

# Final Report

## Tobacco Prevention and Control Media Evaluation: *FY2016: Three Phases*

Presented to



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## Executive Summary

This study assessed public exposure and reaction to Project Filter's statewide quit-tobacco media campaign. The study was conducted in three distinct phases, assessing Project Filter's *Kellen Moore* ads (in Phase 1) and its *Real Idahoans* ads (in Phases 2 and 3).

### Outcomes Among All Respondents

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Ad awareness. Two thirds of adults reported exposure to any advertising that encourages quitting tobacco. The dominant medium was television (Table 5).

Project Filter ad awareness. Among all adults who saw any anti-tobacco ads, about one in three Phase-1 respondents described Project Filter's *Kellen Moore* ads, following about eight months of airing, across two years. Only about one in six phase-2 respondents described Project Filter's *Real Idahoans* ads after one month of airing. Phase-3 respondents were equally likely to describe the *Real Idahoans* ads following three and a half months of airing, across a period of five months. (Table 7). But additional Phase-1 and -2 respondents recognized Project Filter ads after listening to descriptions of them. As a result, in all Phases more than half of ad viewers recalled or recognized (see p.13 for definitions) Project Filter ads they had seen (Table 8).

*At least half of those exposed to anti-tobacco ads remembered Project Filter ads.*

Diagnostic measures. The Project Filter ads were described by almost all as "believable." One in four who saw them reported talking to family or friends about them (Table 12).

Cessation assistance. Those who saw Project Filter ads were more likely than others to be aware of cessation assistance, and to recommend online or phone assistance to friends or family (Table 13). Awareness and recommendations increased in Phases 2 and 3.

### Outcomes Among Tobacco Users

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Prevalence. About 18% of Idaho adults were current tobacco users (Figure 1). Among low-SES adults the rate was double that of higher-SES adults – 33% vs. 15%. More than half of all users said they either planned to quit in the next 30 days or wanted to quit in the next year (Table 3).

User attributes, such as gender and age, differentiated between tobacco users and non-users, but they failed to separate users who planned or wanted to quit from users who did not (Table 4).

Any tobacco cessation ad awareness. Tobacco users reported more exposure to TV ads that encourage quitting than did non-users (Table 6). Low-SES tobacco users reported the highest rate of exposure to any cessation ads, Project Filter or others.

Project Filter ad awareness. The users who remembered the Project Filter ads were the most likely to say they planned or wanted to quit. A similar pattern did not emerge among users who remembered the similar, concurrently airing CDC ads about cessation (Table 11 and Figure 2).

Cessation assistance. About one in three of the current users who want to quit said they planned to use telephone or online cessation services. Low- and higher-SES adults were equally likely to be





aware of cessation assistance and to recommend assistance to friends or family (Table 22), and were equally likely to say they would use online or telephone cessation services when they quit (Table 23).

## Conclusions and Recommendations

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Project Filter's *Kellen Moore* and *Real Idahoans* ads are reaching a broad range of Idahoans, and delivering a memorable message about tobacco cessation services. A large majority of viewers also say they would use or recommend cessation services to users trying to quit. The Project Filter ads are particularly effective in reaching Project Filter's target audiences – tobacco users, and users wanting to quit.

The study also provides preliminary insight about the important role of CDC's ads in Idaho, and the likely impact of the two Project Filter campaigns (*Kellen Moore* versus *Real Idahoans*) going forward. The CDC and other organizations provide a chorus of tobacco-cessation messages that help build the cessation awareness. By this study's very rough estimate, these CDC and other ads may nearly double the reach and awareness of cessation services among Idahoans, since almost half of respondents who were aware of cessation ads *did not* recall or recognize Project Filter ads. These CDC and other ads then prime Idahoans to learn Project Filter's message more readily, when they do encounter it.

If CDC ads have a more diffuse role in building cessation awareness among Idahoans, Project Filter's ads are associated with actual quitting. Idahoans who saw Project Filter ads were more aware of and likely to recommend cessation services than those who saw CDC ads. And, the Idahoans most likely to want to quit were those who remembered Project Filter ads, not CDC ads.

The findings provide a preliminary suggestion that *Kellen Moore* is highly attention-getting and recognizable, but that going forward, *Real Idahoans* will have as much or more of the intended impact as *Kellen Moore*. Here's why. Though *Kellen Moore* was better recalled – the most stringent test of memory – than *Real Idahoans*, the two campaigns were about equal in overall memory – recall plus recognition. Both campaigns were highly believable and generated discussions with family and friends. Most importantly, *Real Idahoans* delivered higher cessation-service awareness and willingness to recommend those services than *Kellen Moore* did. *Real Idahoans* had this strong performance compared to *Kellen Moore*, despite the near three-fold longer media airing of the *Kellen Moore* ads. These findings suggest that going forward, Project Filter can emphasize the *Real Idahoans* campaign, and phase out *Kellen Moore*.

These conclusions and recommendations are reasonable, but preliminary. They are based on observational rather than experimental methods, and on measures that are not all comparable in time frame, method of measure, and other factors. A study designed specifically to control for such differences and answer these specific questions will yield more highly reliable findings. For example, Project Filter may seek a study designed to test whether CDC ads augment Project Filter's success, and how best to leverage this boost, or to test the relative impact-versus-cost of various Project Filter messages or media.





## Project Filter Media Evaluation, 2016

The Idaho Department of Health and Welfare’s Tobacco Prevention and Control Program, Project Filter (PF), in conjunction with the marketing agency DaviesMoore, has run two statewide cessation-focused media campaigns. The first featured former Boise State quarterback, Kellen Moore. Television and radio portions of the *Kellen Moore* campaign aired statewide in the fall (August – December) of both 2014 and 2015.

The second campaign, *Real Idahoans*, began on December 28, 2015. Television and radio portions of this statewide media campaign continued through the end of January 2016, and then resumed mid-March through completion at the end of May 2016.

This study assessed public exposure to each campaign in three distinct phases: *Kellen Moore* (Phase 1) and *Real Idahoans* (Phases 2 and 3). The study also examined and compared information about viewers’ responses to the two media campaign messages, and information about factors related to current tobacco use and intentions to quit using.

### Method

In Phase 1, 408 randomly-selected Idaho adults completed telephone interviews between December 3, 2015 and December 14, 2015 – just prior to the first airing of the *Real Idahoans* campaign ads. In Phase 2, 602 Idaho adults responded between January 20, 2016 and February 4, 2016. Phase-2 interviews began as the first wave of the *Real Idahoans* ads was ending. In Phase 3, 605 responded between May 10, 2016 and May 21, 2016, as the second wave of *Real Idahoans* was ending.

**Table 1: Media Evaluation Phases**

Phase	Telephone Interview Dates	Total Respondents	<i>Real Idahoans</i> TV and Radio Ad Dates
Phase 1	12/3-12/14	408	--
Phase 2	1/20-2/4	602	12/28-1/31
Phase 3	5/10-5/21	605	Mid-March to Late-May
Total	--	1,615	--

**Random sampling.** Professional interviewers dialed commercially generated, list-assisted, random sample (RDD) of landline and mobile telephone numbers in Idaho for all interviews. A stratified, random sample of respondents was solicited, with a focus on approximating Idaho adult population





characteristics: age, gender, and general Idaho region (northern, southwestern, and southeastern) as reported by the US Census Bureau; a 20% current tobacco and nicotine use rate as found in previous Idaho surveys<sup>1</sup>; and a distribution of interviews split between cell phones (55%) and landlines (45%), because about 53% of Idaho households are cell-only, one of the highest proportions in the nation.<sup>2</sup>

**Conduct of the interviews.** Across Phases 1-3, telephone interviews were conducted by 25 professional interviewers during early evening hours Monday through Friday, and during Saturday afternoon hours. A total of 58,789 calls were made to 20,409 phone numbers in order to complete the interviews. These resulted in 1,615 completed interviews; another 4,383 ended when potential respondents refused; and 57 terminated mid-interview by respondents. Industry standard AAPOR-3 response rates for Phases 1, 2, and 3 were 0.15, 0.17, and 0.12; and AAPOR-2 cooperation rates were 0.29, 0.30, and 0.26. All interviewers were briefed and closely monitored for quality during their first several interviews, and a supervisor monitored more than 10% of all 1,615 completed interviews.

Respondents had the option of interviews in English or Spanish. Five interviews were conducted in Spanish during Phase 1, sixteen during Phase 2, and six during Phase 3.

## Interview

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Strategic Intelligence collaborated with Project Filter to develop a 10-minute interview. It captured respondents' recent tobacco and nicotine use; their exposure to Project Filter and other cessation messages across TV, radio, and Internet; their reactions to the ads; their awareness of and intention to encourage the use of available cessation services; and, among users, their plans to quit using.

**Environment of competing cessation campaigns.** Project Filter's *Real Idahoans* campaign existed in a media environment of competing and similar messages:

- During Phase 1 interviewing, Project Filter was airing a cessation campaign urging Idahoans to set quit dates – a campaign featuring former BSU quarterback Kellen Moore.
- At the end of the *Real Idahoans* campaign in January, the CDC began airing similar ads urging cessation – the *Tips from Smokers (Tips)* campaign. The *Tips* campaign continued running through the end of June, 2016.
- *Real Idahoans* resumed airing on television and radio in mid-March, overlapping with the *Tips* campaign, and completed at the end of May.
- At all times, ads promoting pharmaceuticals to aid cessation ran on TV and other media.

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<sup>1</sup> See CDC State Tobacco Activities Tracking and Evaluation (STATE) system ([nccd.cdc.gov](http://nccd.cdc.gov)) for BRFSS smoke tobacco rates. Also see *2014 Tobacco Counter-marketing: Tobacco and Nicotine Use and Cessation; Public Support for Services and Control; and the New Nicotine - E-cigarettes*, January 2015. Produced by Strategic Intelligence, Inc. for the Idaho Tobacco Prevention and Control Program.

<sup>2</sup> Pew Center for Research, 2013. <http://www.pewresearch.org/fact-tank/2013/12/23/for-most-wireless-only-households-look-south-and-west/>. Accessed in October, 2015. Marketing Systems Group and Genesys Sampling reported Idaho's rate at 53.3% in 2015, with only Alaska, Wyoming and Hawaii's being higher.





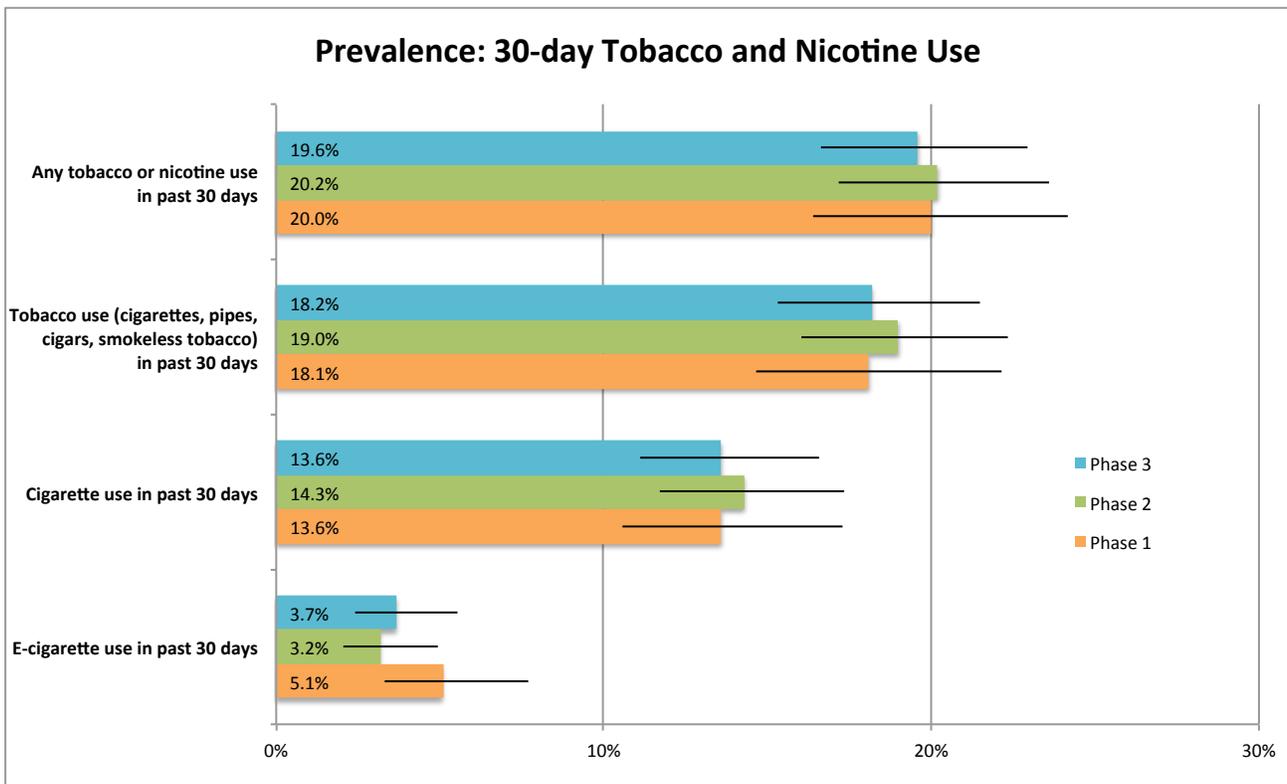
## Findings & Interpretation

This report focuses on the 18% of respondents who reported any tobacco use in the prior 30 days (18.1% in Phase 1, 19.0% in Phase 2, and 18.2% in Phase 3; see Figure 1 below). These tobacco users are most directly targeted by Project Filter ads encouraging tobacco cessation.<sup>4</sup>

Adults who possess fewer economic resources are an important target audience for Project Filter outreach, education, and cessation efforts. The final section of this report (p. 23) summarizes findings about CDC-defined low-SES adults. SES designations are based on income, education, and health insurance status. The findings also appear in “SES Connection” text boxes throughout the report, which is organized by topic area.

SES Connection. The 30-day tobacco use rate among low-SES adults is 33.5%, compared to 15.3% for higher-SES adults.

**Figure 1: Prevalence: 30-day Tobacco and Nicotine Use**



Phase 1, n=408; Phase 2, n=602; Phase 3, n=605.

<sup>4</sup> As discussed in the Method section, the stratified, random sample of respondents specified a 20% rate of any tobacco or nicotine use. Although there are no CDC comparisons for Idaho’s rates of overall tobacco and nicotine use, CDC does report a 2014 cigarette smoking rate of 15.9% for Idaho, which can be compared to the 14.1% rate (13.6% in Phase 1, 14.3% in Phase 2, and 13.6% in Phase 3) found among respondents in this study (see Figure 1).



## Prevalence: Use and Intention to Quit

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Respondents 1-year and lifetime use of tobacco and nicotine did not differ by Phase.

**Table 2: Prevalence: One-year and Lifetime Tobacco and Nicotine Use**

Tobacco and Nicotine Use	Percent (Confidence Interval)		
	Phase 1	Phase 2	Phase 3
<b>1 Year:</b> Any tobacco or nicotine use (including all 30 day users)	23.5% (CI 19.6-27.8)	24.7% (CI 21.4-28.3)	24.3% (CI 21.0-27.8)
<b>Lifetime:</b> Smoked at least 100 cigarettes (5 packs) in entire life	35.6% (CI 31.1-40.3)	36.6% (CI 32.9-40.5)	34.9% (CI 31.3-38.9)

Phase 1, n=408; Phase 2, n=602; Phase 3, n=605.

Users of any tobacco or nicotine products were asked if they *planned* to quit in the next 30 days. Although higher proportions of Phase-1 than Phase-2 or Phase-3 users reported planning to quit in the next 30 days (e.g., 33.1% vs. 25.3% vs. 22.6% among all users), these differences were not statistically significant. There was one exception: Phase-3 cigarette users were significantly less likely than Phase-1 cigarette users to plan to quit in the next 30 days. See Table 3, p. 9.

If users had no plans to quit in the next 30 days, they were asked if they *wanted* to quit in the next year. These results (planned + wanted to quit) were combined into a “plan or want to quit” metric, which is used throughout this report.

Among tobacco users, but not among e-cigarette users, the combined “plan or want to quit” rates all exceeded 50%. Although these rates may seem high, they are similar to the CDC’s 2014 estimate that 50.2% of cigarette smokers in Idaho had attempted to quit in the prior year.<sup>5</sup>

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<sup>5</sup> [http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH\\_STATE.Highlights](http://nccd.cdc.gov/STATESystem/rdPage.aspx?rdReport=OSH_STATE.Highlights). CDC; Idaho; Tobacco Use - Survey Data - Cessation (Adults) - Quit Attempts in Past Year; Multiple Data Points



**Table 3: Users Who Plan to Quit or Want to Quit**

Type of Product Used in the Past 30 Days	Phase 1 (Users=82)	Phase 2 (Users=122)	Phase 3 (Users=119)
	<u>Plan to Quit in the Next 30 Days</u>		
Any tobacco or nicotine	33.1%	25.3%	22.6%
Tobacco (cigarettes, pipes, cigars, smokeless tobacco)	36.6%	26.9%	23.2%
Cigarettes	42.4% (a)	30.9% (a,b)	20.5% (b)
E-cigarettes	33.8%	19.7%	17.1%
Type of Product Used in the Past 30 Days	<u>Plan to Quit, 30 Days OR Want to Quit Next Year</u>		
Any tobacco or nicotine	52.5%	50.7%	58.2%
Tobacco (cigarettes, pipes, cigars, smokeless tobacco)	58.0%	54.1%	61.4%
Cigarettes	58.8%	59.3%	62.2%
E-cigarettes	37.4%	34.1%	46.9%

ANOVA Plan X Phase, significant difference between Phase 1 and Phase 3 for Cigarette users only. All other comparisons are non-significant.

ANOVA Plan+Want X Phase, all non-significant comparisons.



## Demographics: Users Differed Socially From Non-users

Table 4 shows demographic differences across three distinct user groups: 30-day tobacco users who plan to quit in the next 30 days or want to quit in the next year; 30-day tobacco users who do not plan or want to quit; and persons who are not 30-day users. The table illustrates two key dynamics:

- There were no differences between users planning or wanting to quit and those not planning or wanting to quit in comparisons by the demographics examined in this study, such as gender, SES, or education.
- There were many reliable differences between users and non-users. Tobacco users were more likely to be men, younger, lower-SES, lower-income, to have a high school education or less, and to have needs-based or no health insurance.

**Table 4: Demographics: 30-day Tobacco Users, Potential Quitters, and Non-users**

Demographic	Users Plan or want to quit (n=172)	Users Don't plan or want to quit (n=126)	Non-users (n=1,317)
Percent men*	64.4% (a)	69.5% (a)	45.9% (b)
Age (median group)	35-44 years (a)	35-44 years (a)	45-54 years (b)
Percent low-SES (BRFSS classification)	24.3% (a)	19.0% (a)	9.9% (b)
Income (median group)	\$25-50K (a)	\$25-50K (a)	\$50-75K (b)
Percent high school education or less	42.3% (a)	37.0% (a)	22.7% (b)
Percent needs-based or no health insurance	23.2% (a)	24.5% (a)	9.7% (b)

**(a), (b)** Groups in a single row that do not share the same letter in parentheses did differ statistically ( $p < .05$  based on ANOV and Scheffé post-hoc analyses). Those with the same letter did not differ.

\*For example, the percentages of men who were users and intended to quit vs. users who did not intend to quit did not differ. The percentage of non-users who were men differed significantly from both user groups.

**Not all demographics separate the three distinct user groups.** Tobacco users who do plan or want to quit, tobacco users who do not plan or want to quit, and persons who are not 30-day users, did not differ significantly on the following household factors. Their combined demographic rates were:

- Idaho media market residence: North (24.5%) vs. Southwest (44.5%) vs. Southeast (30.5%).
- Adults in the household (76.1% with one or two adults).
- Children in the household (39.8% with one or more children).
- Hispanics in the household (10.3% with one or more Hispanics).



## Anti-tobacco Ad Awareness: Most Adults Saw Messages about Tobacco

About two-thirds of adults reported seeing or hearing any ads that encourage quitting tobacco. The dominant medium was television – more than half of all adults saw TV ads about tobacco cessation.

**Table 5: Ad Awareness: Proportions Who Saw or Heard Ads that Encourage Quitting Tobacco**

Ad Medium	Phase 1 (n=408)	Phase 2 (n=602)	Phase 3 (n=605)
TV, Radio, or the Internet	65.7%	71.1%	70.9%
Television	55.5%	57.4%	52.8%
Radio*	23.4%	29.8%	29.9%
Internet	18.3%	18.7%	22.2%

No groups in a single row differed significantly ( $p < .05$  based on ANOV Scheffé post-hoc analyses), despite the finding of an overall ANOV main effect for Phase in the Radio Ad Medium ( $p = .047$ ).

Percentages in this table are based on the total group of respondents, including people who reported they never view TV (8.0%), never listen to the radio (8.5%), or do not use the Internet (7.2%).



**A higher proportion of users than non-users saw ads about tobacco.** Across media, tobacco users were more likely than non-users to remember advertising. Overall, 83.9% of 30-day tobacco users remembered seeing or hearing ads that encourage quitting tobacco. Among non-users, 66.4% remembered ads. The proportion of tobacco users who remembered any TV ads, or remembered any ads about tobacco, did not vary significantly by Phase.

SES Connection. Low-SES tobacco users were more likely to have recalled seeing or hearing ads that encourage quitting (94.0% vs. 78.8%).

**Table 6: Ad Awareness: Percent of 30-day Tobacco Users Who Saw or Heard Any Cessation Ads**

Ad Medium	Users Plan or want to quit (n=172)	Users Don't plan or want (n=126)	Non-users (n=1,317)
TV, Radio, or Internet	84.4% (a)	83.3% (a)	66.4% (b)
TV	67.3% (a)	69.5% (a)	52.3% (b)

**(a), (b)** Groups in a single row that do not share the same letter in parentheses did differ statistically ( $p < .05$  based on ANOV and Scheffé post-hoc analyses). Those with the same letter did not differ.

## Recall: Kellen Moore Ads Were Better Recalled

The interviews in this study were designed to assess two levels of memory about advertising encouraging people to quit:

- **Unaided recall or RECALL.** Respondents *described* advertising in unaided probes asking about anti-tobacco ads they had seen. This is the most stringent test of memory for an ad.
- **RECOGNITION:** After listening to a description of the ad, respondents said whether they saw it. This is a more lenient test of memory than recall, and usually captures additional positive responses.
- **MEMORY (REMEMBERED):** The combination of all who either recalled or recognized an ad.

By Phase 1, only *Kellen Moore* ads had been aired; by Phase 2, *Real Idahoans* ads had also aired. Fewer Phase-2 and Phase-3 respondents recalled the *Real Idahoans* ads than Phase-1 respondents recalled the *Kellen Moore* ads. Indeed, some Phase-2 and Phase-3 respondents recalled the *Kellen Moore* ads, but not *Real Idahoans* ads.

The superior recall of the *Kellen Moore* ads may underscore the memorability of the spokesperson, or the value of repetition, which occurred across about eight months in the space of two years (2014-15). That represents approximately a three-fold advantage in monthly air time over *Real Idahoans* so far, with just a two-fold higher recall by Phase 3, and approximately equal overall memory (recall + recognition, Table 8). With comparable amounts of airing, the *Real Idahoans'* ads may be recalled as readily – or more so - than the *Kellen Moore* ads.

**Table 7: Project Filter Advertisement Recall**

Recalled Tobacco-cessation Advertising (persons who saw or heard any ads)			
Ads Recalled	Phase 1 (n=268)	Phase 2 (n=428)	Phase 3 (n=429)
The current Project Filter campaign ads ( <i>Kellen Moore</i> in Phase 1; <i>Real Idahoans</i> in Phases 2 & 3)	32.6% (a)	14.1% (b)	18.4% (b)
Phase 2, <i>Kellen Moore</i> PF ad, but not PF <i>Real Idahoans</i> ads*	--	8.6%	4.7%
Other, non-PF advertising*	31.1%	27.2%	40.9%
Only Chantix, Nicoderm or other drug advertising*	6.4%	13.5%	6.1%

(a), (b) In a single row, Phase 1 & 2 Project Filter recall rates that do not share the same letter in parentheses differ significantly ( $p < .05$  based on ANOV and Scheffé post-hoc analyses). Those with the same letter do not differ significantly.

\* Secondary recall outcomes not tested for significant differences by Phase.



## Recall and Recognition: Real Idahoans Ads – Well Remembered

Though the Phases 2 and 3 *Real Idahoans* ads were less well recalled than the Phase 1 *Kellen Moore* ads, they were often recognized when described. As a result, 54% remembered the *Real Idahoans* ads (recall plus recognition, 51.8% in Phase 2 and 56.6% in Phase 3), compared to the 59% who remembered the Phase 1 *Kellen Moore* (Table 8). The remainder remembered only ads by CDC and other organizations.

*At least half of those exposed to anti-tobacco ads remembered Project Filter ads. The remaining half who remember ads by CDC or others may be primed for later learning of Project Filter ads.*

During Phase 3, respondents were exposed to both the Project Filter *Real Idahoans* campaign and the CDC *Tips* campaign. The two campaigns enjoyed similar success – 56.6% remembered the Project Filter ads, and 52.1% remembered the CDC ads.

*After sufficient exposure, the Real Idahoans ads, the Kellen Moore ads, and the CDC Tips ads, were all memorable.*

**Table 8: PF Awareness: Memory for Project Filter Ads**

Project Filter Recall, Recognition, Memory (persons who saw or heard any ads)	Phase 1 (n=268)	Phase 2 (n=428)	Phase 3 (n=429)
Recalled PF ad	32.6% (a)	14.1% (b)	18.4% (b)
Recognized PF ads after hearing description	26.8% (a)	37.8% (b)	38.3% (b)
Not sure, may have seen a PF ad*	6.2%	7.0%	8.2%
Total: Memory of PF ad	59.4%	51.8%	56.6%
For comparison: Recognized CDC <i>Tips</i> ads**	--	36.2% (a)	52.1% (b)

(a), (b) In a single row, Phase 1-3 rates that do not share the same letter in parentheses differ significantly ( $p < .05$  based on ANOV and Scheffé post-hoc analyses). Those with the same letter do not differ significantly. Total PF memory did not differ by Phase.

\*Not tested for significant differences by Phase.

\*\*Some Phase 2 and all Phase 3 were asked Recognition questions about CDC ads. The Phase 2 CDC recognition percentage of 36.2% should be compared with the Phase 2 "Total: Memory of PF ad" rate of 51.8%. See Method section for details.





Project filter ads reach the users who want to quit more than other users. Project Filter ads were better remembered among tobacco users who planned or wanted to quit than among other users. Non-users also showed high recall or recognition of Project Filter ads – perhaps because some of them knew current users they wished would quit.

Table 9: PF Awareness: Ad Memory among 30-day Tobacco Users and Non-users

Project Filter: Recall, Recognition, Memory (persons who saw or heard any ads)	Users <u>Plan</u> or <u>want</u> to quit (n=145)	Users Don't <u>plan</u> or <u>want</u> to quit (n=105)	Non-users (n=874)
<u>Memory</u> of Project Filter ad	64.7% (a)	39.9% (b)	55.8% (a)
<u>Recalled</u> Project Filter ad	22.5%	12.1%	20.7%

(a), (b) In a single row, user groups that do not share the same letter in parentheses differ significantly ( $p < .05$  based on ANOV and Scheffé post-hoc analyses). Those with the same letter do not differ significantly. Recall of PF ads did not differ across groups.

Low-SES tobacco users were more likely than higher-SES users to remember seeing or hearing any ads that encourage quitting (94.0% vs. 78.8%, Table 20), though they did not differ in memory of Project Filter ads.



## Demographics: Better Ad Memory in the Southwest and in Households with Children

A few demographics differentiated those who did remember Project Filter ads from those who did not (Table 10). Adults who remembered Project Filter ads were more likely to be younger and more likely to have children in the household.

By contrast, among tobacco users only, there were no significant demographic differences between users who remembered vs. did not remember the PF ads.

Southwestern Idahoans who saw or heard any ads were more likely than others to remember PF ads (62.5% in the Southwest vs. 49.4% in other regions). No such regional differences existed when considering current tobacco users only (regional breakouts not shown in Table 11).

**Table 10: Awareness of Project Filter Ads Among All Who Saw Ads and Among Tobacco Users**

Demographic	Among all who saw or heard any anti-tobacco ads		Among users who saw or heard any anti-tobacco ads	
	Remember PF ads (n=624)	Do not remember PF ads (n=501)	Remember PF ads (n=115)	Do not remember PF ads (n=136)
Percent men (vs. women)	48.3%	52.4%	60.3%	69.7%
Age (median group)	35-44 (a)	45-54 (b)	35-44	35-44
Percent low-SES (BRFSS classification)	14.3%	12.4%	27.2%	21.6%
Income (median group)	\$50-75K	\$25-50K	\$25-50K	\$25-50K
Percent high school education or less	25.6%	30.0%	41.2%	41.0%
Percent needs-based or no health insurance	14.7%	13.8%	26.9%	24.2%
Percent with 1 or 2 adults in household	75.6%	78.0%	75.7%	76.6%
Percent with children under 18 in household	43.7% (a)	35.8% (b)	42.0%	32.3%
Percent with Hispanic in household	11.5%	8.3%	14.6%	8.8%

(a), (b) In a single row, the first Memory v. No-Memory groups that do not share the same letter in parentheses differ significantly ( $p < .05$  based on ANOV). All other comparisons (among all who saw and among users) were non-significant.





## Media Impact: Project Filter Ad Exposure Intertwined with Quit Plans and Desire

Memory for Project Filter ads was strongly intertwined with Idahoans’ plans and desires to quit.

### Plans to quit were more likely among users who remembered Project Filter ads.

Among the 146 tobacco users in Phases 1-3 who remembered Project Filter ads, 67.3% planned or wanted to quit using tobacco, compared to just 48.5% among the 152 tobacco users who did not remember Project Filter ads (see Figure 2 for details by Phase).

### Memory for Project Filter ads was better among users who planned to quit.

Among the 172 tobacco users who planned or wanted to quit, 57.2% remembered Project Filter ads, compared to just 37.9% among the 126 tobacco users who did not plan or want to quit (Table 11).

**Memory of CDC ads was unrelated to quit plans.** Planning or wanting to quit was not significantly related to memory of the CDC *Tips* ads (Table 11 and Figure 2).

**Table 11: Media Impact: Users Who Want to Quit Remember Project Filter Ads Better**

Reactions	Tobacco Users Phases 1-3*	
	Plan or want to quit	No plan or desire to quit
Project Filter ads remembered	57.2% (a) (n=172)	37.9% (b) (n=126)
CDC <i>Tips</i> ads recognized	49.5% (n=93)	42.2% (n=67)

Memory for Project Filter ads was strongly intertwined with Idahoans’ plans and desires to quit.

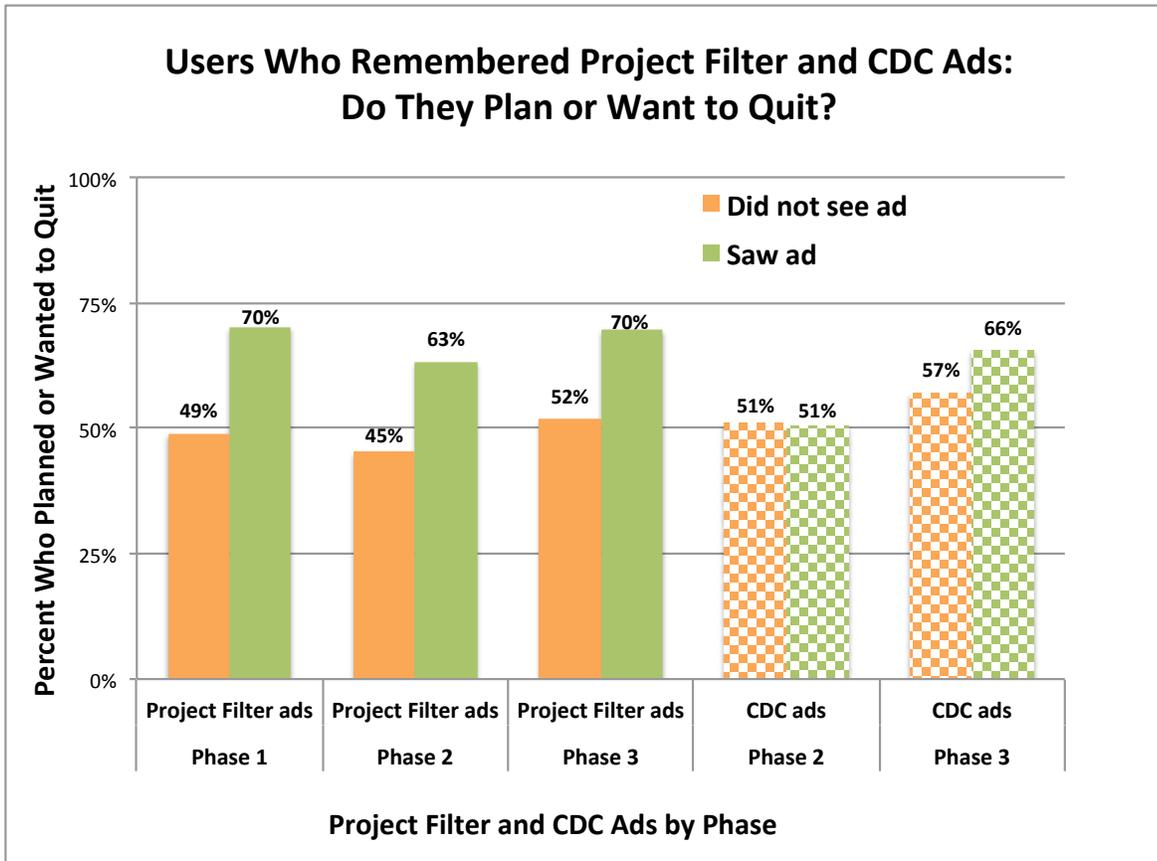
**(a), (b)** In a single row, the groups that do not share the same letter in parentheses differed significantly ( $p < .05$  based on ANOV). Those with no letter did not differ significantly.

\* The proportions of users planning or wanting to quit did not vary by Phase, so were combined for the analyses. See Figure 2 for proportions per PF and CDC ads, broken out by Phase.



In each of the three Phases, a majority of tobacco users who saw Project Filter ads also reported they planned or wanted to quit. The apparent, similar effect for memory of CDC ads in Phase-3 was non-significant; and there was no relation in Phase 2.

Figure 2: Media Impact: Memory of Project Filter and CDC Ads by Users Who Want to Quit



Project Filter Phase 1, n=74; Phase 2, n=114; Phase 3, n=110. Saw v. Did Not See differences were significant in each Phase.

CDC Phase 2 n=65; Phase 3 n=110. Neither difference within Phase was significant.

See Table 12 for PF and CDC proportions combined across Phase.





## Diagnosics: Project Filter Ads Were Believable and They Inspired Some Discussion

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Almost all respondents who saw the Project Filter ads – both the Phase-1 *Kellen Moore* ads and the Phases-2 & -3 *Real Idahoan* ads – considered them believable. The ads generated conversations among a quarter of those who saw them.

**Table 12: Reactions to the Project Filter Ads**

Reactions	Phase 1 (n=195)	Phase 2 (n=252)	Phase 3 (n=292)
The ads were believable (agree or strongly agree)	91.6%	92.4%	92.8%
I talked with family or friends about the ads (agree or strongly agree)	29.7%	27.4%	28.2%

ANOVA Reaction X Phase, all non-significant comparisons.





## Cessation Services: Awareness and Likelihood to Recommend or Use Them

Among all respondents, regardless of any advertising exposure:

- **Awareness of cessation assistance was significantly higher in Phase 3.** Awareness was 64.2% in Phase 1, 67.0% in Phase 2, and 75.0% in Phase 3.
- **Willingness to recommend cessation assistance was significantly higher in Phases 2 and 3.** Respondents' likelihood to recommend a telephone or online quitting program to family and friends was 55.3% in Phase 1; 66.6% in Phase 2, and 66.1% in Phase 3.

SES Connection. Low- and higher-SES adults were equally likely to be aware of cessation assistance and to recommend assistance to friends or family.

Within each study Phase, awareness and recommendation of cessation assistance were higher among those who remembered the Project Filter ads, than among those who did not (Table 14).

**Table 13: Cessation Assistance Reactions to the Project Filter Ads**

<b>Awareness of Cessation Assistance</b> such as 1-800-QUIT-NOW or online quitting programs (percent who are aware)	Phase 1 (n=408)	Phase 2 (n=602)	Phase 3 (n=605)
No Project Filter ad memory	58.8%	58.3%	66.8%
Project Filter ads remembered	71.1% (a)	79.2% (a,b)	83.8% (b)
<b>Recommend Cessation Assistance</b> to friends or family members (percent somewhat or very likely)	Phase 1 (n=408)	Phase 2 (n=602)	Phase 3 (n=605)
No Project Filter ad memory	50.5% (a)	60.8% (b)	60.6% (a,b)
Project Filter ads remembered	60.6% (a)	74.7% (b)	72.1% (b)

(a), (b), (a,b) In a single row, the groups that do not share the same letter in parentheses differ significantly (p<.05 based on ANOV and Scheffé post-hoc analyses). Those with the same letter do not differ significantly. Awareness of cessation assistance among those with no PF ad memory did not vary significantly by Phase.

Awareness and recommendation of cessation assistance increased in Phases 2 and 3, and were higher among those who remembered the Project Filter ads, than among those who did not.





During a portion of Phase 2 and all of Phase 3, Project Filter and CDC were both airing ads that urged users to quit smoking (see Method for details). As seen above, awareness and willingness to recommend cessation services were higher among those who remembered the Project Filter ads than those who did not. But how does this impact of Project Filter ads on awareness and recommendation compare to parallel effects of CDC ad?

**Project Filter ads were more strongly linked to awareness and recommendation of cessation services than CDC ads were.** Though memory of CDC ads boosted awareness of cessation assistance by 12 percentage points over no ad memory at all, the memory of PF ads added another 11 or more percentage points to Idahoans’ awareness and willingness to recommend cessation assistance.

**Table 14: Reactions to Project Filter vs. CDC Ads**

Outcomes of Ad Exposure	Project Filter and CDC Ads Seen			
	No PF or CDC ads	CDC only	PF only	PF and CDC
<b>Awareness of Cessation Assistance</b> such as 1-800-QUIT-NOW or online quitting programs (percent who are aware)	61.1% (a)	74.2% (b)	82.3% (b)	84.3% (b)
<b>Recommend Cessation Assistance</b> to friends or family members (percent somewhat or very likely)	63.1% (a,b)	56.8% (a)	72.3% (b)	75.3% (b)

No PF or CDC, n=355; CDC only, n=111; PF only, n=233; PF and CDC, n=186.

**(a), (b), (a,b)** In a single **row** of four PF vs. CDC exposure groups, the groups that do not share the same letter in parentheses differ significantly ( $p < .05$  based on ANOV and post-hoc Scheffé tests). Those with the same letter did not differ significantly.

Project Filter ads were more strongly linked to awareness and recommendation of cessation services than CDC ads were.



## Cessation Services: Many Tobacco Users Planned to Use Quit Assistance

About one in three of the current users who want to quit said they planned to use telephone or online cessation services. These proportions were stable across the study’s three Phases. In addition, 58.7% of current tobacco users stated they would recommend cessation assistance to friends or family.

**Table 15: Future Use of Cessation Assistance by Current Users Who Planned or Wanted to Quit**

If you try to quit, do you plan to use a telephone quitline, such as 1-800-QUIT-NOW, or an online quitting program?	Phase 1 (n=43)	Phase 2 (n=62)	Phase 3 (n=68)
Yes: telephone, online, or both	29.4%	34.2%	39.8%
Don't know	9.8%	15.6%	7.6%
No	60.8%	50.3%	52.5%

Current Users Who Plan to Quit or Would Like to Quit: Chi-square, Program Use X Phase, non-significant.





## Low Socioeconomic Status (Low-SES): Heavy Tobacco Users

Adults with few economic resources are an important target audience for Project Filter outreach, education, and cessation services. In this study, 12.0% of all adults, and 23.6% of 30-day tobacco users, met the CDC criteria for “Low Socioeconomic Status, or Low-SES. The criteria for low-SES that resulted in the assignments shown in Table 16 are:

- less than high school education,
- or annual household income less than \$25,001,
- or Medicaid is health care coverage used to pay for most medical care,
- or no health care coverage.

Those excluded from the low-SES category:

- household income greater than \$50,000
- those with a 4-year college education.

The CDC’s SES analyses include only adults ages 25 through 64. All of the unclassified adults in this study were outside that age range (25-64). Following CDC’s approach, we excluded them from SES analyses for this report. Similar proportions of respondents in low-SES, higher-SES, and SES-unclassified categories were found in each of the three Phases.

**Table 16: SES: Phases 1 through 3**

BRFSS SES Classification	Phase 1 (n=408)	Phase 2 (n=602)	Phase 3 (n=605)
Low-SES	11.1%	12.7%	12.3%
Higher-SES	56.5%	55.0%	55.3%
SES unclassified	32.4%	32.4%	32.4%

Chi-square SES (Low, Higher) X Phase, non-significant.



**Household composition relates to SES.** The CDC classifies SES on the basis of education, income, and health insurance (as detailed on p. 23). In addition to these factors, we found that low-SES adults were younger, compared to higher-SES adults, and were more likely to live in households with at least one Hispanic member.

**Table 17: SES: Demographics**

Demographic	Low-SES (n=196)	Higher-SES (n=896)	Unclassified (n=523)
Percent men	47.4%	50.6%	48.9%
Age (median group)	35-44 (a)	45-54 (b)	65+ *
Income (median group)	Under \$25K (a)	\$50-75K (b)	\$25-50K
Percent high school education or less	41.6% (a)	18.6% (b)	32.5%
Percent needs-based or no health insurance	65.1% (a)	3.8% (b)	9.3%
Percent with 1 or 2 adults in household	71.8% (a)	77.9% (b)	76.0%
Percent with children under 18 in household	43.0%	49.0%	19.8%
Percent with Hispanic in household	19.2% (a)	8.5% (b)	7.6%

**(a), (b)** In a single row, the SES groups that do not share the same letter in parentheses differ significantly ( $p < .05$  based on ANOV). Those with the same letter do not differ significantly. When no letters appear, there were no differences between groups. Consistent with CDC method, the Unclassified group was excluded from testing.

\*59.9% of unclassified are 65 years or older, and 40.1% are 24 years or younger. All of these were excluded from SES analyses.



## Low-SES Adults Were More Likely to Use Tobacco or Nicotine

Table 18 shows various combinations and levels of tobacco and nicotine use, by SES category. Its second, bold row shows 30-day users who are the main focus of this report.

The 30-day tobacco use rate among low-SES adults was 33.5%, compared to 16.2% among higher-SES adults. See Table 18.

**Table 18: SES: Tobacco and Nicotine Use**

Tobacco or Nicotine Use	Low-SES (n=196)	Higher-SES (n=896)	Unclassified (n=523)
Any tobacco or nicotine use in past 30 days	36.6% (a)	16.2% (b)	20.2%
<b>Tobacco use (cigarettes, pipes, cigars, smokeless tobacco) in past 30 days</b>	<b>33.5% (a)</b>	<b>15.3% (b)</b>	18.3%
Cigarette use in past 30 days	30.2% (a)	10.7% (b)	13.1%
E-cigarette use in past 30 days	7.1% (a)	2.1% (b)	5.7%

(a), (b) In a single row, the SES groups that do not share the same letter in parentheses differ significantly ( $p < .05$  based on ANOV). Those with the same letter do not differ significantly.

Consistent with CDC method, the Unclassified group was excluded from testing.

Low- and higher-SES tobacco users did not differ in their reported plans to quit in the next 30 days (40.0% vs. 28.4%), nor in their combined desire (plan and want to quit, Table 19).

**Table 19: SES: 30-day Tobacco Users Who Plan or Want to Quit**

Nature of Quit Intention (30 day tobacco users)	Low-SES (n=66)	Higher-SES (n=137)	Unclassified (n=96)
Plan to quit in next 30 days	40.0%	28.4%	19.0%
Plan to quit or want to quit	63.6%	65.1%	43.2%

Low- vs. higher-SES groups did not differ significantly ( $p < .05$  based on ANOV). Consistent with CDC method, the Unclassified group was excluded from testing.





**Cessation ads reach low-SES users.** The low-SES tobacco users were especially likely to remember ads that encourage quitting tobacco. Their memory advantage held both when asked about TV, radio, and Internet together, and when asked about TV only.

Low-SES tobacco users were more likely than higher-SES users to remember seeing or hearing any ads that encourage quitting (94.0% vs. 78.8%, Table 20), though they did not differ in memory of Project Filter ads.

**Table 20: SES: Users’ Memory of Tobacco Cessation and Project Filter Ads**

<b>Memory for Tobacco-cessation Ads (30 day tobacco users)</b>	<b>Low-SES (n=66)</b>	<b>Higher-SES (n=137)</b>	<b>Unclassified (n=96)</b>
Saw or heard any ads that encourage quitting tobacco	94.0% (a)	78.8% (b)	84.4%
Remembered (remembered or recalled) Project Filter ads	57.9%	49.5%	42.4%
Recognized CDC ads	40.3% (n=30)	47.4% (n=70)	49.2% (n=56)

**(a), (b)** In a single row, the SES groups that do not share the same letter in parentheses differ significantly ( $p < .05$  based on ANOV). Those with the same letter did not differ significantly. When no letters appear, there were no differences between groups. Consistent with CDC method, the Unclassified group was excluded from testing.

Low- and higher-SES respondents who remembered Project Filter ads were equally likely to talk to others about them (Table 21).

**Table 21: SES: Reactions to the Project Filter Ads**

<b>Reactions</b> (Persons who saw Project Filter ads)	Low-SES	Higher-SES	Unclassified
<b>Tobacco Users</b>	(n=38)	(n=68)	(n=37)
The ads were believable (agree or strongly agree)	89.4%	94.0%	90.1 %
I talked with family or friends about the ads (agree or strongly agree)	37.8%	31.9%	34.6%
<b>Non-users</b>	(n=59)	(n=356)	(n=168)
The ads were believable (agree or strongly agree)	90.0 %	95.0%	95.4%
I talked with family or friends about the ads (agree or strongly agree)	32.1%	26.3%	28.2%

Low- vs. higher-SES groups did not differ significantly ( $p < .05$  based on ANOV), nor did Tobacco Users vs. Non-users. Consistent with CDC method, the Unclassified group was excluded from testing. Some percentages are based on small numbers and should be interpreted with caution.



**Two-thirds were aware of and would recommend cessation assistance.** There were no differences in awareness of cessation assistance services or in the likelihood of recommending them to others, based on SES.

Low- and higher-SES adults were equally likely to be aware of cessation assistance and to recommend assistance to friends or family (Table 22).

**Table 22: SES: Cessation Assistance**

Cessation Assistance	Low-SES (n=196)	Higher-SES (n=896)	Unclassified (n=523)
Aware of cessation assistance such as 1-800-QUIT-NOW or online quitting programs (percent who are aware)	73.2%	70.0%	66.6%
Recommend a telephone quit line or online quitting program to friends or family members (somewhat or very likely)	66.3%	63.0%	63.6%

Low- vs. higher-SES groups did not differ significantly ( $p < .05$  based on ANOV). Consistent with CDC method, the Unclassified group was excluded from testing.

Low- and higher-SES adults were equally likely to use online or telephone cessation services (44.6% vs. 33.1%, Table 23).

**Table 23: SES: Cessation Assistance by Current Users Who Want to Quit**

If you try to quit, do you plan to use a telephone quitline, such as 1-800-QUIT-NOW, or an online quitting program?	Low-SES (n=42)	Higher-SES (n=89)	Unclassified (n=41)
Yes: telephone, online, or both	44.6%	33.1%	29.5%
Don't know*	14.7%	9.8%	9.8%
No	40.7%	57.1%	60.7%

Low- vs. higher-SES groups did not differ significantly ( $p < .05$  based on ANOV). Consistent with CDC method, the Unclassified group was excluded from testing.



**Household composition relates to SES.** The CDC classifies SES on the basis of education, income, and health insurance (as detailed on p. 23). In addition to these factors, we found that low-SES adults were younger, compared to higher-SES adults, and were more likely to live in households with at least one Hispanic member.

**Table 24: SES: Demographics**

Demographic	Low-SES (n=196)	Higher-SES (n=896)	Unclassified (n=523)
Percent men	47.4%	50.6%	48.9%
Age (median group)	35-44 (a)	45-54 (b)	65+ *
Income (median group)	Under \$25K (a)	\$50-75K (b)	\$25-50K
Percent high school education or less	41.6% (a)	18.6% (b)	32.5%
Percent needs-based or no health insurance	65.1% (a)	3.8% (b)	9.3%
Percent with 1 or 2 adults in household	71.8% (a)	77.9% (b)	76.0%
Percent with children under 18 in household	43.0%	49.0%	19.8%
Percent with Hispanic in household	19.2% (a)	8.5% (b)	7.6%

**(a), (b)** In a single row, the SES groups that do not share the same letter in parentheses differ significantly ( $p < .05$  based on ANOV). Those with the same letter do not differ significantly. When no letters appear, there were no differences between groups. Consistent with CDC method, the Unclassified group was excluded from testing.

\*59.9% of unclassified are 65 years or older, and 40.1% are 24 years or younger. All of these were excluded from SES analyses.

