessons Learned section of the document (see pages 13 to 24), review of the individual case studies will interest readers working in a certain region or working to achieve a specific tobacco control goal. To this end, the case studies are organized alphabetically by country in the table of contents and organized by campaign objective in the chart of campaigns by tobacco control goal. The chart also specifies the variety of digital interventions each campaign used.

Please note that since some of the terminology in this document may be new to some readers, Appendix A provides a glossary of terms used throughout this review.

Introduction

This is the first international review conducted to summarize lessons learned from tobacco control digital media campaigns. Tobacco control staff in several countries have extensive experience conducting such campaigns, but not until recently have there been campaigns conducted and evaluated in a sufficient range of countries to conduct a thorough review. Throughout this document, the term “digital media” will refer to those vehicles/channels that are accessed through the Internet or through mobile technology, such as websites, blogs, social media (Facebook, Twitter, etc.), email messages, and text messaging. The term “traditional media,” by contrast, will refer to vehicles such as television, radio, print and outdoor. The term “campaign” will refer to the strategic use of mass media (including digital 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
- 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 lessons learned on a variety of campaign topics, a website, a campaign development tool kit, training workshops, and individual campaign consultation. For more information about Global Dialogue, please visit www.stopsmokingcampaigns.org.

Acknowledgements

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Purpose of This Document

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

from 2003-2011, with the majority of campaigns conducted during the 2008-2011 period. These campaigns focused on different aspects of the tobacco control issue, such as motivating smokers to quit; encouraging youth to reject tobacco; influencing smoking behaviors in homes and cars; gaining support for policy initiatives such as smoke-free public place laws; encouraging compliance with existing smoke-free policies; and 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 digital media 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 digital media campaigns in various countries.

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 review.

Methods

In September 2009, the principal author/editor (Karen Gutierrez, Director of Global Dialogue for Effective Stop-Smoking Campaigns) sent an e-mail request for materials and data related to tobacco control digital media campaigns to more than 800 individuals worldwide on the Global Dialogue database, most representing tobacco control NGOs and ministries of health. The request was for data to be used in a presentation about digital media for an upcoming campaign development workshop. Fifteen individuals responded, providing information on 19 digital campaigns. After the workshop, on a Global Dialogue conference call with partner organizations, the partners discussed the data compiled to date and determined that a comprehensive review should be undertaken on tobacco control digital media campaigns based on the potential value to international tobacco control practitioners and researchers. New Zealand's Health Sponsorship Council offered to contribute funds as well as provide some staff time. Rhiannon Newcombe (Principal Advisor, Tobacco Control Research Unit, Health Sponsorship Council) became the co-author/co-editor of the digital campaign review.

In early March 2010, a second email message with an attached questionnaire was sent to the Global Dialogue database requesting information and materials from digital media campaigns (see Appendix B for message and Appendix C for questionnaire). In addition, a similar message was sent to approximately 30 campaign managers whom the authors knew had done campaigns involving digital media in their countries. From these requests, 30 individuals responded, providing information on 35 campaigns (including some overlap from the first set of campaign data compiled in 2009).

In the request for information, the authors asked for published and unpublished data from campaigns (including formative target audience research and pre-testing of campaign materials conducted as the campaign was being developed, and process and outcome evaluation data collected after campaign implementation), as well as for specific advertisements and other campaign materials. Only campaigns conducted during the last 10 years (2001-2011) were considered for this review, with a preference for more recent campaign data, since digital technologies have evolved so much over the last decade.

The campaign information received was thoroughly reviewed by the authors to determine relevance and whether the data provided met the criteria for inclusion in the campaign review. The criteria were that the campaigns had to meet at least one, although preferably more, of the following:

- 1) Target audience research data, pre-testing data and/or outcome evaluation data robust enough to draw conclusions
- 2) Indications that the campaign itself had caused changes in the population versus other efforts going on at the same time
- 3) Outcome measures specifically on changes to knowledge, beliefs, attitudes and/or behaviors

Nine campaigns submitted were not included in the campaign review because they did not meet the criteria, or because the campaign planners were not able to devote enough time to helping develop the case studies. Twenty-six case studies were included in the review.

Campaign data were compiled through June 2011 and analyzed from April 2010 through September 2011. From this analysis, key insights from each campaign experience were captured and overall lessons learned across campaigns were developed. Insights and lessons learned in this report are based on the following four types of data: 1) target audience research, 2) pre-campaign testing 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.⁷ For perspective, every campaign in the review had at least two of the types of research and evaluation data. All had process evaluation data, and almost all had outcome evaluation data. The vast majority had some type of primary or secondary audience insight research data, and the least used was pre-evaluation (pre-testing) of campaign materials (only about half had such evaluation data). Only ten of the case studies benefited from all four types of research and evaluation, and the quality of the research and evaluation varied greatly across case studies, influenced greatly by funding and timing constraints.

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, knowledge, 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 Testing of Draft Communications Materials

Pre-campaign testing (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 placed in the proposed vehicle and whether the target group was exposed to the

⁷ Feltracco A, Gutierrez K. *Campaign Development Tool Kit: An International Guide for Planning and Implementing Stop Smoking Campaigns*. Brandtford, ON: Global Dialogue for Effective Stop-Smoking Campaigns; 2007. Accessed October 2011 at www.stopsmokingcampaigns.org; and Centers for Disease Control and Prevention. *Designing and Implementing an Effective Tobacco Counter-Marketing Campaign*. Atlanta, Georgia: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, First Edition October 2003. Accessed October 2011 at http://apps.nccd.cdc.gov/osh_pub_catalog/PublicationList.aspx (search for "counter-marketing")

message as often as planned, or how many people visited a website or a certain page on the site. Unforeseen obstacles might be recorded during this evaluation, as well as other influencing events that could be used to help interpret the outcome evaluation findings.

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 knowledge, attitudes, beliefs, and behavior.

Outcome evaluation helps to answer questions such as:

- What effect is the campaign having?
- What unexpected outcomes arose?
- Is the campaign making progress toward the campaign goal and objective(s)?

Note that in some countries, “impact evaluation” is differentiated from “outcome evaluation” as measuring shorter-term effects. For simplicity, this document combines impact and outcome evaluation under the heading of outcome evaluation.

Information and Insights from Campaign Staff

In addition to the four main types of data collected from campaign staff for this digital campaign review, information and insights were gathered through interviews with campaign managers and researchers to ensure that key learnings from each campaign experience were captured.

Process for Organization of Document

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

Drafts of each case study were sent to the relevant campaign and/or agency staff to review, edit and approve. A draft of the full document was sent to an international review panel (comprised of experienced campaign managers in Scotland, England, United States, Canada and New Zealand) for their comments. For a list of the contributing campaign and agency staff and a list of the review panel members, see Appendix D. Input from these rounds of review was incorporated into the text.

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. The lessons learned are intended to provide campaign managers and researchers with practical guidance for planning, implementing, and evaluating future digital media campaigns rather than representing absolute truths or firm recommendations.

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. In particular, the authors found, consistent with their previous experience, that some campaign managers are reluctant to share results that are not positive, even if the lessons learned were important and could be valuable to others; thus, the vast majority of the case studies mention only neutral or positive results from campaigns.

Lack of thorough audience research and evaluation (R&E) of draft materials during campaign development and/or 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 testing 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. 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 traditional mass media advertising or policy initiatives occurring at the same time. Lack of robust outcome evaluation data is a key limitation of work being done on digital media tobacco control campaigns internationally.

Stated attitudes and behaviors that may not accurately represent actual attitudes and behaviors.

Most of the campaign surveys provided relied on respondents to state their attitudes and beliefs and their intended or actual behaviors, and very few of the campaigns used clinical verification of smoking status, such as analyzing saliva or urine samples or using CO monitors (only in the "Quit and Win" type programs, such as Canada's *Quit Now and Win*, Canada's *Driven to Quit Challenge* and United States *The QuitCash Challenge* where such testing was used to prove that the winners were indeed smoke free). Some survey respondents might provide responses that they believe are the most "socially acceptable," regardless of whether the responses are accurate, and we lack objective verification of actual impact. Note, however, that this is an issue with evaluation of any campaign—it is not unique to digital campaigns.

Very limited campaign data from low and middle income countries.

Despite Global Dialogue contacts in many regions and countries, almost all of the campaigns for which the authors received campaign data were from high-income countries in Oceania, North America, and Western Europe.

Additional Campaign Information

At the time this document was finalized in December 2011, numerous digital 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 tobacco control digital media 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 (global@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 and awareness initiatives worldwide. In addition, feel free to contact Global Dialogue if you have questions about this document or need additional information.

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 digital media campaigns. Most of them relate to either **process**—aspects that are involved in *how* a campaign is developed and implemented—or **content**—aspects involved with *what* a campaign is comprised of, what messages are communicated, etc. In this campaign review, the authors focused on **process** lessons learned since the content has been covered under other reviews of youth tobacco use prevention campaigns, stop-smoking campaigns, and secondhand smoke campaigns.⁸

Note that the lessons learned apply most directly to the specific countries, states and provinces in which they occurred, based on the unique aspects of those geographies and each one's tobacco control environment at the given time. Applying any of these lessons directly to another location or situation without some research to ensure compatibility may be inappropriate. However, taken together, we believe these lessons learned which have been synthesized from multiple case studies may help campaign planners and tobacco control advocates to learn from the experiences of others internationally and give them a solid foundation from which they can do their own digital campaign planning and research.

Lessons Learned about Tobacco Control Digital Media Campaigns:

At its best, digital media can be used strategically to drive transformative levels of personalization, interaction and engagement on the part of participants and, as part of comprehensive, multi-faceted campaigns, can cause changes in attitudes, beliefs and behaviors related to tobacco use and exposure to secondhand smoke. The potential for innovative work in this area to achieve significant progress in tobacco control is very high, and yet more organizations need to evaluate their campaigns so that practitioners globally can learn from each other and advance digital campaign effectiveness. For optimal results, digital media should not be employed in isolation but should take advantage of strengths and contributions of traditional media and other campaign and program components.

Below are the specific lessons learned under three organizational categories: 1) Research and Evaluation, 2) Effectiveness, and 3) Planning Considerations. They are not in order of importance—we see all of the lessons learned as critical to optimizing the impact of tobacco control digital media campaigns. Likewise, the examples used under each Lesson are in no particular order and are not meant to represent the only illustrations of each point. They are simply examples that do a good job of illustrating the particular Lesson Learned.

Research and Evaluation

⁸ National Cancer Institute. *The Role of the Media in Promoting and Reducing Tobacco Use*. Tobacco Control Monograph No. 19. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, National Cancer Institute. NIH Pub. No. 07-6242, June 2008 (accessed October 2011 at <http://cancercontrol.cancer.gov/tcrb/monographs/19/index.html>); Schar E, Gutierrez K, Murphy-Hoefer R, Nelson DE. *Tobacco Use Prevention Media Campaigns: Lessons Learned from Youth in Nine Countries*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; 2006 (accessed October 2011 at www.cdc.gov/tobacco/youth/report/index.htm); Global Dialogue for Effective Stop-Smoking Campaigns. *Lessons Learned Internationally from Stop Smoking Campaigns: An Overview of Evidence-Based Recommendations*; 2006 (accessed October 2011 at http://www.stopsmokingcampaigns.org/summaries_of_campaign_data); Kosir M, Gutierrez K, *Lessons Learned Globally: Secondhand Smoke Mass Media Campaigns*. Saint Paul, Minnesota, United States: Global Dialogue for Effective Stop-Smoking Campaigns; 2009 (accessed October 2011 at <http://www.stopsmokingcampaigns.org/shslessonslearned>).

1. **Target audience insight 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, similar to findings from non-digital campaigns⁹, research and evaluation used in the formation of a campaign contribute significantly toward success. Target audience research done before campaign concepts are developed results in a better understanding and definition of the audience, what motivates and influences them, and obstacles to changing their behaviors. Then, 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 and 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. When developing a campaign that includes digital media, the need for audience research and pre-testing of materials may be even greater since most health departments and NGOs have had less experience with digital media campaigns than traditional media campaigns and since audience engagement is more important in digital than traditional campaigns.

A number of the case studies presented here show the impact that target audience research can have. The Health Promotion Board in Singapore used a combination of quantitative and quasi-quantitative research to determine how to best reach their goal of reducing youth smoking. Singapore's 2006 Student Health Survey among 13- to 16-year-olds revealed that parents played a role in impacting youth when it came to smoking – a larger proportion of current youth smokers (59%) than nonsmokers (34%) had at least one parent who smoked. Parents, therefore, were identified as a key target audience for intervention in youth prevention efforts. The campaign planners then conducted a survey among smoking parents. Its results indicated that they were aware of the ill effects of their habit on their children's health, but they lacked information on how their smoking habit influenced their children to experiment with smoking. Though information about quitting smoking was available via a national telephone counseling service, the QuitLine, and the Health Promotion Board website, the target audience cited busy schedules, addiction to nicotine and lack of social support as reasons for not wanting to quit smoking. The Health Promotion Board used this information to develop a campaign that educated smoking parents about how their smoking influenced their children's decisions to smoke, and that provided parents with online and other resources to help them quit.

For a campaign focused on encouraging smokers to seek National Health Service (NHS) support for their quit attempts, Smokefree South West in England conducted focus groups among their target audience of smokers and former smokers who had routine and manual occupations, and they found strong preference for one of the two advertising concepts over the other. One concept called *What will suit you?* was viewed as uninteresting and just a literal depiction of the quitting services available to smokers, while the second concept, called *One-Way Street to Success*, was perceived as motivational and hopeful, providing smokers with a confident direction to take. Interestingly, the respondents cared much less about the details of the quitting resources available than about the promise that there was something out there that could help them quit if they contacted their local NHS Stop Smoking Service. Without these audience insights about the proposed advertising concepts, campaign managers would not have had such clear direction regarding which message to use to motivate the target to try to quit by using the NHS service.

While Australia (New South Wales)'s Cancer Institute NSW was not able to fund pre-testing of draft campaign materials for the *iCanQuit* program, they did do extensive research among the target audience throughout the development of the quitting program and its website. They felt that the close alignment between the *iCanQuit* program's *desired* target audience and the website's *actual* users was likely attributed to following a research-informed user-centered approach. In addition, despite very limited resources, campaign planners continued to solicit feedback from the site's users in order to improve the program and better meet their needs.

⁹Global Dialogue for Effective Stop-Smoking Campaigns, 2006; Kosir M, Gutierrez K, 2009.

Note that if a digital media effort is part of a larger multi-media campaign and the digital channels are being used mainly as passive carriers of the campaign's key messages, one would expect that audience insight research and pre-campaign evaluation of draft materials would be done for all of the broad campaign elements, and the digital media elements would benefit from the broad findings. However, if digital campaign elements are being developed uniquely versus the traditional campaign elements and need to play different roles in order to gain the engagement and interaction required to change attitudes and behaviors, then separate audience insight research and pre-campaign evaluation of materials must be conducted (or accessed) specifically relevant to the digital pieces. For example, before developing digital campaign elements and making decisions about placement, it would be important to know where, when and how the audience is engaging with the available digital platforms online. In terms of the online space, the United States, ClearWay Minnesota found that smokers were significantly more likely than nonsmokers to play online games; this information led them to place *The QuitCash Challenge* ads in GameStop stores which sold computer games. As another example, before finalizing materials for online placement, it would be important to know whether the materials engaged and involved the audience as desired. In Germany, the *Smokefree* campaign staff measured usability, comprehension and overall acceptance of the draft website among the audience of high-school students, and input from the students helped campaign planners refine and finalize the site; and in the European Union, understanding and viral potential of the *Nicomarket* online campaign were assessed in qualitative research, as was the user-friendliness of the proposed mini-site.

2. In order to fully develop and evaluate digital campaigns and compare their results to those of traditional media campaigns, significant resources must be invested (time, staffing, funds, etc.).

Because it can be relatively easy to set up a Facebook page or a Twitter account, some campaign planners take action in the digital arena without carefully planning or strategy development. To optimize results and to be able to show stakeholders that digital activities have had an impact, campaign staff must go through a strategic planning process in order to clarify what the goal of the effort is, who the target audience is, which vehicles/channels have the highest likelihood of reaching the target audience, which messages have the highest likelihood of influencing the audience, how audience members will be engaged over time, and how efforts and attainment of objectives will be measured. If this planning is not done in advance, interventions may be haphazard, not strategically focused, and furthermore, may not be able to be evaluated. Such focus on strategic planning, careful implementation and thorough evaluation require time, staffing and funds, so these must be considered up front, before campaign work begins.

For example, for England (SouthWest)'s *One-Way Street to Success* campaign (which used nationally developed creative), campaign planners carefully thought through which vehicles would best help meet the goal of motivating smokers to quit through NHS services. They believed that digital advertising could complement the more traditional "above-the-line" media and drive response more cost effectively than other media tools. Thus, specific digital creative was developed and a themed landing page was produced. Two stages of activity were planned with the first focused on testing a combination of display formats and a range of types of sites. Based on successful outcomes from the first stage, campaign staff decided to 1) re-use those sites offering best return on investment; 2) test use of search and social network sites (Google and Facebook); and 3) increase spending on the digital plan in line with the increased spend in other media.

Another example of a campaign thoughtfully planned and evaluated is the *Become an EX* campaign developed by Legacy in the United States. In the first stage of planning, Legacy and its research partners conducted extensive audience insight research (focus groups, individual interviews and a segmentation study) among smokers who wanted to quit and used that information overlapped with the Transtheoretical Model of Change to guide campaign development—they decided to focus tightly on smokers who had reached the Contemplation stage so that the campaign could intervene and help them as they went through the critical Preparation stage. Next, campaign planners conducted extensive pre-testing of draft campaign materials among the target audience, but they also tested ad concepts and draft materials among those outside of the target, such as younger smokers and smokers in the Pre-Contemplation stage, to make sure that the ads would not cause any unintended negative consequences. They then piloted the campaign in four cities, and conducted process and outcome evaluations to gauge progress towards goals and to help optimize the campaign for national expansion. Following the national campaign launch, process evaluation (i.e., number of website visitors, blog posts, wall posts, EX Quit

Plan registrations) and outcome evaluation (primarily via a longitudinal study) were conducted, and results indicated that smokers aware of the campaign were 60% more likely than smokers unaware of the campaign to have increased their level of agreement on a cessation-related cognitions index and 24% more likely to have made a quit attempt from baseline to follow-up.

- 3. Outcome evaluation of campaigns is critical to assess their impact and improve them for the future, and such evaluation should focus on determining whether the campaign's interventions changed the target audience's relevant behaviors.** Ideally, the target audience's awareness, knowledge, attitudes and behavior would be measured prior to the start of the campaign and then measured again after the campaign is conducted (sometimes in several waves) to determine progress on the various measures over time. This is typically how tobacco control campaigns using traditional media have been evaluated. However, this type of evaluation is challenging for digital campaigns because they typically don't reach a significant percentage of the whole target audience (i.e., parents of young children, 18-25-year-old smokers, or smokers with COPD), and thus, the campaign would not be expected to influence enough of them to show up in a pre- versus post-evaluation of that audience if research participants are recruited from among the general population. Thus, for digital campaigns, outcome measures can include the number of people who registered for a stop-smoking program or Quit & Win competition, the number of people who signed an online petition supporting smoke-free public places, or the number of teens who pledged to keep their cars smoke-free.

In the case of Dakota County, Minnesota in the United States, campaign staff measured outcomes in several ways. They conducted pre- and post-surveys of the target audience (15- to 18-year-olds) in intervention schools to determine campaign awareness before and after the campaign and found that awareness was significantly higher after the campaign. While this is more of a process than outcome measure, it still provides one piece of feedback about the campaign's influence on the target audience. Also, on the post-survey, campaign staff included statements about whether or not the campaign influenced respondents to not allow smoking in their cars or continue to not allow smoking in their cars and found that the campaign was affirming—some students began not allowing smoking in their cars and those who had already made their cars smoke-free, felt affirmed and supported in their decision. Campaign staff conducted an online post-survey and found that 75% of respondents felt that the campaign's Facebook page was important in changing or impacting their knowledge, attitudes, and/or behavior about smoking in cars. Finally, outcomes were measured by tracking the number of students who signed pledges to make (or keep) their cars smoke-free. The goal was 1500 pledges, and the campaign helped achieve 5244.

For the Department of Health in England's (DH's) four digital campaigns (*AOL Beauty Hub*, *Smokefree MSN*, *Smokefree United*, *Yahoo! 'Stub it Out' Forum*), various evaluation tools were used to measure responses to the digital campaign elements, including numbers of smokers registering for help in quitting; and/or the cost per smoker recruited versus typical costs using traditional media. Key tracking of outcomes included:

- online surveys of those who had participated in the digital programs to determine whether they felt the digital programs had helped them in their quit attempts, whether they were motivated to quit as a result, whether they had tried to quit, whether they had NHS assistance in quitting, etc.
- tracking of numbers of people who requested assistance in quitting via the website
- tracking of numbers of people who searched on the website for local NHS stop-smoking services
- tracking of numbers of people who requested more information on quitting
- tracking of numbers of people who engaged in online chats with stop-smoking advisors
- tracking of number of motivational messages shared through the site's forum
- tracking of number of smokers who pledged to quit smoking on the site
- calculation of cost per smoker who pledged to quit (versus typical cost using traditional media)
- calculation of cost per smoker who took action towards quitting (e.g., requested more information, registered for assistance, etc.)

The outcome measures gave DH the data they needed to determine whether to continue these digital programs or to make changes to future programs. For example, the audience attracted to the AOL hub turned out to be older than the desired target audience, having implications for choosing a future portal for a program. As

another example, the popularity of instant advisor chats in the *Smokefree MSN* program led DH to offer instant chats on its main website.

With Denmark's *Xhale.dk* program, a pre- versus post-test versus control format was used for the quasi-quantitative research. The test group was comprised of 15- to 25-year-old smokers who signed up for the *Xhale.dk* online cessation program, and the control group was 15- to 25-year-old smokers who did not sign up for the program. The outcome evaluation revealed that 12.6% of the participants were still smoke-free one year after signing up for *Xhale.dk* (i.e., they had not smoked during the previous month), while only 4.0% of the control group was smoke-free at that time. Similarly, with Germany's *Smokefree* campaign, a randomized controlled trial was carried out which found that four weeks after the stop-smoking day ("day X"), there was a seven-day abstinence period in 53% of the intervention group, compared to an abstinence of 8.7% over the same period in the control group.

Note that although engagement and involvement are valid performance measures for digital media campaigns, they are process measures, not outcomes—they provide feedback regarding whether the offering is attractive and was communicated clearly and with enough exposure, but they do not provide data on whether the campaign has changed behaviors. Digital campaign staff must continue to look for ways to measure stated or actual behavior changes, which can be challenging but is possible, as shown by the *Xhale.dk* and *Smokefree* examples above.

4. Digital campaigns can be inexpensive, but reach is limited and, thus, measurement is critical.

Campaigns with a variety of digital elements often can be appealing to campaign planners because out-of-pocket costs can seem low to simply set up a Facebook page or a Twitter account, or to set up a basic website. However, strong digital campaigns that will reach millions or hundreds of thousands rather than just hundreds or thousands require significant resources—time, staffing and funds. In order to gain the active engagement with an audience that is needed to influence attitudes and behaviors, campaigns must invest heavily in staff time so that they can facilitate discussions, forums and blogs; respond to participants' questions and requests; monitor discussions for inappropriate comments; seed fresh content; etc.

Thus, with such significant resources invested (or even if limited resources are invested), it is important to measure the digital campaign's reach as well as outcomes such as changes in attitudes and behaviors in order to determine whether it can contribute to helping achieve the overall tobacco control program's goals. For example, while the total cost of the United States (Nebraska)'s *IMREADY* campaign was quite low (less than \$28,000 USD), responses to the campaign were also very limited. Only 253 people texted in to respond to the three different offers publicized (free t-shirt, free quit smoking kit, free quit spit kit), which made it virtually impossible for the campaign to have a population-wide impact.

Another example of the relatively limited reach of some digital campaigns comes from England's *Smokefree United* campaign. While the *percentage* of participants who tried to quit was high (84%) among those who replied to the post-competition survey, and the campaign generated strong levels of engagement with 26,548 people visiting the site, the absolute number of smokers who registered online to participate in the full *Smokefree United* campaign was relatively modest (2,004). The campaign manager concluded, "The challenge for any future activity would be to increase participation to drive down the cost per quit. This might require greater media budget and using other platforms such as Facebook to engage smokers."

However, other digital campaigns appear to have been more cost-efficient. For example, campaign staff from England's *Yahoo Forum* campaign determined that the campaign was very cost-efficient versus previously run traditional campaigns: For each smoker who pledged to quit via the Forum, the NHS would have spent three times as much on its typical TV campaigns to achieve each such pledge from a smoker, although campaign staff acknowledged that a solely digital campaign might not achieve the same reach and volume of responses that a TV campaign might achieve.

It is also important to consider which measurements are most important in assessing a campaign's effectiveness. In England (South West)'s *One-Way Street* campaign, digital advertising was proven to be a very cost-effective

tool, as part of a multi media campaign, for helping smokers to access NHS support for their quit attempts. The campaign delivered a high absolute number of respondents *and* was extremely cost effective compared to other media in achieving active response from smokers interested in quitting. However, Smokefree South West staff noted that the digital advertising was not associated with changes in other key campaign measures such as saliency, attitude shifts and claimed behavior change in the ongoing campaign tracking study while traditional elements such as radio and TV did show an association with changes in these key measures. This indicates that the digital elements did not reach and influence a significant percentage of the *entire* smoking population, but that among the more limited number reached by the digital elements, a significant percentage were influenced to try to quit and to register to get NHS assistance.

Effectiveness

5. Digital media can effectively reach and influence diverse audiences. In the past, digital interventions were thought to efficiently reach only youth and people of high socio-economic backgrounds, however, the breadth of campaign experiences exhibited in this document's 26 case studies indicate that a diverse mix of audiences can be reached through digital interventions. Some examples include the following:

- Singapore: Smoking parents with small children
- New Zealand: Māori and Pacific smokers
- England: Male smokers with Routine & Manual occupations who were also sports fans
- United States (Nebraska): Smoking college students who might be ready to quit
- England: Young adult female smokers who cared about their appearance
- Canada (Ontario): Female smokers who drove and had children under age 16
- United States (Minnesota, Dakota County): Teenage drivers

Increasingly, campaign planners are finding that carefully selected digital interventions can reach any or all of the key populations targeted for youth prevention, adult cessation and secondhand smoke campaigns. For example, because of Singapore's target audience, they chose parenting blogs and workplace direct e-mails as their vehicles. For England's campaign targeting young adult women, they chose the AOL web portal because of its popularity with this group. For New Zealand's *Txt2Quit* campaign, cell phone texting was used to communicate motivational and informational quit messages, and results indicated higher quit rates among Māori (the indigenous people of New Zealand) and Pacific individuals than occurred with previous traditional quitting programs/campaigns.

6. People want to be engaged digitally—to give and get input. One of the key benefits of digital media versus traditional media is that it is interactive, allowing people to both *get* information or services that can help *them* and *give* assistance to *others*. As the case studies indicate, both of these aspects appear to be valuable to digital media participants. In the United States (Minnesota), during *The QuitCash Challenge*, people found support not only in friends and family, NRT and through QUITPLAN Services, but they also found support with other quitters on Facebook and kept motivated with tips in the campaign's weekly emails and text messages -- smokers trying to quit appreciated the support they received through digital interaction with others confronting similar challenges, as well as through advice and tips offered by campaign staff through emails and texts. In the New South Wales, Australia's *iCanQuit* program, the very popular 'stories and experiences' section demonstrated that there was a desire among smokers to connect with people in a similar stage of quitting.

After running the Canadian (British Columbia) *Quit Now and Win* contest for several years, program staff concluded that the greatest lesson from the 2009-2010 contest was the value of using social media for both promotion of the contest and support for contestants trying to quit smoking. Facebook was heavily used by registrants to get help and advice throughout the quitting process. Program staff continued to use it as an efficient and effective way to connect to and engage smokers trying to quit over time. More than 1400 people became members of Facebook and liked the Facebook page publicized by the campaign (quitnowbc).

In England's *Smokefree MSN* campaign, the adviser page (where visitors could engage in an online chat with quitting counselors) received more than 100,000 visits over the course of the campaign. As a result of this, the Department of Health began to offer an interactive chat function on the *Smokefree* website (<https://data.gosmokefree.co.uk/askanexpert.aspx>), as well as interaction with advisers and peers through the *Smokefree* Facebook page. Also in England, the *Yahoo Forum* campaign staff concluded that the campaign was a very effective way to engage Routine and Manual smokers in their own quitting process as well as to help others. In just three months 300,000 people visited the site and 39,000 of these visits were for more than five minutes (very high versus industry average). In addition, users posted more than 1,000 motivational messages to other smokers trying to quit on the Forum, and over 3900 smokers pledged to quit smoking.

While people enjoy engaging online, publicity is needed to prompt, or continue, interaction. For example, with the United States (Wisconsin) *My Smokefree Story* campaign, many more stories were submitted through the 'Story Submission' tool on the website than through the phone hotline (866-94STORY), but there was a clear link between running the radio and banner ads and receiving website hits and story submissions. When ads left the air, site visits and story submissions slowed down (and in the case of the story submissions, they eventually stopped). When ads were aired during the second wave, site traffic and story submissions resumed. Given this experience, campaign planners said that if the campaign were re-run today, social networking would be integrated to a greater degree. For example, the storyteller videos would be posted on a YouTube page and story-sharing would be encouraged on platforms such as Facebook and Twitter in addition to the *My SmokeFree Story* site. People are busy and have many stimuli vying for their attention, so digital programs must be supported with ongoing publicity about their offerings.

Another reason why individuals like to interact digitally is because the interaction can be both anonymous and personalized. Not everyone feels comfortable publicizing their desire for information or support, and yet many want assistance that is tailored to their unique situations — for many people, digital programs fill these needs. For example, a smoker doesn't need to make public the fact that he has registered for help in quitting, nor do website visitors need to provide their personal information unless they want to; however, if interested, smokers can take advantage of a whole range of online tools that can be tailored to help them in their quitting efforts. Some of these customizable, and yet private, tools include calculators of the financial savings a smoker can expect once he quits; searches of nearby quit smoking services; and surveys from which replies are used to send tailored motivational messages and information. Personal yet private tools can also be found on sites dedicated to reducing exposure to secondhand smoke, for example by providing links to local organizations advocating for smoke-free policies or allowing visitors to privately sign petitions in support of smoke-free policies.

For the Denmark *Xhale.dk* campaign, qualitative and quantitative evaluation surveys indicated that *xhale.dk* reached young smokers who typically did not use conventional smoking cessation support such as telephone advice and courses. That the program was "anonymous while also being personal" was one of the aspects of *xhale.dk* cited as most valuable by respondents. They also liked that it focused on the target group's primary needs for support and help in connection with smoking cessation, and that users decided themselves how much support they needed/wanted.

Many other campaigns, including those in New Zealand, England and the United States (Minnesota), provided options that allowed visitors to the sites to personalize the help they received while also remaining anonymous. New Zealand's program allowed smokers to calculate exactly how much they spent on cigarettes each year by entering the number of cigarettes they smoked each day. In addition, in their mobile-phone cessation service (*Txt2Quit*) they allowed participants to text certain prompts, such as "crave," "slip up" or "relapse," just when they most needed help, to get tailored tips that would assist them in continuing their own quitting journeys. Furthermore, participants could schedule "black-outs" when they didn't want to receive any messages during certain hours of the day, they could participate in on-line polls as desired, and they could contact the Quitline or go to the *Txt2Quit* website at any time with questions.

Among other personalized interventions, United States (Minnesota)'s program provided interested smokers with the option of receiving motivational tips delivered via their choice of vehicle (mobile phone texting or email messages) and found that 80% of registrants opted in to receive weekly quit tip emails and 6.5% opted in to

receive daily mobile quit tips. This shows that offering a choice is important. After the England *AOL Beauty Hub* campaign, participating smokers said the most useful sections of the site were the advice and support pages which included information on local NHS Stop Smoking Services, followed by the Smokefree quitting planner, the cost calculator tool and the beauty articles. Campaign results indicated that the 18- to 34-year-old female smoker audience felt the content was valuable, as two-thirds of those who visited the site said the content was useful in motivating them to quit, and almost two thirds said they were likely to give up smoking in the next 2-3 months. In addition, during the course of England's *Smokefree MSN* campaign, the search for local NHS Stop Smoking Services was used almost 28,000 times, indicating a strong interest in local NHS stop smoking services where smokers could get personal and tailored support.

7. Digital stop-smoking programs (products and services) have effectively helped smokers to quit.

Although some digital media interventions have been used to prevent initiation of youth tobacco use and to build support for secondhand smoke policies, most of the digital interventions analyzed in this review focused on helping smokers quit, and many had strong, or at a minimum promising, outcomes.

For example, as mentioned earlier, Denmark's *Xhale.dk* campaign and the Netherlands *Smoke Alert* campaign had strong evidence to prove their effectiveness. For *Xhale.dk*, the quasi-quantitative evaluation survey indicated that 12.6% of the program participants aged 15 to 25 were still smoke-free one year after signing up for *xhale.dk*, versus only 4.0% of the control group. In terms of the role that the website-based program played in their quit attempts, 50% of the users felt that to some extent the support from *xhale.dk* was important for their smoking cessation, just over 30% felt that *xhale.dk* made their smoking-cessation attempt easier than previous attempts, and 60% stated that they would recommend the program to others. For the Netherlands *Smoke Alert* campaign, almost 500 students completed both baseline and follow-up measurements, and at the six-month follow-up, 17.2% of the baseline smokers in the Control condition had stopped smoking, while the quit rate in the Internet condition was significantly higher, at 26.8%. Not only did the *Smoke Alert* digital intervention have a positive influence on the quit rates of participants, it also had a positive effect on smoking-related cognitions. Among students in the Internet condition, significantly fewer negative social norms regarding quitting were found when compared to the Control group, while at baseline there was no difference regarding this item between the two groups.

Several Canadian digital programs achieved promising outcomes. After the *Quit & WIN* campaign and contest in British Columbia, Canada, a web-based follow-up survey provided to contest participants via a link in an email message revealed that over two-thirds of respondents reported that they had not smoked in the previous seven days, almost three-quarters reported that they had remained smoke-free throughout the contest duration, and six of ten had been quit and remained quit since the contest start. In Ontario, Canada, *The Driven to Quit Challenge* motivated over 28,000 tobacco users to make a pledge to quit for the Challenge month in 2010 (the highest participation level since the contest began in 2006), and the inclusion of digital media, particularly social media, was credited with contributing to the high participation level. There was a 70% increase in visits to the website (2010 vs. 2009) during the registration period, a 53% increase in the number of visitors to the site from Facebook, and almost 9,000 additional clicks to site generated by the new Google AdWords campaign in 2010. Furthermore, in a post-campaign survey conducted among current smokers and ex-smokers, 81% of tobacco users and 92% of respondents who successfully quit as a result of *The Challenge* indicated that they would recommend *The Driven to Quit Challenge* to someone who wants to quit using tobacco; and among those who had taken part in *The Driven to Quit Challenge*, 87% of those who successfully quit indicated that *The Challenge* was important in encouraging them to try to quit.

There were a number of stop-smoking campaigns in England that achieved promising outcomes. For example, digital advertising in the South West region of England was proven to be a very cost-effective tool, as part of a multi media campaign, for helping smokers to access NHS support for their quit attempts. The digital advertising components delivered a high absolute number of respondents and was extremely cost effective compared to other media in achieving active response from smokers interested in quitting. England's 'Stub it out together' Yahoo forum campaign achieved over 3900 pledges from smokers to try to quit, and over 1000 motivational messages were shared online between smokers trying to quit. Among respondents to a post-campaign evaluation survey about England's *Smokefree United* campaign, 75% of respondents found the

campaign helpful in motivating them to quit, 84% made a quit attempt, and 62% of those quit attempts were still successful at the time of the research, two months after the competition closed. One caution in interpreting the *Smokefree United* data is that the response rate to the survey was very low (6.8%), and people who had had a positive experience with the program may have been more likely to respond.

For clients active in New Zealand's *Txt2Quit* program, the self-reported quit-rates (using the conservative intention-to-treat approach) were 33% at 4 weeks, 21% at 12 weeks, and 16% at 22 weeks after their quit date (assumed to be 24-hour point prevalence). Among the priority groups of 16- to 24-year-old, Maori and Pacific populations, quit rates were lower among these groups than among the total population at most time intervals, however the rates were still encouraging, ranging from 28% and 29% for the Maori and Pacific populations, respectively, at 4 weeks, to 12% and 9% among the 16-24-year-old and Pacific populations at 22 weeks.

For Norway's *Happy Ending* program, which combined email, website, instant messages and interactive voice responses, a randomized controlled trial was conducted to evaluate two intervention conditions (the digital cessation program with and without a free supply of Nicotine Replacement Therapy) versus their respective Control conditions. Researchers found that repeated point abstinence was significantly higher in both treatment groups versus the control conditions. Likewise, for Germany's *Smokefree* campaign, a randomized controlled trial was carried out that found that four weeks after the stop-smoking day ("day X"), there was a seven-day abstinence period in 53% of the intervention group, compared to an abstinence of 8.7% over the same period in the control group.

Finally, in the United States, *The 2010 QuitCash Challenge* achieved a 64% increase in registrants over the previous year (highest to date), a 111% increase in quitplan.com online registrations, and a 32% increase in QUITPLAN call volumes during the Challenge. A follow-up survey emailed to all Challenge participants who opted-in was completed by 20% of recipients, and key findings included: 63% said they stayed quit for at least the 1-month contest period; 35% stated that signing up for the Challenge made them encourage others to quit; 38% used QUITPLAN Services to help them quit; and participants found help in a variety of ways (55% used friends or family, 37% used Challenge emails, 17% used Facebook and 29% used quitplan.com).

- 8. Digital campaigns can benefit from integration with traditional media.** The high levels of exposure of ads typically achieved through well-funded TV, radio, outdoor and print campaigns can help publicize digital campaigns, and, together, the efforts can cause population-level changes. For example, in England (South West)'s *One-Way Street* campaign, it seems that digital and traditional media played different roles that complemented each other. Digital media achieved very cost-efficient rates of active response (i.e., individuals requesting further action related to quitting), however, digital was not mentioned when general population smokers were asked where they heard about the *One-Way Street* campaign, and the digital elements were not associated with changes in attitudes and claimed behaviors. The traditional media vehicles (TV, radio, billboards) had much greater recall among smokers and were associated with changes in attitudes and claimed behaviors, however, they did not as efficiently prompt smokers to sign up for quitting assistance as did the digital elements. This suggests that the traditional media elements helped change how the broad population felt and perhaps made the smokers among them more interested in, or open to, quitting, while the digital elements efficiently "made the sell" by getting those who visited the website to request more information or other quitting assistance.

Likewise, in England's *Smokefree United* campaign, digital and traditional media helped each other. The campaign was publicized via a partnership with the radio station talkSPORT, at face-to-face events, and along with press, outdoor and online display advertising which helped direct interested smokers to the website where they could sign up to be part of a quitting community. The *Smokefree United* campaign was also promoted through football clubs and at professional football matches.

In the United States (Arizona)'s *Venomocity* campaign, traditional paid advertising and grassroots efforts helped drive youth to the *Venomocity* website. Due to a "soft" media marketing around the time of the campaign, planners were able to greatly increase the frequency of the audience's exposure to the campaign ads, generating more than 28.3 million total impressions to Arizona teens. In addition, the grassroots events were a great way

to engage teens in Venomocity, with a spike in Web traffic occurring statewide following each event. As a result of the TV ads and grassroots events, more than 220,000 visitors visited www.venomocity.com during an 8-month period, and the average visitor stayed on the site almost six minutes, far exceeding the campaign's engagement goals.

Campaign staff for the United States (Minnesota, Dakota County) *Respect my Ride* campaign, concluded that the campaign was effective because it relied on an *integrated* communications strategy that capitalized on *both* in-person and online engagement. Students stated that they would not have known about the online channels without first hearing about them through in-school activities. Campaign planners felt that online communication alone is not sufficient but, rather, an important component of any youth engagement or public awareness campaign. The *Respect My Ride* online channels were used not only for educating students about the issues, but for keeping them engaged through the YouTube contests and announcing school visits on Facebook. Having an integrated communications plan that capitalized on both in-person and online engagement caused the campaign to have great reach among students and kept the audience engaged and informed, as evidenced by students' survey responses and the number of hits/fans on the campaign's social media sites.

Planning Considerations

9. A variety of digital vehicles can increase participants' involvement and can engage multiple audiences.

As seen in the above examples, different people respond to different stimuli, so offering several options can help attract more participants. Those options can include offering communications via different vehicles, such as motivational messages sent via text, email, or voice-mail, or offering different kinds of tools for quitting smoking, advocating for smoke-free air or staying tobacco-free, based on the campaign's goal. In Canada (Ontario)'s *The Driven to Quit Challenge*, an increase in points of contact with the target audience through digital platforms in 2010 (compared to in 2009) may have helped increase campaign awareness and conversions. There was a 70% increase in number of unique visits to website during campaign registration period, a 53% increase in number of visitors to the site from Facebook during campaign registration period, and an additional 8,743 clicks to site generated by new Google AdWords campaign.

In Denmark's *Xbale.dk* campaign, as well as United States (Minnesota)'s *The QuitCash Challenge*, an interactive website was combined with options to receive motivational and information email messages and/or mobile phone text messages so that there would be many ways that participants could get, and stay, involved. Minnesota's campaign also included a dedicated Facebook page which became a very popular way among registrants to get online support. The Denmark campaign motivated more than 14,000 people to register and attempt to quit smoking with the help of *xbale.dk*, and while 70% of registrants were in the target age range of 15- to 25-year-olds, 27% were over 26 years old, and less than 3% were younger than 15 years old, indicating that the campaign appealed to people outside of the target group as well. The Minnesota campaign motivated 3,122 people to register and quit during the contest period, a 64% increase versus the previous year when fewer digital elements were used. In addition, there was also a substantial increase in usage of QUITPLAN Services in comparison to monthly averages: an increase of 117% in quitplan.com online registrants and a 32% increase in call volumes during the Challenge.

England's *Smokefree United* campaign included a wide variety of digital content, such as a message wall hosted by a radio host where quitters could share their experiences; a *Smokefree United* league that tallied the number of fans from each club to have signed up and encouraged competition among fans; a local NHS Stop-Smoking Services locator; a cost calculator; a 'your body' tool so smokers could see the harms of smoking on their health; and a humorous member-get-member recruitment device where smokers could nominate their friends to be on the bench until they signed up. Upon registering, smokers entered a four-week customer relationship management (CRM) journey, consisting of weekly motivational messaging and calls to action. They could access National Health Service quitting support by either SMS or email, and there were incentives to respond to all messages. After 4 weeks, participants were given the opportunity to migrate into the national smoking CRM program. An outcome evaluation survey sent to participants two months after the competition ended indicated that 75% of respondents found *Smokefree United* helpful in motivating them to quit, 84% of respondents made a quit attempt, and 62% of those quit attempts were still successful at the time of the research.

Another campaign which used a variety of digital channels for engagement was Israel's *Sigi Tabak*, where digital elements included videos seeded throughout the web, a campaign mini-site, and ring tone downloads for cellular phones. The campaign staff attributed having a wide range of channels as leading to the large uptake of the campaign (over the course of 2 months following the launch of the initiative, there were 237,138 views of the video, 63,244 entries to Sigi's site, and 1,023 people downloaded content to their cell phones). Although the initiative was implemented for two months, people showed interest in the quitting workshops and the campaign content long after. No other activities were going on at the time that would help explain the increased interest in quitting smoking.

Campaign staff for Norway's *Happy Ending* campaign concluded that the combination of email, website, SMS and IVR exploited the unique characteristics of each channel (e.g., text versus voice recordings, push/pull, short/long texts, availability, etc.) and allowed participants to have exposure to a variety of channels, some which they may have preferred more than others. Communicating on a broad spectrum may have increased pervasiveness and persuasiveness of the messages.

- 10. The Internet opens your program to everyone in the world which has benefits and drawbacks.** While attracting a wide audience might be beneficial in some cases by allowing the program to reach a significant enough percentage of the population to potentially make a difference, the wide reach also allows those who are not in your target audience (for whom you don't get credit for influencing but on whom your resources get spent) to participate. In other cases, outsiders who are not part of your target audience might actually disrupt or counter the messages you are trying to communicate. For these reasons, the open reach of the Internet needs to be considered as digital campaign strategies are planned.

One example is from United States (Wisconsin)'s *My Smokefree Story* campaign—its call for stories led not only to people sharing their smoke-free stories but also to people submitting stories *against* smoke-free air. Campaign planners managed this via the story submission tool which included a disclaimer that not all stories would be posted on the site and that others may be edited for clarity, however, it is a watch-out for all digital campaigns because sometimes the content cannot be so easily screened and edited.

In Germany's *Smoke-Free* campaign, campaign staff found that it was impossible to keep those outside of the target audience of smokers under age 18 from using the program, and it was challenging to attract enough members of the target audience to use the program. Despite the fact that individuals under 18 years old were especially targeted by embedding the program in the teen website (www.rauch-frei.info) and via its promotion in teenage media, those under 18 years old represented only a small percentage of total *Smoke-Free* program users. Young adults represented the main group of users, and the average age was 24 years.

In the case of Singapore's *Kids Watch. Kids Learn.* Campaign, it was to campaign staff's advantage that the advertising and website were available to everyone because they attracted an influential audience that they hadn't thought about targeting when planning the campaign. While the campaign's primary target audience was parents who smoked, the campaign appears to have been more effective in encouraging non-smoker parents to assist their smoker partners to quit. This shows a potential advantage of reaching a broader audience than that intended. A post-campaign survey found that about 40% of nonsmoking parents with a partner who smoked recalled the campaign (a higher percentage than smoking parents), and all of them claimed to have spoken to their smoking spouses about quitting smoking.

In some cases, specifying the geography in which participants need to reside allows for greater control over those who will actually be able to participate. For example, in the United States (Nebraska)'s *IMREADY* campaign, the text-messaging service was promoted on the website (www.QuitNow.ne.gov), but when smokers signed up for the service and identified themselves as wanting to quit smoking or chewing tobacco, the Quit Kit submission form limited the Kits to those who lived in the state of Nebraska.

Another example is that for United States (Minnesota)'s *The QuitCash Challenge*, Canada (Ontario)'s *The Driven to Quit Challenge* and Canada (British Columbia)'s *Quit Now & WIN* competition, only residents of those states or provinces were eligible to register for the programs. Others from outside those geographies could take advantage of the cessation assistance information offered on the website but could not compete for the prizes.