Health Communications

in Tobacco Prevention and Control

Acknowledgements

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Purpose

The Centers for Disease Control and Prevention's (CDC) Office on Smoking and Health and the Center for Public Health Systems Science at Washington University in St. Louis are developing a set of user guides funded by the CDC (contract 200-2015-87568) for the *Best Practices for Comprehensive Tobacco Control Programs—2014 (Best Practices 2014).*[1]

The purpose of the user guides is to help tobacco control staff and partners implement evidence-based best practices by translating research into practical guidance. The user guides focus on strategies (*e.g.*, programs and interventions) that have shown strong or promising evidence of effectiveness. Recommendations in this guide are suggestions for programs implementing health communications strategies. Programs can follow these recommendations according to their needs, goals, and capacity.

Content

This user guide focuses on how comprehensive tobacco control programs can deliver effective health communications. *Best Practices 2014* recommends mass-reach health communication interventions as "powerful tools for preventing the initiation of tobacco use, promoting and facilitating cessation, and shaping social norms related to tobacco use."[1] Health communications help achieve tobacco control goals by building support for policy and program efforts, countering the tobacco industry's extensive advertising and promotion, and reaching large audiences to shift social norms around tobacco use. This guide offers program staff and partners information on how to effectively develop and implement paid media, earned media, social media, and other program communications to support tobacco control efforts.

Links to More Information

Each instance of italicized, bolded *blue text* in the guide indicates a link to an additional resource or a page within the guide itself with more information. Website addresses for all of the blue resources noted throughout the guide are also included in the Resources section.

Organization

➤ Making the Case: A brief overview of why health communications are an essential part of tobacco control efforts

➤ Brief History: How health communications have been used in tobacco prevention and control

➤ How to: Strategies to plan and carry out health communications efforts

➤ Providing Support: How tobacco control programs can support staff and partners' health communications efforts

➤ Case Studies: Real-world examples of health communications in tobacco prevention and control

➤ Case for Investment: Information to gain support for health communications

➤ Resources: Publications, toolkits, and websites to help in planning efforts

Best Practices for Comprehensive Tobacco Control Programs—2014[1]

Best Practices 2014 is an evidence-based guide to help states plan, establish, and evaluate comprehensive tobacco control programs. The report offers recommendations and supporting evidence for five essential components of effective tobacco control programs: state and community interventions, mass-reach health communication interventions, cessation interventions, surveillance and evaluation, and infrastructure, administration, and management.

Making the Case for Health Communications

Health communications in tobacco control can empower both individuals to change their behavior and communities to adopt policies that reduce tobacco use, prevent initiation, and limit exposure to secondhand smoke.[2] Health communications are an essential part of a comprehensive tobacco control program because they:

➤ **Reduce tobacco use and secondhand smoke exposure**

Mass-reach communications reduce tobacco use among youth and adults,[3,4,5,6,7,8] increase quit attempts,[6,8] increase use of cessation services,[1,4,5,7] and prevent youth initiation.[1,4,5] They can also reduce the likelihood of relapse among people who quit.[9]

➤ **Counter the industry's extensive advertising and promotion efforts**

The tobacco industry spends over $1 million per hour to advertise and promote tobacco products.[10] Health communications can counter industry advertising with messages about the health consequences of tobacco use. As the industry finds innovative ways to promote its products, the importance of effective health communications in tobacco control continues to increase.[1]

➤ **Support tobacco control policy and program efforts**

Health communications build public support for strong tobacco control policies and programs by educating the public and decision makers about the importance of reducing tobacco-related disease and death.[5,11]

➤ **Shift social norms around tobacco use**

Health communications efforts can reach large audiences through media channels like TV and radio.[12] As a result, communications efforts can influence social norms around tobacco use.[1,11]

➤ **Reduce tobacco-related disparities**

Health communications efforts can reduce tobacco-related disparities among diverse groups.[1,2] Communications about the negative health consequences of tobacco can reach and be influential among populations of different ages, education levels, incomes, races, ethnicities, sexes, sexual orientations, or gender identities.[1,7]

➤ **Create a return on investment**

Health communications efforts can save lives and billions of dollars in health care costs.[4,13] From 2000 to 2002, the national *truth*® campaign cost $324 million and saved over $1.9 billion in health care costs.[14] In 2012, the *Tips From Former Smokers*® national tobacco education campaign cost $48 million and prompted 100,000 smokers to quit for good, which is estimated to have prevented over 17,000 premature deaths.[15]

Brief History

Health communications were one of the earliest approaches to reduce tobacco use and secondhand smoke exposure. The first U.S. tobacco control communications campaign aired on TV in 1967 (see **Figure 1** below).[3] The campaign followed the Federal Communications Commission's decision to apply the Fairness Doctrine to cigarette advertising, which required TV stations to devote free airtime to opposing views on topics of public interest. Cigarette ads were banned from TV and radio in 1971, ending free broadcast time for tobacco control messages.[3] Cigarette consumption decreased during the time that the ads were on the air, but began to rise again after the messages concluded.[16]

The success of early tobacco control ads prompted more campaigns, including the first statewide campaign in Minnesota in 1986.[5] Campaigns in California, Massachusetts, and Florida soon followed. They focused on changing social norms about secondhand smoke, educating the public about the health consequences of smoking, and revealing the tobacco industry's deceptive marketing tactics.[3] These campaigns successfully reduced smoking prevalence and served as a model for other campaigns.[6,17] Between 1998 and 2002, at least 30 other states began communications campaigns.[8] In 2000, the American Legacy Foundation (now Truth Initiative) expanded Florida's *truth* campaign nationwide.[18] The Foundation launched the national *EX* campaign in 2008, which focused on lower income smokers from diverse racial and ethnic backgrounds.[19]

As communications campaigns increased, evidence of their effectiveness began to emerge. As early as 1994, the Surgeon General's Report, *Youth & Tobacco*, recommended health communications to reduce youth tobacco use.[20] In 2008, the National Cancer Institute's *Monograph 19* concluded that campaigns reduce adult tobacco use and prevent youth initiation.[5] The 2012 Surgeon General's Report, *Preventing Tobacco Use Among Youth and Young Adults*, added that greater exposure to ads further reduces youth smoking.[3] The 2014 Surgeon General's Report, *The Health Consequences of Smoking—50 Years of Progress,* concluded that campaigns with sufficient reach, frequency, and duration can be powerful tools to reduce tobacco use.[11] Health communications are also included in the World Health Organization's *Framework Convention on Tobacco Control* and *Healthy People 2020*, a set of national objectives for health promotion and disease prevention.[21,22]

Health communications have expanded in recent years as programs increasingly use websites and social media to complement traditional strategies. In 2012, CDC launched its first national tobacco education campaign, *Tips From Former Smokers®*. The campaign features "tips" from adult former smokers about living with tobacco-related disabilities and diseases as motivation to help smokers quit. It integrates digital ads, social media, and a website with traditional channels.[23] During the 2012 campaign, 200,000 people called the Quitline, 500,000 people visited Smokefree.gov, and 1.6 million smokers made a quit attempt.[24] Since 2014, the U.S. Food & Drug Administration (FDA) has launched several youth-focused campaigns, including *The Real Cost* and *Fresh Empire*.[25,26] Both campaigns use a mix of traditional and digital channels.

Figure 1. History of Tobacco Control Communications
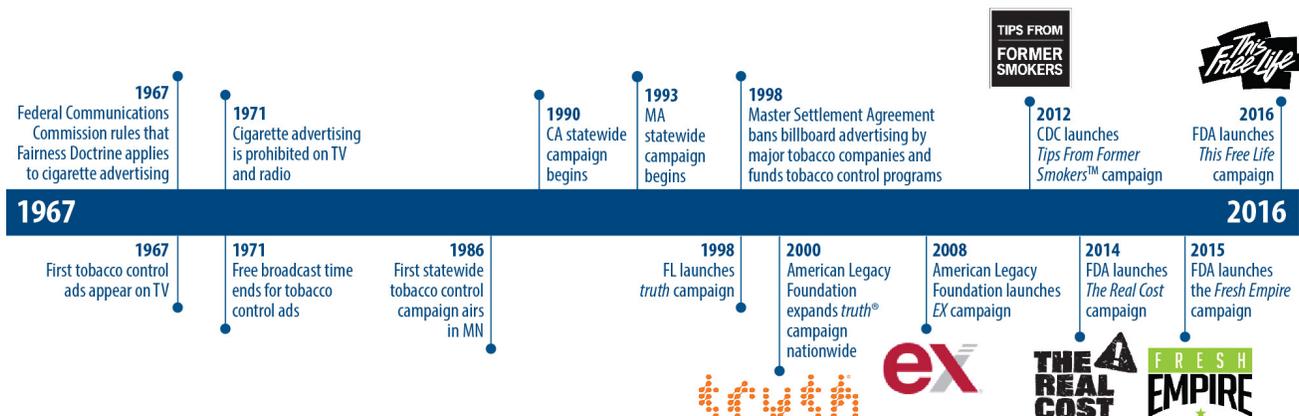
What are Health Communications in Tobacco Prevention and Control?

Health communications is "the study and use of communications strategies to inform and influence individual and community decisions related to health."[27] In tobacco control, health communications empower individuals to change behaviors and encourage states and communities to adopt policies that reduce tobacco use, prevent initiation, and limit exposure to secondhand smoke.[2] They are sometimes referred to as "countermarketing" because they try to counteract the marketing practices of the tobacco industry.[1] Health communications can be delivered through several strategies:

- Paid media strategies (paying to place ads on TV, radio, billboards, transit, online platforms, or in print media)
- Earned media strategies (generating free coverage in the press and through public service announcements)
- Social media strategies (sharing messages and engaging audiences on social networking sites like Facebook and Twitter)
- Program communications (delivering messages through program websites and stakeholder communications)

Other activities, like promoting the quitline and reducing or replacing tobacco industry sponsorship and promotions, are also important parts of a program's communications effort.[1] The combination of these strategies to communicate about a specific issue is often referred to as a communications campaign. The exact mix of strategies varies for each campaign. If sufficient funds are available, mass-reach communications channels such as TV are important to make meaningful population-level changes.[28]

CDC's "Tips®" campaign ad created for paid media channels like magazines and newspapers   Source: CDC MCRC

Communications campaigns may be brief or run for long periods of time. They may focus on reaching tobacco users, their families, specific populations, health care providers, the media, or decision makers. Campaigns are most effective when they are integrated into the larger program.[1,5] For example, campaigns may include the quitline number or raise awareness about a new tobacco control policy.

Tobacco control communications often focus on the following messages:[1]

- Motivating tobacco users to quit
- Protecting people from the harms of secondhand smoke exposure
- Changing social norms to prevent tobacco use initiation

Importance of Health Communications

Health communications are a critical part of comprehensive tobacco control programs. Effective health communications can raise awareness about the dangers of tobacco use,[29] increase community support for tobacco control programs and policies,[11] and reduce tobacco use.[3,4] Health communications are also important to counter tobacco industry advertising and promotion, especially as the industry increasingly uses new advertising tactics to market products.

Effectiveness of Health Communications

The Community Guide recommends mass-reach health communication interventions based on strong evidence of effectiveness.[4] These strategies can reach large audiences quickly, repeatedly, and cost effectively.[4,12] As a result, they can shift social norms around tobacco use and increase acceptance of tobacco prevention and control strategies.[1,11] Mass-reach health communication interventions reduce tobacco use among youth and adults,[3,4,5,6,7,8] increase quit attempts,[6,8] increase use of cessation services,[1,4,5,7] prevent youth initiation,[1,4,5] and

Communications Campaigns as Tobacco Control Interventions

Health communications campaigns are an important part of comprehensive tobacco control programs. They can:

- Change how people think about tobacco use and secondhand smoke[27,29]
- Counter the effects of industry advertising and promotion[30]
- Result in simple actions like calling the quitline or talking to a health care provider about tobacco use[27,29]
- Build support for tobacco control[4,11]
- Prevent youth initiation[1,4]
- Motivate tobacco users to quit[1,4]

reduce the likelihood of relapse among people who quit.[9] Health communications can also affect other important outcomes, such as changes in attitudes toward tobacco use and secondhand smoke and the adoption of tobacco control policies.[4,11]

Many programs have developed effective communications campaigns to support their efforts. Campaigns in California, New York, and Massachusetts have shown that state programs can implement health communications strategies that increase quit attempts and reduce tobacco use.[6,17,31] Evidence also shows that when funding is cut for communications campaigns, progress toward lowering smoking rates is often reversed.[32] For example, the Florida *truth* campaign began in 1998 and reduced youth smoking by 35% in just three years.[32] By 2003, several years of funding cuts forced the campaign to end. Three years later, youth smoking had increased by 21%.[32]

Tobacco Industry Promotion

Over the past several decades, federal regulations and court rulings have banned the tobacco industry from targeting youth and advertising cigarettes and smokeless tobacco on TV and billboards.[3,5] Unfortunately, these changes have not kept the industry from marketing its products. The industry spent over $9.4 billion on advertising and promotion in 2013.[10,33] As **Figure 2** on *page 6* shows, this spending far surpasses CDC and state funding combined for tobacco control communications nationwide ($136 million in 2013).[1]

New Industry Tactics

The tobacco industry has turned to new marketing strategies to work around advertising restrictions.[3] Tobacco companies use in-store advertising, direct mail, and digital marketing, which are less restricted than other channels, to advertise their products. In 2013, payments to retailers and wholesalers to secure product placement and reduce the price of cigarettes accounted for 93% of total industry advertising and promotional spending.[10] Point-of-sale advertising encourages people to buy tobacco products and exposes children to tobacco marketing.[3,10] Tobacco companies also use sophisticated audience research strategies to send targeted ads and coupons directly to consumers to use in stores and online.[34]

The tobacco industry uses websites and social media to market products, communicate with customers, improve corporate credibility, host smoking interest groups, promote smoking-friendly locations, and oppose evidence-based tobacco control strategies.[3,5,35] The industry also uses social media to market electronic cigarettes (e-cigarettes). A study of Twitter posts from 2012 found that 90% of tweets about e-cigarettes were commercial messages.[36] Many linked directly to a website that marketed e-cigarettes.[36] Social media promotion of these products may have contributed to their rapid rise in popularity, especially among youth.[36,37]

The lack of regulation of e-cigarette advertising has also allowed the tobacco industry to return to TV, radio, and billboards, exposing people of all ages to tobacco marketing.[38] For instance, over 110 million viewers were exposed to e-cigarette TV ads during each of the 2013 and 2014 Super Bowl games.[38] E-cigarette marketing often mirrors previously banned tobacco industry tactics by featuring celebrities, rugged male imagery, and cartoon characters.[39] As the industry continues to find new ways to promote its products, strong tobacco control communications are even more important.[30]

Figure 2. Communications Spending

Tobacco industry advertising and promotion spending in 2013 was nearly **70 times** higher than CDC and state tobacco control communications spending combined

$9.4 billion
tobacco industry spending

$136 million
CDC & state spending
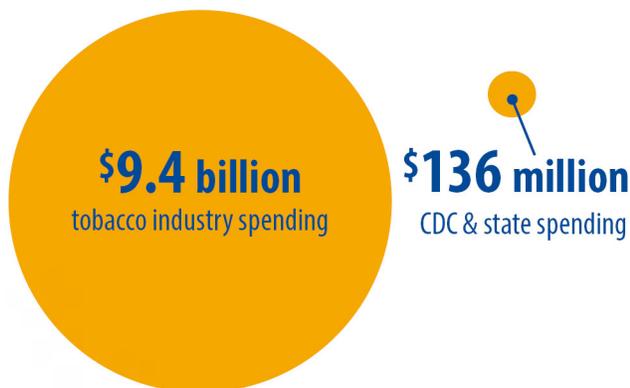
Source: Federal Trade Commission and CDC[10,33,40]

Types of Health Communications

Paid Media

Paid media strategies deliver messages through paid placements on mass media channels like TV or radio.[27] Paid media has the potential to reach large numbers of people without in-person interactions. Although they can be expensive, paid media strategies allow programs to control an ad's content and where, when, and how often it will run.[27,41] See an example of a national campaign using paid media on *page 7.*

Paid media includes ads on TV, on the radio, in print, and on billboards or public transit.[1] In recent years, digital advertising has increased as people spend more of their time connected to the internet through smartphones, tablets, and computers.[42] Although TV is most effective at reaching broad audiences and changing knowledge, attitudes, and behaviors, communications efforts often include a variety of paid media channels.[7,30] Using multiple channels makes campaigns appear more widespread, encouraging people to talk about campaign messages and to believe there is a social expectation not to use tobacco products.[43]

Paid media is a critical part of tobacco control communications.[5,11] Adequately funded paid media strategies decrease adult and youth smoking prevalence, youth initiation, and the likelihood that youth will become established smokers.[4,7,44] Exposure to paid media also increases the likelihood that a smoker will try to quit and decreases the chance of relapse among those who have quit.[7,9] Statewide paid media strategies can also coordinate with local programs to support community-level efforts.[31] States with the most dramatic changes in tobacco attitudes, beliefs, and behaviors have used paid media to challenge the legitimacy of industry advertising tactics and publicize the health consequences of tobacco use and secondhand smoke exposure.[31]

Although total costs to implement paid media strategies may seem high, they are cost effective when compared to the costs of tobacco use and exposure.[4,15] From 2000 to 2002, the national *truth*® campaign cost $324 million but prevented over $1.9 billion in health care costs.[14] Learn more about developing and placing paid media ads on *page 7*.
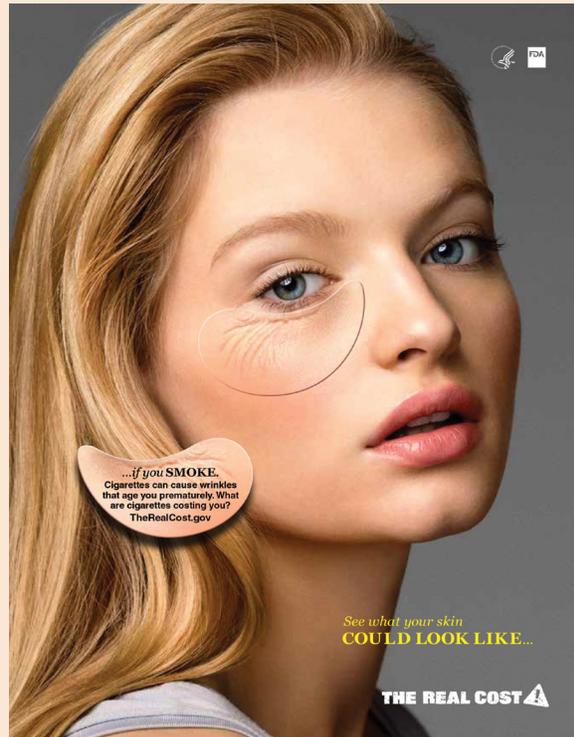
A CLOSER LOOK: FDA's *The Real Cost* campaign

Launched in 2014, the U.S. Food & Drug Administration's (FDA) *The Real Cost* campaign focuses on making youth aware of the cost that comes with every cigarette. The campaign aims to prevent susceptible youth from trying tobacco and keep experimenters from becoming regular tobacco users.[25] Key messages focus on the toxic mix of chemicals in cigarette smoke, loss of control as a result of addiction, and health consequences of tobacco use that are particularly relevant to youth (*e.g.*, tooth loss and wrinkles).[25] Initial campaign ads focused on reaching the more than 10 million youth ages 12–17 in the United States who are open to smoking or are already experimenting with cigarettes.[25] These youth typically do not consider themselves smokers and do not think they will become addicted.[45] In 2016, *The Real Cost* added new ads targeting rural male youth ages 12–17 who are at risk of smokeless tobacco use.[25]

To develop ads, FDA consulted tobacco public health experts, conducted an extensive literature review, and completed in-depth pretesting with at-risk youth around the country. Since campaign launch, *The Real Cost* has refreshed ads regularly to keep youth engaged. Ads are placed on TV, radio, web and social media, cinema, print publications, and billboards.[45] To achieve enough exposure to change behaviors, *The Real Cost* ads run at the reach and frequency levels recommended by the CDC and have reached more than 75% of the target audience 15 times per quarter.

"The Real Cost" campaign print ad emphasizing the health consequences of smoking   Source: FDA

FDA hired an independent research firm to conduct a large, multi-year evaluation to measure the campaign's success in changing tobacco-related attitudes, beliefs, and behaviors among youth. Initial results found that 89% of youth were aware of at least one ad seven months after campaign launch, and *The Real Cost* positively influenced tobacco-related risk perceptions and beliefs after 15 months.[46,47] Most notably, exposure to *The Real Cost* from 2014 to 2016 was associated with a 30% decrease in the risk of smoking initiation, preventing an estimated 350,000 youth ages 11–18 from smoking.[47] A separate evaluation about smokeless tobacco use is underway.

Building on the success of *The Real Cost*, FDA launched the *Fresh Empire* campaign in 2015 to reach multicultural youth who identify with the hip-hop peer crowd and are at risk for smoking.[26] In 2016, FDA launched the *This Free Life* campaign, which seeks to prevent and reduce smoking among lesbian, gay, bisexual, and transgender (LGBT) young adults ages 18–24.[48]

Earned Media

Earned, or unpaid, media strategies generate free coverage of a story or issue.[27] Programs get coverage by working with the press to generate news stories or creating public service announcements (PSAs) to air for free on paid media channels. These strategies are called "earned" media because the communications team has to get the attention of media outlets and the public to earn coverage.[27] Earned media strategies are also sometimes called public relations or media relations.[49] Earned media is an important part of any communications campaign, but especially when funds are limited.[1] Although earned media coverage can be a useful low-cost strategy, the communications team has less control over the content or placement of stories than with paid media.[49]

News Coverage

Earned media coverage includes news stories, letters to the editor, editorials, or interviews. Coverage may run on a variety of channels, including TV, radio, newspapers, magazines, or digital news outlets (see **Table 1** below).[27,50] News coverage may be created by the media outlet, the communications team, or community members. Although the media outlet ultimately decides which pieces are published and how they are framed, the communications team can work to generate interest that leads to news coverage.[51]

Strategies to earn news coverage can support tobacco control goals by changing knowledge, attitudes, and behaviors among youth and adults and influencing tobacco control policies.[1] For example, from 1999 to 2002, the Students Working Against Tobacco group in Florida used earned media strategies to generate high levels of media coverage. This coverage contributed to the enactment of laws to place tobacco products behind store counters.[52]

News coverage enhances the effectiveness of the overall campaign by complementing, but not replacing, paid media efforts.[1] The total number of news stories is often far greater than the number of times paid media is broadcast, making news coverage crucial to extend a campaign's reach.[1,5] News coverage also:

- Allows a campaign to continue the conversation even after paid ads are off the air or out of print

Table 1. Types of News Coverage

Coverage Type	Description
Created by the Communications Team or Partners	
Letters to the Editor	Brief opinion pieces written by community members and submitted to newspapers or magazines[53]
Opinion Editorials (Op-Eds)	Short essays written by community members and submitted to newspapers that express a point of view, backed by supporting facts and research[27]
Articles	Full-length articles written by the communications team and typically featured in local publications
Created by News Outlets	
Editorials	Opinion articles written by newspapers or magazines and seen as representing the publication's point of view[27]
News Stories	Printed articles or broadcast segments that are developed by journalists and may cover events or tobacco-related issues
Interviews or Guest Appearances	Appearances by campaign spokespeople to share campaign messages with the community, for instance, answering questions developed by news outlet staff on a radio or TV show[53]

- Gives a campaign credibility because audiences tend to see news coverage as an important source of health information[1,5]

- Provides background and supporting information that cannot be conveyed through ads[51]

- Ensures decision makers and opinion leaders are aware of a campaign and its messages[49]

- Sets the public agenda by influencing what the public talks about[1]

Learn more about how to generate news coverage on **page 32**.

Public Service Announcements

PSAs are educational messages broadcast for free by media outlets.[29] They typically air on TV and radio, but can be modified for print, internet, and outdoor use.[29] PSAs are useful when the communications budget does not allow for paid media, but the program still wants to raise awareness of an issue with a general audience.[27] Learn more about developing PSAs on **page 36**.

Social Media

In recent years, the internet has shifted from information created by experts to content developed through audience participation and interaction. This change, combined with increased access to the internet and its global reach, has created new opportunities for health communications to get the attention of the public. Innovative tobacco control communications using social media and blogs have emerged to take advantage of these new opportunities.[11,54] Social media platforms, such as Facebook and Twitter, are online communities where people gather to interact with family, friends, coworkers, and others with similar interests. Blogs are online, interactive journals where readers can leave comments and start new conversations.[2] See **Table 2** on **page 10** for a list of social media channels.

Programs can use social media to gain audiences' attention, join public conversations about tobacco, correct inaccurate information, and partner with influential celebrities and bloggers to promote tobacco control messages. Social media is a relatively low-cost strategy to share health communications because there are no fees to place messages. Programs with larger budgets can also pay to promote social media messages so that they reach people with similar interests and raise awareness of program efforts. Social media strategies are also important for communications campaigns because they help:[55,56]

- Increase the potential impact of messages

- Share information across networks of people

- Personalize health messages and tailor them for a particular audience

- Share health and safety information quickly

- Empower people to make healthier decisions

Social media use has increased more than tenfold since the Pew Research Center began measuring it in 2005.[57] As of 2016, 69% of adults used social media platforms.[57] While young adults were still most likely to use social media (86%), use among those 65 and older quadrupled to 34% since 2010.[57] Sixty percent of lower-income households used social media, though those in higher-income households still used social media at higher rates. Social media use also increased among rural populations.[57] Sixty percent of rural residents used social media, compared with 71% of suburban residents and 69% of urban

My favorite part about being smokefree is _____.

You can quit. CALL 1-800-QUIT-NOW. CDC CDC.gov/quit

Social media image that encourages users to share or comment on the image
Source: CDC MCRC

residents.[57] Social media use was also slightly higher among Hispanics (74%), followed by Whites (69%) and African Americans (63%).[57] It is critical that communications staff stay up to date on these trends so they can reach audiences through the channels they are most likely to use. For the latest data on social media use, visit the *Pew Research Center* website.

Social media strategies are complements to, not substitutes for, traditional health communications strategies.[1,5,11] Although social media can keep costs down and help engage hard-to-reach populations,[58] they do not have the reach of traditional media.[43] Information on the role of social media in achieving tobacco control goals is still emerging. It is important to evaluate social media efforts to determine and improve their effectiveness.[1]

Program Communications

Communicating through websites, community engagement, and other stakeholder communications are important supporting campaign strategies. Programs use these strategies to share campaign updates, communicate successes, and extend the reach of campaign messages.

Websites and Other Digital Communications

The internet has become an important way to share health information. In 2016, 88% of adults reported using the internet.[59] In 2013, 72% of all internet users reported searching online for health-related topics.[60] As of 2011, all 50 state tobacco control programs had some internet presence and several hosted multiple websites.[61] As key health authorities on tobacco prevention and control, state programs can use their websites as

Table 2. Social Media Channels Used by Tobacco Control Programs

Channel	Description	Tobacco Control Example
Facebook	Social networking platform featuring user profiles, friends, and likes	*http://www.facebook.com/cdctobaccofree*
Twitter	Online social networking platform featuring 140-character messages called tweets	*https://twitter.com/tobaccofreefla*
Pinterest	Web and mobile platform allowing users to upload, save, and sort images and hyperlinks, known as pins, into categories called boards	*https://www.pinterest.com/cdcgov*
Instagram	Mobile photo-sharing, video-sharing, and social networking platform	*https://www.instagram.com/cdcgov*
LinkedIn	Social networking platform for professionals	*https://www.linkedin.com/company/campaign-for-tobacco-free-kids*
YouTube	Video-sharing platform allowing users to upload, view, and share videos	*https://www.youtube.com/user/cdcstreaminghealth*
Tumblr	Microblogging platform allowing users to post multimedia and other content to a short-form blog	*http://knowtherealcost.tumblr.com*
Google+	Social networking platform allowing users to form groups or circles and text and video chat in hangouts	*https://plus.google.com/+cdc*
Blog	Discussion or informational website of posts listed with the most recent first and allowing users to comment	*https://www.tobaccofreekids.org/media/blog*

complements to traditional health communications strategies to share cessation, prevention, and policy information and to promote programs and campaigns.[5,61] They can also promote CDC recommendations and share new data and research by posting reports, articles, and fact sheets. Partners can use the resources to advance policy strategies.[62]

A variety of other digital media channels can be used to support communications efforts (see **Table 3** below). For example, podcasts are downloadable audio files that are increasingly used by health organizations to deliver complex information in a convenient and enjoyable format.[2] Cell phones and tablets are becoming more commonly used for sharing health information because of their portability, affordability, and availability.[55] When budgets are tight, content can be developed using a "responsive design" approach. It allows digital content to automatically adapt to the viewing environment of different devices, from wide-screen computers to mobile phones, without needing to be recreated. Programs have also delivered cessation interventions through apps and text messaging.

Community Engagement

Community engagement activities such as hosting speakers, giving presentations, or holding contests get community members involved in campaign activities and keep them engaged over time.[27] Programs can also invite community groups and professional organizations to take part in tobacco control events or be recognized for their past contributions.[27]

Community engagement activities complement health communications strategies because community members deliver campaign messages to intended audiences, enhancing the reach and relevance of the messages.[27] These activities also support a program's overall tobacco control goals. Those who take part are more likely to be tobacco-free and encourage people close to them to quit.[27] However, community engagement strategies may not be right for every campaign. Allowing the community to share messages on behalf of the program means that some control over the campaign's message may be lost.[27]

Table 3. Websites and Other Digital Media Channels Used by Tobacco Control Programs

Channel	Description	Tobacco Control Example
Websites		
Website	Set of web pages hosted on a network and accessible via an internet address	*http://www.tobaccofreekids.org*
Mobile website	Website optimized for viewing on mobile devices	*http://smokefree.gov*
Web-based tool	Software application that runs in a web browser	*http://www.cdc.gov/oshdata*
Other Digital Media		
Podcast	Digital audio file that can be downloaded from a website to a computer or media player	*https://www.cdc.gov/tobacco/data_ statistics/sgr/50th-anniversary*
Text messaging	Messages (limited to 160 characters) sent over mobile data service that can include text, images, audio, and video files	*http://smokefree.gov/smokefreetxt*
Mobile app	Downloadable application that runs on a smartphone, tablet, or other mobile device	*http://smokefree.gov/apps-quitstart*

Stakeholder Communications

Most organizations have systems in place to communicate with staff, partners, and the public. Internal communication is fundamental to how an organization works. It includes communication with staff, leadership, and other departments. Good internal communication helps staff work effectively, solve problems, and create a shared vision for efforts.

Communicating with partners, supporters, and the public is also important to educate about tobacco use and create a consistent, authoritative voice as the "go to" place for health information.[62]

For more information on the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

A CLOSER LOOK: Health Promotion Strategies

Best Practices 2014 recommends including health promotion strategies in communications campaigns.[1] Health promotion efforts encourage tobacco users to try to quit. They can take many forms, such as print and digital ads for quitlines and events like the American Cancer Society's *Great American Smokeout*. Effective health promotion activities:

- Use a mix of communications channels to share health promotion messages
- Tag messages with quitline information
- Plan promotional events to engage audiences and generate news coverage
- Increase quitline capacity during health promotion activities

The goal of health promotion strategies is to reach a wide audience with the message that effective cessation treatments are available.[51] Using multiple communications channels to share health promotion messages increases the chance that people will see and act on messages.[27] Connecting cessation services to paid media can increase quitline calls and quit rates.[51] One way to do this is with "tagging," or including the quitline number or website in messages. Tagging TV, print, and radio ads with quitline information lets the audience know that help is available and cues them to act. Programs can also include hashtags that the audience can use to learn more about the campaign and find quitting resources.

Promotional events help create an environment that supports smoking cessation and generate news coverage of the campaign.[5] These events can take place at the same time each year or can be planned to capitalize on seasonal trends or behaviors, such as when people make New Year's resolutions.[64] They can also be tied to recent events, such as new smoke-free laws. Find more ideas at the American Cancer Society's *Great American Smokeout* website.[64]

New health promotion strategies are emerging, such as promoting quitlines in places where tobacco products are sold or working with health providers or social workers to connect people to cessation services. Placing ads on digital media channels can help reach specific populations at a low cost.[65]

It is important to balance the timing and length of promotions with quitline capacity. Too much promotion may overwhelm quitlines, but too little may leave them underused. Programs can coordinate with quitline partners to make sure they can handle increased volume.[51] One technique to ensure a proper balance is "pulsing" ads to strategically promote the quitline at different times throughout the year.[66] Programs can also add web links or hashtags to direct the audience to other cessation resources during periods of heavy call volume or after quitline hours.

Implementing Health Communications Strategies

Effective communications campaigns can be a powerful tool to achieve tobacco control goals,[1] but implementing them is not easy. Successful campaigns require adequate funding, careful planning, and hard work.[12] Programs can use the strategies in the following sections to ensure successful campaigns:

- Developing a communications plan
- Researching the intended audience
- Developing effective messages
- Using a mix of strategies
- Preparing to launch a campaign
- Developing and placing paid media
- Generating earned media
- Sharing messages on social media
- Developing program communications
- Reducing tobacco-related disparities
- Making adjustments and responding to problems
- Evaluating health communications

Developing a Communications Plan

A communications plan guides how campaigns will be implemented to help achieve short- and long-term goals.[27] It describes campaign audiences, messages, strategies, and the infrastructure needed to support the campaign.[27] The communications plan complements the state's comprehensive tobacco control plan, which guides the overall program. Developing a plan helps the communications team choose effective strategies, set priorities, assign responsibilities, create a timeline, and assess progress. The plan also helps secure funding and other support by describing the need for health communications.[51]

There is no one-size-fits-all approach to developing a communications plan. Programs with smaller budgets may want to plan one well-executed campaign to support multiple goals. For example, an adult cessation campaign can also prevent youth initiation.[4] Strong plans cover all years of funding and describe all communications efforts. Planning is equally important for paid media strategies, earned media strategies, social media strategies, and other program communications.[49]

Strong plans also describe how the program will leverage national campaigns and new evidence, build local communications capacity, and reduce tobacco-related disparities. Along with the broad strategies in the communications plan, communications efforts require detailed annual workplans. For example, the communications plan may describe how social media will support program goals and the workplan may include a month-by-month social media calendar.

Steps of Communications Planning

It can be tempting to skip communications planning and start sharing materials as soon as possible, but taking the time to plan ensures that messages are coordinated and strategic to achieve the greatest impact. Completing each of the following steps and developing a written plan builds a solid foundation for communications efforts:

- Describe the problem that health communications will address.
- Identify intended audiences.
- Draft communications objectives.
- Describe health communications strategies and channels.
- Develop a strategy to engage partners.
- Develop a plan to evaluate health communications.
- Staff the communications campaign.
- Develop a budget.
- Create a timeline.
- Review and revise the completed plan.

Describe the Problem

The first section of the plan describes the severity of the issue, populations affected, possible causes, and how health communications can help solve the problem.[27] Although many tobacco control issues can be addressed with communications campaigns, focusing on one or two problems helps ensure that efforts are successful.[67]

To develop this section, the communications team can start by reviewing the state tobacco control plan to ensure that health communications support the goals of the program.[27] In some cases, a communications campaign may not be the best way to address the problem. For example, it may be necessary to improve access to cessation treatments by removing cost barriers or increasing quitline capacity before planning a cessation campaign.[2]

Identify Intended Audiences

The next section of the plan describes the intended audiences of the program's health communications. The audience may be different for each campaign. Concentrating on one or two audiences helps focus the rest of the planning decisions.[27] The communications team can gather information about the audience's demographic characteristics, media preferences, and readiness to change. Learn more about researching the intended audience on *page 17*.

Draft Communications Objectives

Communications objectives are short, simple statements of the intended results of a communications campaign.[67] Strong objectives use the SMART approach (Specific, Measurable, Achievable, Relevant, and Time bound).[68]

To develop realistic communications objectives, it can help to consider how much change is necessary to be successful, what has been achieved by similar campaigns, and what is possible with the program's resources. It is also important to keep in mind how objectives will be measured and any barriers that may limit the desired change.[67]

Writing SMART Objectives

SMART objectives are Specific, Measurable, Achievable, Relevant, and Time bound.[68] The following are examples of SMART communications objectives:[69]

- By May 2017, increase the number of news stories about the dangers of secondhand smoke by 50%.

- By June 2017, reach at least 75% of the intended audience at least five times through paid TV ads.

- By July 2017, increase the percentage of adults who agree that there is no safe level of secondhand smoke exposure from 55% to 65%.

Describe Health Communications Strategies and Channels

Next, the plan describes the strategies that will be used to achieve communications objectives. This information will guide all future campaign materials and activities, so it is important to select strategies and media channels with the overall communications budget in mind.[27] Learn more about choosing the right mix of strategies and channels on *page 22*.

This section of the plan describes:[27,69]

- The action the program wants the audience to take

- A list of obstacles to taking the action

- The benefit to the audience of taking the action

- The channels and activities the communications team will use to reach the intended audience

- The campaign message(s)

- The look and tone of materials

Develop a Budget

Developing a realistic budget ensures that enough funding is in place for all communications activities.[67] *Best Practices 2014* includes state-specific

recommendations for paid media strategies, but it is also important for programs to plan for other campaign costs.[1] A comprehensive budget outlines the cost to staff the campaign and implement all strategies, including developing and placing paid ads, creating earned media materials, communicating on social media, and evaluating the campaign.[27,70]

To estimate costs, the communications team can seek advice from staff of other agencies in their state who have run similar campaigns.[27] They can also ask other state programs and coalitions about their experiences.[27] Variables that affect the budget include:[27]

- Number of overall goals and audiences
- Length of campaign
- Number and choice of media channels
- Cost of media placements in the state
- Number and complexity of ads used
- Use of existing ads or new materials
- Use of internal staff or external contractors
- Creation of materials in other languages

Even programs with limited funding can benefit from creating a budget to make sure that every dollar goes as far as possible. Budgets can also help the communications team make plans to scale up or down activities if funding changes. Learn about ways to reduce costs on .

Staff the Communications Campaign

Carrying out communications campaigns takes a capable, dedicated team. Depending on the program, the communications team may be a single person or include several members. Ideally, the communications team will include:[27]

- Program staff to oversee each part of the campaign
- Communications specialists to plan and implement strategies
- Evaluation experts to measure results
- Community members to review messages and materials

Selecting Communications Specialists

Communications specialists fill gaps in the skills and expertise of the communications team. They create new materials, plan media placements, arrange earned media opportunities, organize community events, and recommend strategies to reach specific audiences.[27,51] A good communications specialist can produce effective, memorable ads. They have diverse media buying experience (*e.g.*, TV, radio, outdoor, print, and digital media) in all of the state's counties, not just major media markets.[27,71] Experience with multistrategy campaigns is also important, such as a history of successful earned media coverage and knowledge of social media tools.[27] To select communications specialists, programs can look for contractors who have:

- Strong strategic thinking skills to make key choices about campaign direction[27]
- Experience implementing health campaigns and, ideally, tobacco control campaigns[27]
- Experience working with government agencies[27]
- Staff and infrastructure to support the campaign's size and complexity[71]
- Knowledge of tobacco control history, national tobacco control progress, and local issues[71]
- No connections to the tobacco industry[27,71]
- A willingness to listen to and incorporate program staff's tobacco control expertise[27]

Program staff with a background in communications, marketing, journalism, or a related field, and, if possible, health communications experience, are a good fit for the communications team.[27] Although contracting with media and evaluation experts requires an initial investment, their skills and experience can save time and money. Even if staff have these skills, they may not have the time to devote to a comprehensive evaluation or development of a new campaign.[67] The communications team may also want to work with public relations experts who can build relationships with the news media.

Create a Timeline

A timeline breaks down health communications strategies into manageable steps and coordinates the timing of activities.[72] It includes start and end dates and identifies who will carry out each step. The more information the timeline includes, the more likely it is that an important step will not be missed and communications efforts will stay on schedule.[29] It is helpful to include time for pretesting, ad development (if creating new ads), and any approvals required by the state health department or other key stakeholders.[72]

Develop a Strategy to Engage Partners

Partners can provide access to intended audiences, expertise, credibility, and other resources.[27] Thinking carefully about potential partnerships during planning helps ensure success once the campaign is underway. To narrow down the list of potential partners, the communications team can look for partners who:

- Are committed to tobacco control[69]
- Bring something to the partnership, such as free media placements[69]
- Are seen as trustworthy and credible by intended audiences[27]
- Work on other public health or community issues and can share messages with a wider audience[1]
- Require fewer program resources to contribute to communications efforts[27]
- Have communications experience[69]

Once partners are identified, the communications team can reach out to organizations where they have contacts. Making connections before the start of a campaign gives partners time to schedule campaign activities.[29] Partners can make the strongest contributions when they are given the campaign's key messages and assigned to short-term tasks that fit their strengths and interests.[27,29] For example, well-known opinion leaders may be able to generate news coverage and organizations with strong ties to the intended audience can share messages on social media.[69]

Plan for Evaluation

A well-developed communications plan includes information about evaluating communications efforts. Planning for evaluation ensures that funding and staff are in place to carry out evaluation activities.[29] At this stage, the evaluation plan describes the most important evaluation questions, what information will be needed, and how data will be collected. Learn more about developing an evaluation plan in the CDC resource, *Developing an Effective Evaluation Plan*.[73]

Planning is also an important time to collect initial evaluation data. This information can be helpful later to determine effectiveness. For example, finding out what the audience knows about smoking before the campaign begins can help determine what changes result from viewing campaign ads. Learn more about evaluating health communications campaigns on *page 48*.

Review and Revise the Completed Plan

The communications plan is typically updated at least once a year. Regular updates allow the plan to be adapted as new scientific evidence emerges and changes occur in the program's priorities, funding levels, or the external environment (*e.g.*, public support for tobacco control and new industry tactics).[1]

For more information on the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

Researching the Intended Audience

The process of gathering information about the audience's beliefs, motivations, and media use is often called audience research.[27] Doing this research before starting a campaign helps the communications team identify influential messages and select effective communications channels (see an example from Illinois below).[1] Spending some time and resources on audience research before the campaign begins guards against wasting program funds on ineffective strategies.[29] Even the most experienced communications staff can benefit from audience research to stay up to date on changes in media preferences or social norms about tobacco use.

Audience research is most useful when the communications team gathers as much information as possible about the audience. For example, programs may want to know about:

- Demographic information, such as age, race, ethnicity, education, and income[27,74]

- Current and past cigarette smoking and other tobacco product use[74]

- Knowledge and attitudes toward tobacco use and tobacco control[1]

- Hobbies, interests, and other lifestyle preferences[27]

- Preferred media channels (*e.g.*, TV, newspapers, radio, or internet)[27]

- Media use patterns (*e.g.*, frequency or time of day)[74]

- Literacy level and language preferences[74]

Much of this information is available at little or no cost. Large-scale surveys like the Census or the Behavioral Risk Factor Surveillance System report

A CLOSER LOOK: Illinois Uses Market Research Data to Focus Health Communications[75,76]

In September 2011, the Illinois Department of Public Health applied for a grant from the Directors of Health Promotion and Education to access data collected by the Nielsen market research company. They hoped the data would help the 94 local health departments funded by Illinois Tobacco-Free Communities to focus their efforts, especially their health communications, on specific communities. Instead of having to rely only on national and county-level data, they would have access to information about their local communities.

The department was awarded access to data through Nielsen's PrimeLocation and ConsumerPoint software tools. The data sets projected national data to smaller Illinois geographic groups based on shared characteristics. The department decided to focus on segments likely to include heavy smokers and was able to identify the ZIP codes and census tracts of those segments. Next, they created community profiles that described the demographics of heavy smokers in that community, where they liked to shop, and what media channels they used most often. Local health departments used the profiles to decide where to place ads to encourage smokers to quit.

As of September 2014, 40 local health departments had received personalized community profiles. According to the Kane County Health Department, "The tobacco report has definitely influenced our program directions. Instead of targeting the whole county in our outreach, we will be targeting the identified communities." Other programs within the Illinois Department of Public Health also used the data. They identified communities that lacked access to healthy foods, selected priority areas at high risk for chronic disease, and worked with the business community to develop wellness activities.

data on population demographics and tobacco-related behaviors.[72] State and local health departments and coalitions often collect detailed information about the populations they serve through community assessments.[72] The team can also talk with TV, radio, and print representatives.[77] Learning about the people who view and listen to their content can help select channels that will reach audience members.

Market research firms also maintain databases with information about audience media use and lifestyle preferences.[72] Although firms charge for access to this information, it is generally more cost effective for programs to use this data than to collect the data themselves.[29] Nonprofit and government reports and newspaper coverage of tobacco use among the intended audience can also have useful information.[72] CDC staff and communications staff in other states can often offer advice from their experiences with campaigns focused on similar audiences.[72]

Social media monitoring complements more traditional forms of audience research. It can reveal individuals' current feelings and any misunderstandings about tobacco control issues.[55] Many social media sites offer their own free monitoring tools (*e.g.*, Twitter Analytics and Facebook Insights). Paid monitoring services are also available and may offer additional features.

Narrowing the Intended Audience

Communications campaigns can be jeopardized if they try to reach too many people at once.[72] Focusing on a smaller, more specific audience increases the chance of delivering a message that actually reaches and resonates with the audience. Dividing a large audience into smaller groups is sometimes called audience segmentation (see **Figure 3** on the right).[77] A single audience may be broken into many different segments, but focusing on at most one or two priority segments will keep from straining existing resources.[69]

To choose priority segments, the communications team can focus on groups that are:

- Most affected by the problem[27,78]
- Most likely to change their behavior[78]
- Easiest to reach with available campaign resources[27,78]

- Large enough to justify a campaign[27]
- Not already reached by existing campaigns

Communications team members can use the information collected to create a detailed profile for each priority segment.[2] One strategy is to imagine a single member of the audience and describe that person in detail. This method uses a story of a day in the life of the audience member, describing the person's family life, community, routines, and media habits.[67] By telling this story, the communications team can begin to understand what will work to change the audience's behavior. Once the audience profile is complete, the team can use it to refine strategies.

For more information on the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

Figure 3. Narrowing the Audience for a Communications Campaign

General Population aged 18+ 100.0% (230.4 million)

Adults aged 18–54 67.6% (155.9 million)

Cigarette Smokers aged 18–54 (1+ packs/week) **14.3%** (33.0 million)

Low Socioeconomic Status Cigarette Smokers aged 18–54 5.6% (12.8 million)
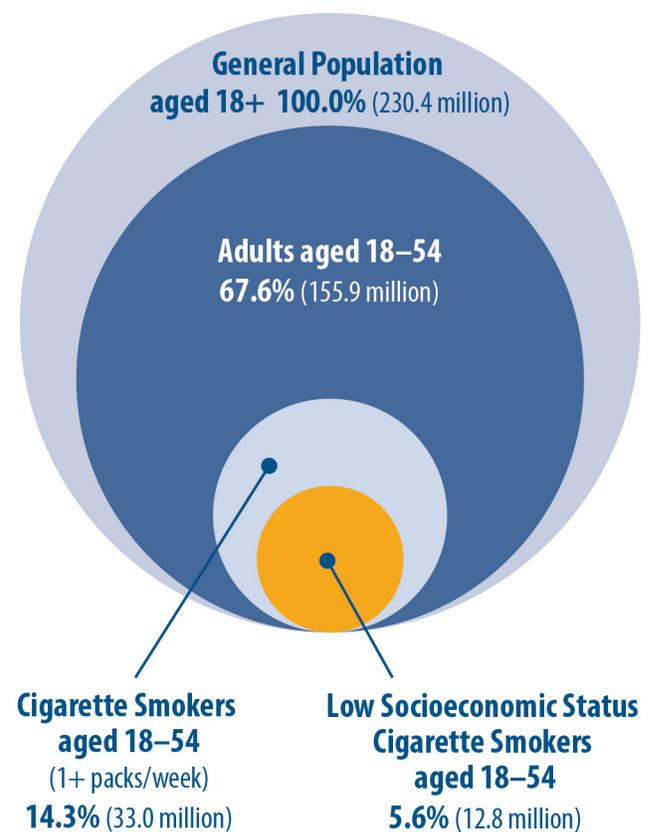
Source: Plowshare Group Inc.[79]

Developing Effective Messages

Hard-hitting messages that depict the negative health consequences of tobacco use through graphic images or personal testimonials increase recall and prompt changes in attitudes and behaviors.[1,3,7,80] These kinds of messages emphasize the risk of death from tobacco use, the effects of living with tobacco-related illnesses, or the impact of tobacco use on loved ones.[1] Hard-hitting messages can be even more effective when they include information about how to quit.[4] For example, messages can include the quitline number or inform smokers that quitting is easier with help.

Hard-hitting messages can also reduce campaign costs. They resonate with many different groups, including both youth and adults.[1,5] They are effective among populations experiencing tobacco-related disparities, reducing the need to tailor materials to specific audiences.[1,80,81] These kinds of ads may also need to be viewed less often than other ads to be effective.[3] Testimonials that depict real-life stories of community members may get covered by local media, extending the reach of the original message.[49] Messages that connect tobacco use to other issues important to the community, such as cancer or diabetes, can encourage partners to share messages with their audiences.

Although messages about the serious health consequences of using tobacco are sometimes criticized for being too graphic and upsetting, they have been rated as more effective than messages that

Elements of Effective Messages[51]

Effective messages:

- State the issue (*e.g.*, secondhand smoke exposure is dangerous to nonsmokers)
- Include credible supporting facts (*e.g.*, secondhand smoke contains nearly 70 chemicals that cause cancer[82])
- Evoke a shared value (*e.g.*, everyone has the right to breathe clean air)
- Include a call to action (*e.g.*, protect loved ones from secondhand smoke)

use humor or focus only on how to quit.[7,83,84] Positive messages are best when used to supplement hard-hitting messages (either as part of the same message or as part of the campaign).

Educating about Secondhand Smoke Exposure

Communications campaigns to raise awareness about the dangers of secondhand smoke exposure also play an important role in program efforts. These campaigns share powerful messages about the harmful effects of smoking on loved ones that are difficult for smokers

Outdoor ad from the New York City Department of Mental Health and Hygiene's "Secondhand Smoke Kids" campaign   Source: CDC MCRC

to ignore. By making smoking less acceptable and less convenient, they can encourage people to quit.[43] Secondhand smoke campaigns increase quitline calls and encourage nonsmokers to help someone quit.[41,85,86] See an example from Oklahoma below.

Avoiding Ineffective Messages

It is important that programs are sensitive to how other public health issues (*e.g.*, substance use) and populations (*e.g.*, persons with disabilities) are portrayed in tobacco control messages. Communications efforts can also avoid using messages that:
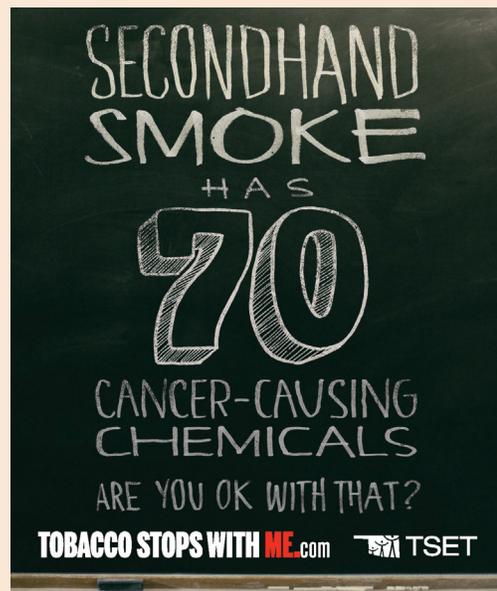
- Blame individuals for their tobacco use[49]
- Deliver complicated or multiple messages[87]
- Compare risks[49]
- Include images of tobacco products, use, or other related items (*e.g.*, ashtrays or matches)[88]
- Restate the tobacco industry's messages
- Lack a call to action[87]

Programs may also want to carefully plan communications on new and emerging tobacco products. For example, learn more about communicating about e-cigarettes on *page 21*.

A CLOSER LOOK: Oklahoma Raises Awareness about the Dangers of Secondhand Smoke

In 2008, Oklahoma had one of the highest smoking rates in the nation at 24.7%.[89] To raise awareness about the dangers of secondhand smoke exposure and encourage cessation, the Oklahoma Tobacco Settlement Endowment Trust and the Oklahoma State Department of Health collaboratively developed the *Tobacco Stops with Me* campaign. Campaign messages focus on the negative consequences of tobacco use for users and non-users and emphasize every person's responsibility to make "tobacco stop with me."[87,90] To widely share messages with the public, the communications team uses a combination of paid and earned media strategies. Paid ads run on TV and radio, in print, online, and on billboards.[90] Campaign staff also create news releases and give interviews to generate earned media coverage.[90] The campaign has a Facebook page, Twitter account, YouTube channel, and a dedicated website, *stopswithme.com*.[90]

Print ad from Oklahoma's "Tobacco Stops with Me" campaign Source: CDC MCRC

Exposure to the campaign has changed attitudes and behaviors about secondhand smoke. More Oklahomans now believe that secondhand smoke exposure causes heart disease, is very harmful, and causes Sudden Infant Death Syndrome (SIDS).[90] The campaign has also prompted tobacco users and nonusers to take part in making Oklahoma tobacco-free. After exposure to the campaign, daily tobacco users were more likely to make a quit attempt and Oklahomans who do not use tobacco were more likely to try to help someone quit.[86] In 2016, Oklahoma's smoking rate fell to 19.6%, a new low since the campaign began.[91] While still higher than the national average, Oklahoma no longer ranks among the 10 states with the highest smoking rates.[92]

Even when programs use messages that are proven to be effective, pretesting messages is important to ensure that they will be relevant and meaningful to the intended audience. Campaigns also need enough reach and duration have an impact. Even the most effective messages will not change attitudes and behaviors if they do not reach the intended audience.[7]

For more information on the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

A CLOSER LOOK: Communicating about Electronic Cigarettes

Current electronic cigarette (e-cigarette) use increased among U.S. high school students by more than 900% from 2011 to 2015.[93] As of 2016, e-cigarettes were the most commonly used tobacco product among both middle and high school students.[94] Young people are widely exposed to advertising for e-cigarettes in retail stores, on the internet, on TV, in the movies, and in newspapers and magazines. Exposure to e-cigarette advertising is associated with e-cigarette use among youth, and in 2014, an estimated 18 million U.S. youth were exposed to e-cigarette advertising through these channels.[95,96] Youth also report experimenting with e-cigarettes out of curiosity, because of these products' appealing flavors, and because they consider e-cigarettes to be less harmful than conventional cigarettes.[93]

Diversity of e-cigarette products   Source: U.S. Department of Health and Human Services[11]

Research on e-cigarettes continues to emerge, and there are still several unanswered questions about the long-term impact of e-cigarettes on individual and population-level health. However, many effective tobacco prevention and control strategies can be applied to e-cigarettes to minimize the potential harms of these products among young people. For example, the U.S. Surgeon General has underscored the importance of providing information about the dangers of e-cigarette use among youth and young adults.[93]

Tobacco control programs can help educate youth and their families about e-cigarettes by clearly and consistently communicating what is known about these products, including the risks associated with use among young people. Specifically, programs can develop messages that include the following facts:

- E-cigarette aerosol is not harmless water vapor, although it generally contains fewer toxicants than combustible tobacco products.[93]
- E-cigarettes typically contain nicotine. Nicotine exposure during adolescence can cause addiction and can harm the developing adolescent brain.[93]
- E-cigarette use is strongly associated with use of other tobacco products among youth and young adults, including smoked products such as cigarettes.[93]
- Youth use of products containing nicotine in any form, including in e-cigarettes, is unsafe.

Using a Mix of Strategies

As the number of ways to communicate with audiences continues to grow, programs often have to make strategic choices about how to share messages. Questions around which channels to use and how much to spend can be overwhelming. Each option has different strengths and weaknesses, and communications efforts will likely use more than one strategy to achieve campaign goals. Using multiple strategies increases the likelihood that messages reach the intended audience, increases the number of times people see or hear messages, and can enhance message credibility. [29,51] The job of the communications team is to choose the best mix of strategies based on the campaign's goals, the audience's preferences, and the communications budget.

Building the Right Mix for a Campaign

Although the exact mix will be different for each campaign, programs can try to include at least some paid and some earned media strategies in every campaign. Adequately funded paid media channels, like TV, are important to make meaningful, large-scale changes in attitudes, knowledge, and behaviors.[1,5] Although TV airtime can be costly, incorporating other lower-cost paid media channels like radio, print, or billboards helps campaigns get enough exposure. Complementing paid media strategies with other strategies can extend the reach of campaign messages.[27] Social media channels can also support, but not replace, more traditional channels.[1]

Coordinating campaign efforts with local coalitions can also help extend the reach of strategies. Programs can share materials like sample social media content or news releases with coalition and community partners to make it easy for them to promote the campaign.

Selecting Communications Channels

The best channels for a campaign are those that reach audience members where they spend their time (*e.g.*, in the car, at the doctor's office, or at home).[29] Using channels that reach individuals where they will be most attentive helps them act on the message.[29] Audience members may also view some channels as more credible than others.[29] For example, people may read certain newspapers or be more receptive to

a brochure from their doctor. To select channels, the communications team can start by reviewing audience research. Local organizations that work closely with the audience can also recommend how best to reach them.

Sometimes, finding the right strategy takes a little creative thinking. For instance, programs in Alaska displayed messages in places people go to socialize, like fishing hubs, post offices, and grocery stores. Understanding the pros and cons of different channels can help build the best mix to achieve campaign goals (see **Table 4** on).

For instance, TV may be more expensive than other channels but can reach many more people. To make a fair comparison, the communications team can divide the cost of the channel by the size of the audience reached.[67] Including as much information as possible about the cost of using the channel in this calculation is important, such as the cost of developing and placing ads. Programs with smaller budgets can learn more about how to reduce costs on .

Channel Selection Checklist

Answering the following questions can help select communications channels:

- Does the channel reach members of the intended audience?[97]
- Will the channel reach audience members when they are most likely to pay attention to messages?[27,97]
- Will the channel reach audience members where they can act?[27]
- Do audience members trust the channel?[29]
- Is the channel best for conveying complex or simple information?[29]
- Does the program have the budget, time, and resources to use the channel effectively?[27]
- Will the channel reinforce messages shared through other channels?[29]

Table 4. Pros and Cons of Select Communications Channels

Channel	Pros	Cons
Digital	• Can be inexpensive[49] • Can be accessed from anywhere in the world with an internet connection[49] • Can change content quickly[49] • Can reach populations that often use digital media (*e.g.*, LGBT and Hispanic/Latino audiences)[98,99]	• Limited message space[27] • Requires audience to have access to the internet[49] • Some viewers consider them annoying or distracting[27]
News Outlets	• No placement costs[49] • Can reach broad audiences quickly[29] • Can reach decision makers and other influential people[27] • Audience can reread, think about, and share information[29]	• Less control over how message is conveyed[49] • Less control over whether articles are published and how prominently they are placed[49] • Must be newsworthy to get coverage[29]
Outdoor	• Helps build awareness of the campaign[67] • Reinforces messages on other channels[51] • Can be inexpensive[51] • Can be placed near hard-to-reach populations[51]	• Limited to short messages because roadside exposure is often only 3–4 seconds[49] • Can be damaged by weather and graffiti[51] • May not be possible in preferred locations[49]
Print	• Can focus on audiences with different lifestyle preferences (*e.g.*, families or athletes)[67] • Opportunity for articles to complement print ads	• Long lead time[67] • Competes in cluttered advertising environment[51] • Misses audiences with low literacy levels[51]
Radio	• Production and placement is cheaper than TV[29] • Ads can be produced quickly[49] • Can control content and execution of ads[29] • Can target audiences with different listening preferences (*e.g.*, country or talk radio)[29] • Can reach populations that often listen to radio (*e.g.*, Hispanic/Latino audiences)[100] • Can communicate complex information[27]	• Smaller reach than TV[29] • Lacks the visual impact of TV[49] • Can be hard for audience to remember or share information[29]
Social Media	• Low cost to develop[54] • Can quickly update and share information[29] • Can be accessed from anywhere in the world with an internet connection[49]	• Requires audience to have access to the internet[29] • Requires audience to have social media accounts[29] • Requires staff time to maintain and monitor[29] • May result in negative response from opposition[29]
TV	• Can reach large audiences[29] • Combines audio and images for greater impact[29] • Can control content and execution of ads[29] • Can reach audience when they are most attentive[29] • Can reach low-income audiences[29]	• Can be expensive to place ads[29] • Can be expensive to produce new ads[29] • Hard to communicate complex information[49] • Large number of TV channels can result in small audiences[29]
Websites	• Can quickly update and share information[29] • Can be interactive[29] • Can control information provided[29] • Can be accessed from anywhere in the world with an internet connection[49]	• Requires audience to have access to the internet[29] • Requires audience to search for or visit the website to access content[29] • Requires maintenance[29]

Selecting strategies that are different from those used by other campaigns can prevent duplicate efforts. For instance, campaigns by the CDC and others may coincide with the campaign. The communications team can design strategies to reinforce these efforts, such as promoting CDC's *Tips*® ads on Facebook when the national campaign airs on TV. It is important, however, to be careful about relying too much on other campaigns or partners to communicate messages.[29] Funding for national campaigns is not guaranteed, and state and local campaigns are still very important.[1]

For programs that need more help developing their strategies, the Health Communications Branch of the CDC's Office on Smoking and Health offers customized technical assistance to design a mix of strategies that fits the program's funding level.

For more information on the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

Elements of a Successful Campaign

Successful tobacco control communications campaigns have:

- Multiple strategies that work together to achieve objectives[27]
- Adequate funding[1]
- Sufficient reach and frequency[1,3,4,7]
- Messages that are consistently communicated over time[1,3]
- Coordination with overall program goals[1,12]
- Strategies tailored to intended audiences[2,12,27]
- Connections to cessation services[12]
- Culturally competent messages and strategies[1,27]
- Pre- and post-campaign evaluations[49]

Preparing to Launch a Campaign

Beginning a communications campaign is an exciting time for a program. Taking the following steps before launching a campaign can help ensure that it is a success:

- Review the communications plan and annual workplan and make adjustments to account for staff changes or new priorities.[2]
- Update the timeline with information about current events or opportunities.[2]
- Make sure that staff and partners understand their roles.[2]
- Choose a spokesperson who can answer questions about the campaign.
- Brainstorm what might go wrong and how to solve potential problems.[72]
- Prepare talking points and a plan for responding to opposition in advance.[101]

An important step in a new campaign is approving and distributing materials. How materials are approved varies by program. Staff can prepare by researching their approvals process and assigning one person to handle approvals. This person can also help to estimate how many materials will be needed, and by when, to avoid costly reprints.[87] Before materials are shared, staff will want to thoroughly review them for technical errors, cultural competence, and fit with the campaign's overall message.[27]

The final step before beginning a campaign is to plan the launch. Having an official kick-off event can raise awareness, generate news coverage, and extend the reach of campaign messages.[29,72] Linking the kick-off to a new study or a timely event can boost interest.[29] To maximize coverage, the communications team can invite journalists who worked with the program before, represent local media outlets, or work for health publications.[29] Team members can also distribute background information to help attendees write accurate, informative stories.[29] The launch signals the start of all other campaign activities. The following sections describe how to implement paid media, earned media, social media, and other program communications.

Developing and Placing Paid Media

Paid media strategies are one of the best ways to reach and educate audiences. Paid media ads can be placed on channels such as TV, radio, billboards, transit, newspapers, magazines, and online.

Reusing Existing Ads

The communications team does not need to develop new ads for each campaign.[1] Effective ads on similar topics have likely already been developed and can be reused at a much lower cost than creating new ads.[1] Adapting ads also reduces the risk that ads will be ineffective. Materials effective in one context are likely to be effective in others when adapted based on audience research.[41,102]

Ads can be obtained from health departments, voluntary organizations, or clearinghouses such as CDC's *Media Campaign Resource Center* and Vital Strategies' *Media Beacon*.[103,104] Ads with these features are easiest to reuse:

- Relate to the campaign's goals[29]
- Have been evaluated for effectiveness[30]
- Include simple and accurate messages[29]
- Match the demographics, values, lifestyle, and media use habits of the intended audience[29]
- Have free print ads or other supplemental materials available for use

Once team members have selected an ad, they can ask the creator for permission to use or adapt it and request original files, if available.[72] While many ads created by the federal government are not copyrighted and are free to use, there may be placement or actor fees to use them.[29,72] The communications team may decide to re-shoot an ad with actors who better represent the intended audience or add or remove elements to address local issues.[102] They may also change voiceovers to use a different language or accent or simply add or change the logo and quitline information.[102] See an example of how California and others adapted an ad created by North Dakota on *page 26*.

Developing New Ads

If a program has enough funding and no existing ads meet its goals and objectives, the communications team may consider creating its own ads.[1] Before deciding to create new ads, it is important to check that the program has enough money in the budget for audience research, ad production, and pretesting new materials.[1] See an example of creating ads for a unique audience in New York City on *page 31*.

Ads that are not tied to a particular location or time can be reused more easily in the future. For example, programs may want to avoid showing items like cell phones that may quickly become outdated. Using voiceovers instead of people speaking in TV or radio ads makes it easy to replace the original audio track with updated information in an appropriate language or accent.[43]

Pretesting Ads

Pretesting ads helps protect a program's investment by ensuring ads will effectively meet communications goals. New and adapted ads can be pretested. Ads that pretest well communicate key messages more effectively and are more likely to change the audience's attitudes, beliefs, and behaviors about tobacco use.[1,105,106] Pretesting cannot guarantee a campaign's success, but results can help guide decisions about what changes to make or which ads to air.[105]

To determine which ads will work best with the intended audience, programs can ask the following pretesting questions:

- Were the key concepts clear and easily understood?[27,29]
- What message did participants take away?[27,29,49]
- Did participants believe the ad?[27,29,49]
- Did anything about the ad make participants feel uncomfortable?[29]
- Were any parts of the ad were confusing?[29,49]
- Did the information in the ad apply to participants' lives?[27,29,49]
- Did the ad cause any negative or unintended consequences (*e.g.*, smoking triggers)?[107]

A CLOSER LOOK: California and Minnesota Reuse North Dakota Ad

In 2014, the California Department of Public Health began its "Healthy Stores for a Healthy Community" initiative. It aimed to improve health by making changes in stores and educating people about how in-store marketing affects their consumption of unhealthy products like tobacco, alcohol, and junk food.[108] As part of the initiative, the Department sought to develop a campaign to highlight tobacco product marketing in stores and its impact on youth.[109]

Screenshot from the California Department of Public Health's "Kids and the Tobacco Predator" TV ad   Source: California Tobacco Control Program

Program staff began by searching CDC's *Media Campaign Resource Center* (MCRC) and found the "Tobacco and Kids" ad developed by the North Dakota Center for Tobacco Prevention and Control Policy.[109] The unscripted, documentary-style ad featured children playing with flavored tobacco products in colorful packaging, illustrating the appeal of these products to kids.[110] Flavored tobacco product packaging that resembles candy has been found to appeal to youth and encourage tobacco use experimentation, progression to regular use, and addiction.[111] The California team liked the ad, but wanted it to better represent their state's population. They asked for North Dakota's permission to re-shoot the ad with children from diverse racial and ethnic backgrounds. California's adapted ad received positive feedback during pretesting and was incorporated into "Healthy Stores for a Healthy Community."[110] California also uploaded its version of the ad to the MCRC as a resource for other programs.

Since then, North Dakota's original ad concept has been reused in at least three states, including Minnesota. ClearWay Minnesota wanted to highlight how flavored tobacco products are still a problem for the state's youth.[112] During planning for the "Still a Problem" campaign, staff searched the MCRC for flavored tobacco product ads and found several options that could meet their campaign goals.[109] California's ad tested strongest with audience members in raising awareness of the issue and was reused in Minnesota without any changes.[109]

The communications team can also compare potential ads against those that have already been proven effective at changing attitudes and behaviors, such as hard-hitting ads that depict the negative health consequences of tobacco use.

Selecting Pretesting Methods

Pretesting can be done using focus groups, individual interviews, or surveys. The right pretesting method will depend on the intended audience and the goals of pretesting.[27,107] For example, focus groups can help identify promising messages, while interviews can reveal controversial elements of an ad that participants might not feel comfortable sharing in a group.[27] Learn more about how to conduct pretesting in the resource, *Pre-Testing Anti-Smoking Commercials: Process for the Conduct of Market Research*.[107]

Recruiting Participants

Pretesting participants typically have backgrounds, beliefs, values, and preferences similar to the intended audience. Pretesting ads with audience members helps assesses whether the ad fits the audience's media preferences, education level, culture, and lifestyle.[72] Programs may want to exclude some groups from pretesting, such as advertising and tobacco control experts or people working in the tobacco industry.[107]

Organizations who serve the intended audience may be able to help recruit participants.[51] For example, language instructors may be able to recruit recent immigrants and health care providers could reach out to pregnant women.[27] Local publications can also be used to recruit community participants with specific interests.[51] A short survey can help the team screen potential participants to determine if they fit pretesting needs.

Understanding the Results

Pretesting results help programs improve ads so that they are more likely to change attitudes and behaviors. The communications team can look for trends in comments and agreement or disagreement in responses.[27] Even the opinions of a few participants could be useful to assess the ad's effectiveness.[107] Ads that cause negative reactions can still be effective, and ads that are well liked might not be effective.[107] Cultural insensitivity or difficulty understanding the message are also important to note.

Reducing Pretesting Costs

In some cases, other programs may have already tested the ads with a similar audience.[51] If not, the team may want to conduct its own pretesting. To reduce pretesting costs, they can use or modify existing ad rating questionnaires and use a small, representative sample of the audience.[113] Partner organizations and local coalitions can help locate participants and donate space, refreshments, and participant incentives.[51] These simple strategies can help make pretesting possible with a limited budget. However, it is still important to conduct enough pretesting to get conclusive, meaningful results.[51]

Paid Media Planning

Planning helps ensure that paid media strategies are cost effective and reach the intended audience often enough to change behaviors. The plan also guides a campaign's media buy, or purchase of paid media placements.[1] Planning a successful media buy starts with a clear understanding of the intended audience and their media preferences. To ensure successful media buys, the communications team can also:

- Include details about the media buy size, timing, and channels in the annual workplan

- Place ads where they will reach most of the intended audience, supplementing with targeted media buys to reach specific groups

- Choose a few key ads to place at a time

- Buy ads on multiple channels, but use TV as the primary channel if it fits within the communications budget[27,114]
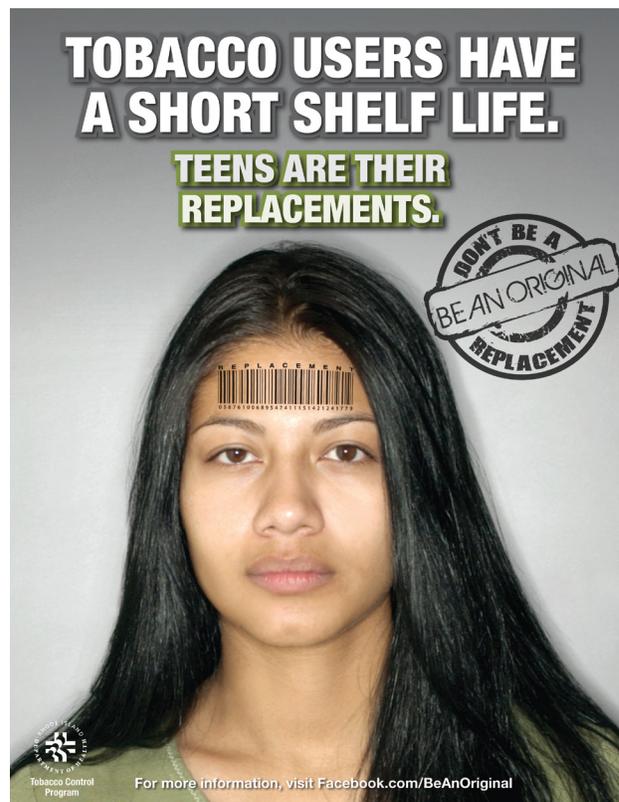
Print ad produced for the Rhode Island Department of Health "Be an Original" campaign   Source: CDC MCRC

- Coordinate media buys with other ads that will air, such as CDC's *Tips*® campaign[114]
- Partner with organizations that can offer free media placement or reduced development costs

Determining the Size of Media Buys

The size of a media buy depends on the communications budget, what channels will be used, and the amount of exposure to an ad that is needed to achieve the intended attitude or behavior change. Exposure to paid media ads is measured by gross rating points (GRPs). Campaigns with high GRPs reduce adult smoking prevalence, increase the likelihood of quitting, and increase quit attempts.[7,115] GRPs are calculated by multiplying the percentage of the audience potentially reached by the number of times the audience will potentially see an ad.[27] For example, 1,000 rating points means 100% of the audience will potentially be exposed

Working with Communications Specialists

Paid media strategies often require technical skills beyond the capacity of program staff. Communications specialists use their knowledge and experience to support communications campaigns by:[27]

- Analyzing what can be accomplished with a program's resources
- Determining the exposure necessary to achieve paid media goals
- Designing and producing effective, powerful paid media ads
- Recruiting participants, conducting pretesting, and analyzing results
- Selecting the best media placements to reach the intended audience
- Getting better deals for media buys

to 10 ads or 50% will potentially be exposed to 20 ads.[7] *Best Practices 2014* suggests that ads have enough GRPs to reach between 75% and 85% of the intended audience each quarter.[1]

The stage of a campaign also affects the size of media buys.[27] For instance, campaigns may need greater exposure early on to increase awareness and less exposure during later stages. New campaigns often start with a large media buy of at least 1,200 GRPs per quarter to grab people's attention.[1,7] Ongoing campaigns can be effective with 800 GRPs per quarter.[1] In general, it is best to buy as much exposure as the budget allows.[27,49] If a program cannot buy at least 800 GRPs, other health communications strategies may be more appropriate.

Deciding Campaign Length

Paid media strategies that are sustained over long periods of time maintain awareness, change attitudes, and prompt action.[1,51] Paid media campaigns generally take 3 to 6 months to raise awareness, 6 to 12 months to influence attitudes, and 12 to 18 months to change behavior.[1] These effects can diminish quickly after broadcasting ends, typically within a few months.[1,116]

Ads sustain behavior change when they are broadcast in repeated cycles throughout the year.[115,116] Communications teams often choose to buy media in "pulses," a pattern where ads are aired during strategic intervals throughout the year. For example, ads may be on air for 3 to 6 weeks and then off air for 2 to 6 weeks.[27] These cycles maintain a baseline level of awareness and help control costs.[27,117]

Choosing Where to Place Ads

Some audiences listen to the radio, some watch cable news, and others notice signs on the buses they use to get to work. Digital ads are also becoming a popular strategy as people spend more time on computers, cell phones, and tablets.[118] Outdoor ads are often used to supplement TV and radio ads. Ads are most effective when placed where the intended audience will be likely to see and hear the messages.[1] The pros and cons of different paid media channels are described in **Table 4** on *page 23*.

A CLOSER LOOK: Placing Ads on Digital Media

Although TV remains an important paid media channel, digital media use on mobile phones, computers, tablets, and gaming platforms is growing quickly.[42,118] Digital media ads differ from traditional paid ads because they often require users to take some action to see the ad, such as visiting a website or clicking on a video.[7] However, placement costs are often lower than other channels. Digital channels can also be used to reach specific audiences, such as those interested in certain topics.[79] The communications team can use digital ads to complement traditional paid media, increase campaign awareness, and cost-effectively increase traffic to the program's website or other digital content.[58] The options for placing digital media ads continue to increase. Programs can:[79]

Web banner ad from CDC's "Tips®" Campaign   Source: CDC MCRC

- Create banner ads for websites
- Pay for ads to pop up during internet searches
- Promote ads on social media platforms
- Air ads before or during online videos and radio programs
- Place ads in online gaming

For example, CDC created banner ads for the *Tips®* campaign and placed them on video, mobile, and streaming radio, and in paid searches. To select digital channels, the communications team can start by thinking about how to best reach the audience and what they want to achieve. For instance, ads on websites or social media can be closely targeted to reach specific audiences but may result in less engagement than ads that display during internet searches.[79]

Programs often have limited funding for paid media, so it is important to set realistic expectations. If a program's communications budget is only large enough to air a TV ad one time, it may not have enough reach, frequency, and duration to be effective. A less expensive channel like newspaper or radio where ads can run more often may be a better choice.[70]

To choose paid media channels, the communications team can seek input from local coalitions and partners who work closely with the audience. Information gathered about the audience's media preferences can also help select channels. Learn more about audience research on *page 17*.

Selecting When Ads Will Run

Awareness of a campaign also depends on the time of year, day of the week, time of day, and type of programming during which an ad runs.[49] For example, smokers may be more motivated to quit during certain times of the year, such as when setting New Year's resolutions.[114] People change their media use during the week and throughout the day, as **Figure 4** below shows. For instance, radio use is highest between 6:00 a.m. and 6:00 p.m., and TV use peaks at 9:00 p.m.[119] Airing ads during certain programs can also help engage audiences. Tobacco control ads tend to have greater impact when placed during light entertainment (*e.g.*, home and garden, cooking, game shows, or reality TV shows) than during comedies, soap operas, and dramas.[120,121] The communications team can use these trends to strategically place ads and increase their reach.

For more information on the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

Figure 4. Media Usage among U.S. Adults (May 2015)
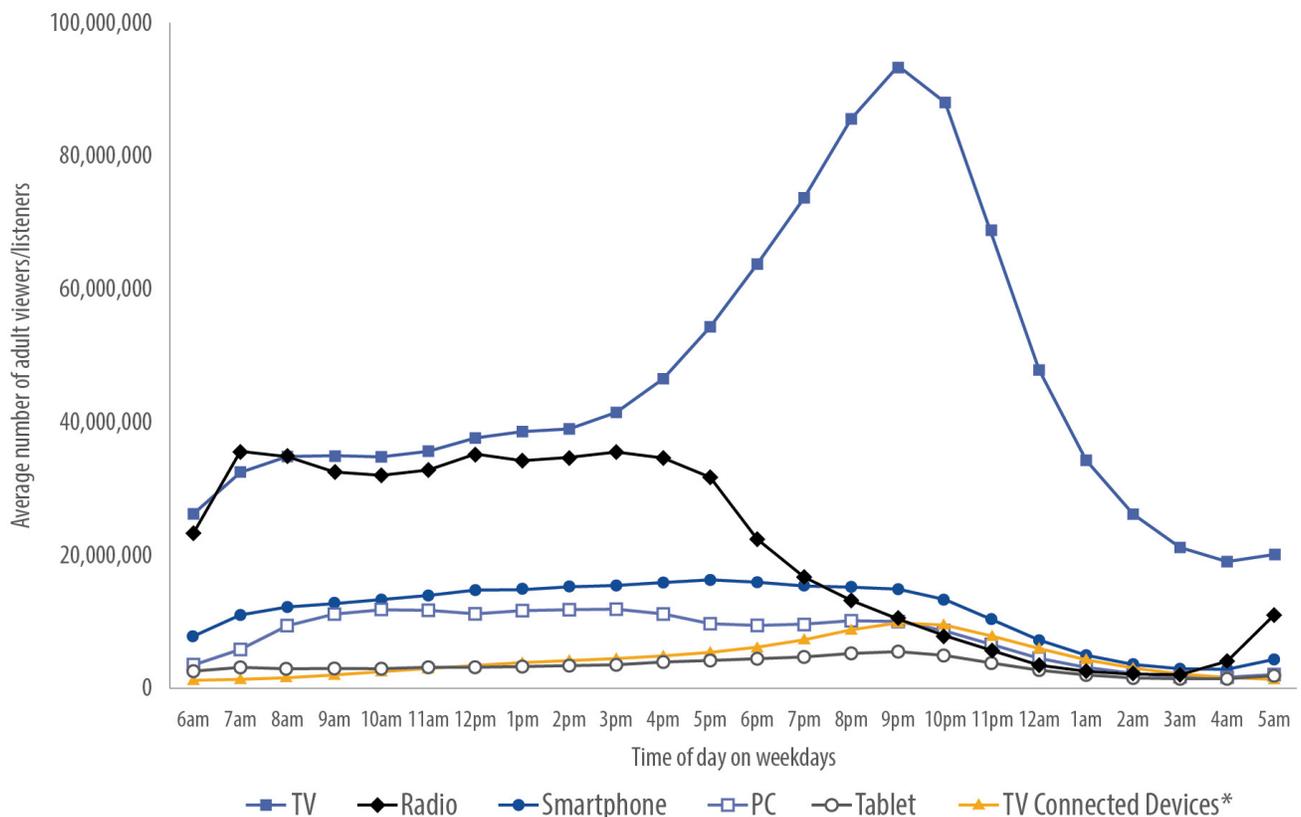
Source: Nielsen[119] * *Note: TV Connected Devices include game consoles and devices like Roku or Apple TV*

A CLOSER LOOK: New York City Educates about the Health Risks of Light and Non-daily Smoking

Despite overall reductions in smoking prevalence in recent years, the percentage of smokers who smoke fewer than 10 cigarettes per day has increased.[122] Although smokers often perceive light smoking to be less risky, light smokers still have a greater risk of heart disease, lung cancer, and death than nonsmokers.[123,124,125]

In 2011, the New York City Department of Health and Mental Hygiene noticed that light and non-daily smoking was on the rise among smokers in the city. By 2010, nearly 75% of smokers in New York City were light or non-daily smokers.[125] To reach them, Department staff developed the *One Cigarette is One Too Many* campaign to emphasize the dangers of light and non-daily smoking. They placed ads on TV, in print, and online that featured common statements of light smokers and powerful facts about the health risks of light smoking. To encourage cessation, the ads were paired with a free nicotine replacement therapy (NRT) giveaway for contacting the quitline during the three weeks that the campaign aired.[125] Quitline contacts increased more than 400% compared to the previous year and light and non-daily smokers' use of NRTs increased by more than 50%.[125]

Print ad from New York City's "One Cigarette is One Too Many" campaign   Source: CDC MCRC

Despite this success, the Department also wanted to make sure that heavy smokers found the ads effective.[125] The Department tested an ad from the campaign with light, non-daily, and heavy smokers through an online survey to assess its effectiveness. The results showed that although light and non-daily smokers were more likely to express increased concern about the risks of smoking after viewing the ad, all participants found the ad equally effective.[125] With these promising results, the Department felt confident that using these kinds of ads would not mean sacrificing effectiveness among heavy smokers.[125]

They launched another campaign in 2014 aimed at light and non-daily smokers, *Cancer Doesn't Care*. The campaign included TV, radio, and bus ads that challenged the reasons light and non-daily smokers think they are exempt from the health consequences of smoking.[103]

Generating Earned Media

Earned media strategies are an important part of every communications campaign.[27] Although earned media does not cost money, getting news coverage takes significant work. Successful earned media efforts begin with a well-developed plan and include a mix of news coverage strategies.

Planning a News Coverage Strategy

The first step in a successful news coverage strategy is identifying news outlets that are popular with the intended audience. To create a list, the communications team can review information gathered about the media outlets most watched, listened to, or read by the intended audience and ask partners for suggestions.[27] The next step is to identify contacts at each media outlet. It is helpful to carefully track communications with journalists, keeping a record of the dates and results of these interactions.[27]

A news coverage strategy also includes choosing spokespeople and training them on key campaign messages to ensure they are ready when journalists need a quote or an interview. The best spokespeople represent the image of the campaign, are available to speak on a moment's notice, and speak with a clear and credible voice.[27] They may be members of the communications team or partners. Strong spokespeople are also able to answer questions on a range of tobacco control topics. The communications team can give spokespeople prepared answers that align with campaign messages and goals. It is also important that spokespeople understand the unique culture of the intended audience. For instance, spokespeople for campaigns focused on tribal populations can be educated on the difference between ceremonial and commercial tobacco use.

Preparing spokespeople in advance can help influence how the news story is framed.[51] Message maps that outline the question or concern, key messages, and supporting information are one tool to prepare spokespeople. See a template for creating message maps on page 40 of the resource, *Effective Media Communication during Public Health Emergencies: A WHO Handbook*.[126]

The communications team can also prepare materials for journalists to reference, increasing the likelihood of getting coverage and the accuracy of coverage.[27] This information could be placed in a media kit or posted on the campaign's website. A media kit is a packet that includes news releases, fact sheets, contact information, or anything else that helps create a complete picture of the campaign and its messages.[27]

Getting News Coverage

News coverage can set the public agenda, extend a campaign's reach, and add to a campaign's credibility.[43] The communications team and partners can use multiple strategies to earn news coverage, such as writing Opinion-Editorials (Op-Eds) or letters to the editor, pitching stories to the media, or hosting newsworthy events.

Building Relationships with Journalists

Good relationships with journalists increase the chances of media coverage.[27,29] To build strong relationships with the media, the communications team can:[27]

- Introduce themselves to journalists who cover health or related issues

- Respect journalists' time, deadlines, and preferred contact methods

- Give supporting information like recent data or background on the program

- Connect journalists with tobacco control and public health experts

- Read journalists' articles to understand the stories they cover and their stances on related issues

- Establish the tobacco control program as a resource

Writing Opinions and Letters to the Editor

Communications team members and partners can publish messages without help from journalists via letters to the editor and Op-Eds. Letters to the editor inform decision makers of community interests. They are usually short and express an opinion or respond directly to a recent news item.[27]

Op-Eds are longer, stand-alone pieces of writing (typically 600–750 words) that express strong opinions. Effective Op-Eds are timely and use local statistics and stories to support arguments.[27] Op-Eds will often include the signature of a strategically chosen partner or local decision maker.[27] Publications are very selective in choosing Op-Eds, so chances of getting letters to the editor published are much greater. However, Op-Eds can be very influential with an audience once in print.[53] Learn more about writing Op-Eds and letters to the editor on the Community Tool Box web page, *Preparing Guest Columns and Editorials*.[127]

Pitching Stories to the Media

Communications team members can also pitch story ideas to journalists and editors for publication. One common way publications show support for issues is through editorials. Editorials show a publication's support for the issue and can help reach decision makers, gain credibility for campaigns, and earn community support.[27,53] The communications team can arrange a meeting with an editorial board to educate them about an issue, try to persuade them to cover a campaign, and take a stance supporting a campaign. The team can use the meeting to show why the issue is important to the news outlet's audience.[53]

Pitch letters are another way to reach out to editors or journalists. These short, informal letters give enough information to spark interest in the campaign and encourage them to publish news stories or feature articles.[27] To maximize news coverage, the focus of a pitched story can be adjusted so that it is relevant to the media outlet's audience. Newsworthy stories include information of interest to a broad audience, are timely and locally relevant, or reveal injustice, irony, or conflict.[128]

A news release (sometimes called a press release) gives details about the campaign, a specific event, or other newsworthy item to create the foundation for a story or interview.[27] News releases are widely distributed to multiple news outlets. They start with an attention-grabbing headline, followed by the most important information in the first paragraph to draw in journalists and share the major points quickly.[27] Supporting information follows, including the who, what, when, where, and why. A news release closes by concisely restating the key message. News releases usually follow a standard format, depicted in **Figure 5** on *page 34*. They can also be submitted in video form to include sound bites and background footage.[27] Learn more about writing a news release on the Community Tool Box web page, *Preparing Press Releases*.[129]

Checklist to Pitch Newsworthy Stories[27]

- Offer new data or information.
- Highlight something unusual, unexpected, or new to the public.
- Indicate a trend.
- Relate the campaign to other breaking news.
- Convey something people want or need to know.
- Localize a national story by adding local statistics, spokespeople, or experts.
- Include quotes from a public health leader.
- Make an emotional appeal or add a personal story.
- Highlight injustices around tobacco-related disparities.[51]
- Include compelling visuals.
- Connect the story with a national or local celebrity.

Figure 5. Anatomy of a News Release

FOR IMMEDIATE RELEASE *(Indicates that the news can be published right now)*

Organization Name

HEADLINE: **The headline grabs the audience's attention and draws them in for more. Style the headline in bold type.**

SUBHEADLINE: ***While not always necessary, this is the opportunity to build on the headline by adding secondary detail. Style the subheadline in bold, italic type.***

DATELINE (city of origin & date of release): CITY, Month, Day, Year—LEAD PARAGRAPH: This is the single most important paragraph in the release. This is the author's chance to draw in the reader and set up the story in a sentence or two.

BODY: The body section can be one or more paragraphs. This is where the author goes into more detail, setting up the story for the readers and giving more background or context. It explains the "who, what, when, where, and why" of the story and gives readers supporting facts, statistics, or testimonials. KEYWORD: Using strategically placed keywords throughout the release makes it easier for the audience to find the release when searching the web for information. QUOTE: "Incorporating relevant quotes in the body of the release is an effective way to get the author's message out by having a person or voice validate the importance of the story. Keep quotes easy for readers to understand and make sure to include the speaker's name," said Speaker Name, Title or Organization Role, Organization Name.

BOILERPLATE or ABOUT:
About Organization Name. Style the heading in bold type.
This section includes a brief description of the organization—who the organization is and what it does. A clickable link to the organization website can provide more details.

CONTACT INFORMATION (for the person who will handle inquiries):
Contact:
Contact First and Last Name
Contact Title or Role
Contact Phone Number

Contact Email Address

Adapted from: PR Newswire[130]

Hosting Newsworthy Events

Press conferences inform the community and the media about breaking news or an upcoming initiative.[131] Effective press conferences have a clearly defined message and include speakers who can share diverse perspectives.[27,131] Speakers can be community members, decision makers, local tobacco control coalition members, or members of other partner organizations. The press may be more likely to attend if well-known public figures will be present. For instance, the Wisconsin Tobacco Prevention and Control Program gained media coverage by hosting press conferences in the state's major media markets featuring a local mom who shared her story as part of CDC's *Tips*® campaign.[132,133] The press conferences resulted in free coverage by 60 media outlets, including TV news stations and local and regional newspapers.[132]

A week before a press conference, the communications team can send an announcement inviting the press and providing key details.[27] Team members can also remind the press and media contacts of the event one to two days before.[27] Visuals, such as posters with photos or data, and media kits provided the day of the event make it easy for journalists to develop stories.[27] Learn more about writing a news release on the Community Tool Box web page, ***Arranging a Press Conference.***[131]

Responding to Opposition in the Media

Information shared by tobacco control critics can generate news coverage, even if inaccurate.[27] Opposition can come in many forms and from many different people. For instance, campaigns may be the target of negative news stories or interviews, especially when they tackle controversial issues.[49] Opposition may come directly from the tobacco industry, other industries, or the public (sometimes prompted by information from the tobacco industry).

Programs can take steps to prepare for potential opposition so that they can respond quickly and consistently, minimizing the impact on the campaign. Before launching a campaign, the communications team can:

- Create standards that cover how the issue will be framed in all communications, from press coverage to informal conversations with friends

- Form partnerships with influential spokespeople who can speak on the program's behalf if needed

- Develop talking points for spokespeople, particularly for issues likely to attract opposition

- Create multiple sets of talking points to communicate with different audiences (*e.g.*, business owners, youth, and decision makers) using words that they understand

- Include strategies in the communications plan to deal with potential opposition, such as who will help craft a response and which stakeholders will be contacted[101]

- Train grantees on similar practices

The best way to respond to opposition depends on what kind of opposition the campaign experiences. Opposition news stories offer an opportunity to educate the media or to establish the program as a resource, which helps to strengthen relationships with journalists.[27] They also provide a great opportunity to write a letter to the editor, generating more earned media coverage for the campaign.[27] Existing partners and local coalition members can be a vital source of support to help craft responses and speak on behalf of the program if opposition occurs.[27]

On rare occasions, more serious unexpected events or circumstances can occur, for example, those that might put the organization's credibility or reputation at risk. Although programs cannot always prepare in advance for these kinds of problems, having a plan in place can help minimize the impact of even the most difficult communications challenges. Learn more about dealing with communications problems in the Community Tool Box resource, *Handling Crises in Communication*.[101]

For more information on all of the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

A CLOSER LOOK: Public Service Announcements

High-quality PSAs have a short and simple message conveyed using clear, straightforward language.[134] The most important information is presented at the beginning of a PSA in a way that captures the audience's attention, followed by the who, what, where, and why of the tobacco control issue.[134] Strong PSAs end with a call to action, such as a prompt to call the quitline or visit the program's website.

The PSA "5.6 Million Children" highlights the fact that if current tobacco use prevalence does not decline, 5.6 million children will die early from smoking   Source: CDC MCRC

Broadcasting PSAs is similar to gaining news coverage.[51] Programs persuade media outlets to share their PSAs by working with their media contacts, hosting newsworthy events, and tying PSAs to current events. Programs can also work directly with state broadcasters associations, the national Ad Council, and local TV stations.[27] To approach media outlets, programs can develop a proposal that explains why the issue is important and how the PSA helps address it.[51] It is important that the PSA's content is also relevant to the media outlet's audience. Unfortunately, since media outlets donate airtime and print space for PSAs, programs have little control over when, where, and how often PSAs are aired or printed.[27] As a result, the impact of a PSA may be unreliable.

Sharing Messages on Social Media

A program's social media strategies complement its traditional communications efforts and are an essential part of its health communications strategy.[1,5,11] These strategies work best when they align with campaign goals and fit within the limits of a program's resources.

Creating a Social Media Plan

Research suggests that developing a social media plan could help programs better reach and engage their audiences.[135] Social media efforts will be easier to manage if programs have a social media plan in place that aligns with the broader communications plan and includes prepared messages and materials.

A strong social media plan includes start and end dates and a clear goal that is pursued through frequent, targeted posts on multiple channels. Creating a content calendar can also be useful. Some experts recommend that Twitter and Facebook posts be planned two months in advance to allow time for approval of images and language. Posts are generally scheduled for when most of the audience is expected to be online and planned around major events, holidays, or health observances that relate to communications goals.[136] To keep audiences engaged, it is also important for programs to post regularly. Posts could be daily, weekly, or somewhere in between, based on the audience.[136]

Social media plans can also include strategies to extend the reach of campaign messages. One way to do this is to coordinate posts with partners. Partners can post campaign content on their social media channels, and programs can tag partners in posts or share complementary partner content on campaign pages. The communications team can also work to get "influencers" who reach a large audience, such as leading bloggers or celebrities, to post messages. Monitoring other social media accounts for tobacco control topics can be a way for programs to join the conversation to correct misinformation or give links to more information.

Staffing Social Media Efforts

Engaging audience members on social media takes staff time and dedication. Tobacco control staff have the expertise to create, review, and approve posts and images. They also monitor discussions, forums, and blogs (including checking for inappropriate or negative comments) and respond to audience questions.[58] It is helpful to have people on the communications team who are familiar with different social media platforms. Often, organizations will use a mix of existing staff and consultants from other branches of an organization, a volunteer pool, or media agencies.

Getting buy-in from leadership for social media efforts is also important, particularly when staff and financial resources are needed.[137] See more tips for gaining leadership support for social media at Amplify Advocacy's resource, ***Tactics for Gaining Hierarchical Support***.[138]

Selecting Social Media Channels

The best social media channels for a campaign are those used by the intended audience. Team members can talk with partners who work closely with the audience and use market research, social media metrics, and other data to determine social media usage. Different channels can be used to reach different audiences. Facebook is used by most adults ages 18 to 64 and is increasingly popular among older
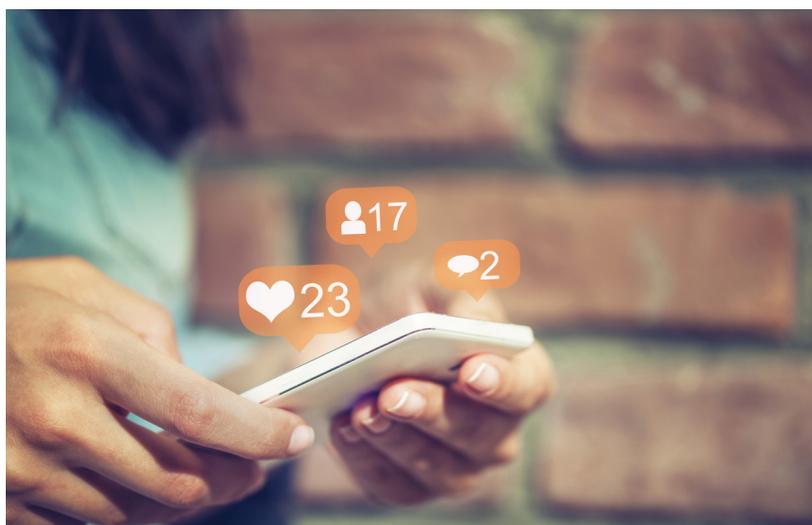
adults.[139] Pinterest is used primarily by women ages 18 to 49, while LinkedIn is used by working-age adults and college graduates.[139] Instagram is popular with young adults, and Twitter is popular among young adults and college graduates.[139] Recent social media trends are depicted in **Figure 6** on the right and **Figure 7** on For the latest data on social media use, visit the *Pew Research Center* website.

As of 2016, Facebook was the most widely used social media site.[139] It is used by organizations to post updates, links, conversations, photos, videos, and petitions to groups of "fans" or "potential fans." Facebook can help drive traffic to program websites, increase event attendees, and help programs build an email list.[140] It is important to plan a campaign's Facebook strategy to ensure it is reaching intended audiences and not just other public health organizations. If funding is available, the communications team can also consider boosting engagement through paid Facebook ads.

Organizations can set up a Twitter account and profile and use it to send bursts of short, 140-character messages called "tweets." Tweets give updates on activities or events, start conversations, request help, or link users to interesting resources. The communications team and partners can use Twitter to promote events, "listen" to what the community is saying about a certain topic, and respond with real-time messages about campaigns and cessation resources.[137] Twitter is also used by event attendees to "live tweet" messages to others following remotely.[140]

As of 2016, nearly half of U.S. adults used YouTube, second only to Facebook.[141] Videos posted to YouTube can be shared across multiple platforms and spread campaign messages very quickly.[137] As video cameras and editing software become more affordable, it is becoming more common for smaller organizations to produce their own videos. Video engagement can be measured in the numbers of "comments," "likes," "dislikes," and "shares" a video receives and in changes in the number of channel "subscribers."

Sharing photos and videos can engage the audience in campaigns.[142] It can also generate "viral" dissemination when viewers forward the photos or videos many times in a short period. It is important not to rely on photo or video shares to spread virally, as it is difficult to predict how widely materials will be shared. The widespread

Figure 6. Percentage of Online Adults Using Popular Social Media Platforms in 2016

Facebook **79**%

Instagram **32**%

Pinterest **31**%

LinkedIn **29**%

Twitter **24**%

Source: Pew Research Center, 2016[139]

use of mobile phones has made it easier than ever to take photos and videos. Setting up an account with Instagram, Flickr, Picasa, or another photo-sharing site is as simple as creating a login, uploading photos, adding captions or tags, and distributing the links. Communications team members can also use images from CDC's *Public Health Image Library*.[142]

A blog can be a useful tool for discussing a topic that may be too complex for other channels, while allowing readers to leave comments and engage in the discussion.[55] Blogs may have a team of regular authors or only one, but most share a similar format where new entries are viewed first. Programs considering setting up a blog can start by reviewing other tobacco control blogs to learn what works well and who are the influential bloggers.[55]

Several other social media channels are available to programs. Programs can experiment with different channels at a relatively low cost and decide what is right for their communications goals and audiences. As programs select social media channels, it important to consider which channels best fit their needs in four key areas:

- Personalization—content can be tailored for specific audiences[55]
- Presentation—content is timely, relevant, and accessible in multiple formats and contexts[55]

Figure 7. Frequency of Social Media Channel Use

% of users who visit the social media site daily, weekly, or less often

Channel	Daily	Weekly	Less Often
Facebook	76%	15%	7%
Instagram	51%	26%	22%
Twitter	42%	24%	33%
Pinterest	25%	31%	43%
LinkedIn	18%	31%	51%

● Daily ● Weekly ● Less Often
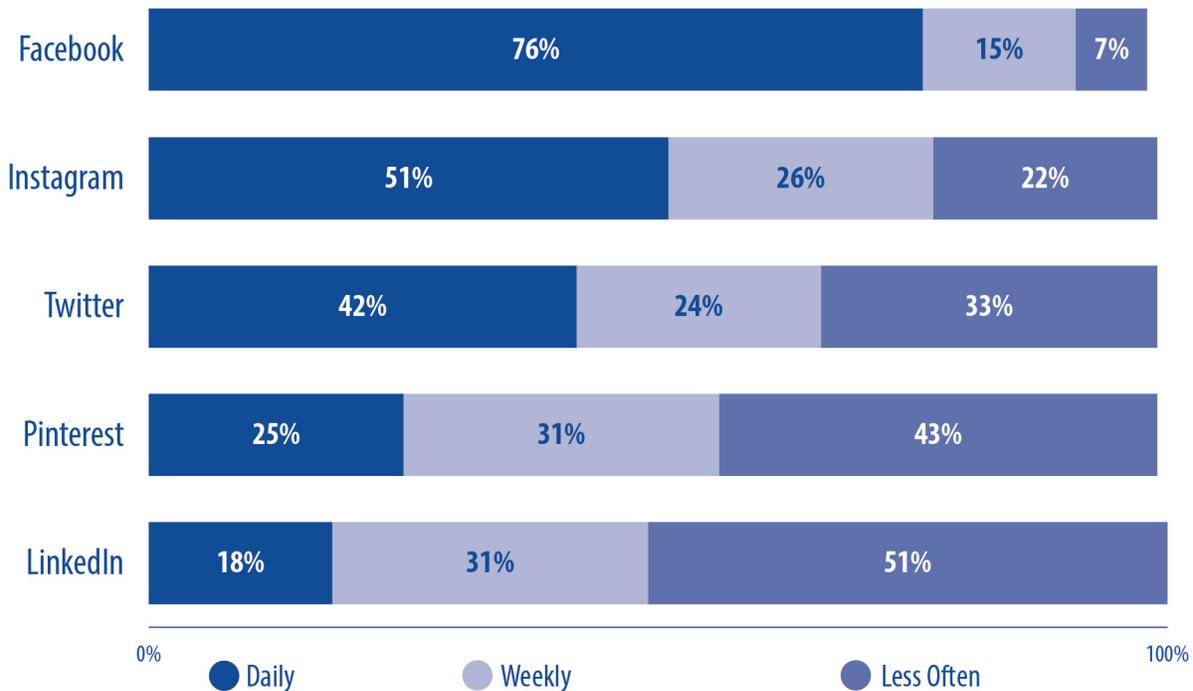
Source: Pew Research Center, 2016[139]

- Participation—partners and the intended audience contribute in meaningful ways[55]
- Placement—messages can be placed to reach specific audiences

Because each channel has different capabilities, some may be a better fit than others. Using a combination of platforms, some that tell the full story and others that summarize key points, can be an effective way to reach a broad audience.[143]

Developing Social Media Content

Continuously creating new content for social media can be a challenging and time-consuming task. Programs can begin by exploring existing *CDC Tobacco Free* social media channels.[144] The communications team and partners can share or repurpose CDC posts on their own pages "as is," or they can download social media images from the CDC's *Media Campaign Resource Center* for free and add their own logos.[103]

Repurposing content from a program's website (*e.g.*, news articles, fact sheets, research reports, and event descriptions) can save time and resources. Web content is usually ready to use because it has already been edited and approved.[56] It is best to rewrite elements for social media channels, rather than use web content verbatim.[56]

Effective content is also tailored, or optimized, for each social media platform. For example, a call to action may look very different in a Twitter message than in a Facebook post. See **Table 5** on *page 40* for posting tips and *CDC's Guide to Writing for Social Media* for specific guidance on developing social media content for different platforms.[56]

When editing content to fit length constraints of social media channels (*e.g.*, Twitter or Facebook), it is important to ensure that the content remains accurate and scientifically defensible. If a particular message cannot be communicated in a short, easy-to-read format and still maintain scientific integrity, it should not be shared via social media.

Table 5. Posting Tips for Select Social Media Channels

Channel	Posting Tips
Facebook	• Use a casual but professional tone.[56] • Keep posts under 250 characters (420 is the limit) so they can be viewed completely in the News Feed.[56] • Use consumer-friendly, action-oriented messages.[56] • Include one link, photo, or captioned video per post.[56] • Tag organizational partners using the @ symbol. • Respond quickly to comments.[136] • Link to the program or campaign Facebook page from your website, blog, and other social media pages.
Twitter	• Use hashtags for specific events and topics.[137] • Write tweets of 120 characters or less (140 is the limit) so they can be retweeted.[55] • Include a hyperlink and use a link-shortening service like *bitly.com* or *tinyurl.com* to make the links smaller.[137] • When avoiding abbreviations is not possible, only use standard abbreviations that are easily understood.[56] • Ask a question, highlight a key statistic, or give a specific call to action.[56] • Link to the program or campaign Twitter profile from your website, blog, and other social media pages.
YouTube	• Use personal and real stories from your community.[137] • Get signed releases before posting images or videos of people.[137] • Include descriptive titles (or captions) with your videos and photos.[137] • Keep video content simple (with a single message), short (under 3 minutes), and engaging.[145] • Embed campaign YouTube videos on your website, blog, and other social media pages.
Flickr	• Add photos after each event or activity. • Tag photos with descriptive keywords so your photos will be easily found in Flickr search.[134] • Link to Flickr photos from your website, blog, and other social media pages.
Instagram	• Post high-quality photos and videos. • Use hashtags to tie posts to specific topics. • Be consistent with style and design of posts.[146] • Direct people to other sites where they can get more information.[146] • Follow other organizations and influencers.
Blog	• Keep posts as short as possible (under two paragraphs). • Use attention-grabbing headlines.[55] • Include links that support or give context to your post. • Edit posts carefully and keep a consistent style.[55] • Promote the program's blog on your website and other social media sites.

Avoiding Pitfalls of Social Media

Creating a social media presence is not without risks. The interactive nature of social media means that programs will not always be able to control all sides of a conversation. Programs may receive negative or inappropriate comments from the public or opposition groups, and knowing how to respond in a way that will not escalate a negative interaction is important.

Twitter bombing is a strategy used by opponents of a particular issue to fill Twitter feeds with a specific message, making the message a trending Twitter topic.[147] The goal of a Twitter bomb is to "establish a false sense of group consensus about a particular idea."[148] In 2014, the Chicago Department of Public Health was the target of a Twitter bomb.[147,148] A few days before a scheduled vote on local e-cigarette regulation, the Department tweeted a series of messages about e-cigarettes. In response, Twitter users sent over 600 anti-policy tweets.[148] Despite the social media opposition, the Chicago city council voted 45–4 to regulate e-cigarettes.

In the summer of 2015, the California Department of Public Health was the target of a similar campaign to "bomb" the Department's Facebook profile.[149] The opposition was a response to a Department campaign on the dangers of e-cigarette use. The opposition group's negativity eventually began to erode support for the program's social media channels. Sensing that their followers were looking for a more positive tone, the Department responded with the *#trulyfree* campaign. The campaign shared stories of Californians who were completely free of all tobacco products. Evaluation of the campaign showed that it reenergized the program's social media community by empowering followers with positive messages.[149]

Closely monitoring social media channels and hashtags can help anticipate, recognize, and respond to grassroots opposition. The communications team can also develop and publish a social media policy. This can go a long way toward protecting the organization from risk and guiding staff in how to respond to issues that arise. Learn more about developing a social media policy below.

For more information on all of the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

What is a Social Media Policy?

As tobacco control programs increasingly use social media, the need for policies that govern their use and guide daily activities has become more important.[137] An organization's social media policy can help ensure open, honest, friendly, and consistent communication by including guidelines for:[140]

- Developing and approving messages
- Responding to public comments
- What can and cannot be shared on social media sites
- The language and tone of social media communications
- Protecting the privacy of staff and clients when using photos or quotes

For an example of social media guidelines, see the Oklahoma Tobacco Endowment Settlement Trust's *Facebook Policy*.[150] More information on developing a social media policy is also available in Idealware's web page, *Creating a Social Media Policy*.[151]

Developing Program Communications

Program communications include the many other ways that tobacco control programs communicate with stakeholders. These strategies support campaigns and help build a strong network of supporters. Programs can share messages through program websites, other digital channels, community engagement, and stakeholder communications.

Creating Websites

Websites are an important channel for communicating with the public about the health effects of tobacco and available cessation resources. Effective websites are easy to access, interactive, and relevant for the audience.[61]

While most state programs and partners have at least one website, many feature only links to social media pages and limited interactive content.[61] For example, many state websites include web-based cessation tools,[152] but other interactivity is limited. By making websites more interactive, state programs could improve their reach and relevance for the populations they serve.[61]

Website features that can improve usefulness include:

- A newsletter sign-up button
- Links to Facebook, Twitter, YouTube, and other social media channels
- Site compatibility on mobile devices
- Interactive data tools
- Web-based cessation programs
- Infographics (*i.e.*, visual representations of information that are sometimes interactive)
- Separate pages for different audiences

Smokefree Oregon's website *smokefreeoregon.com* uses these features and others to educate Oregonians about the health effects of tobacco.[153] The site incorporates infographics, interactive maps, navigation for different types of users, links for connecting on social media, and links to cessation resources.

Communicating through Other Digital Channels

Podcasting, text messaging, and mobile applications work best when chosen carefully and integrated with
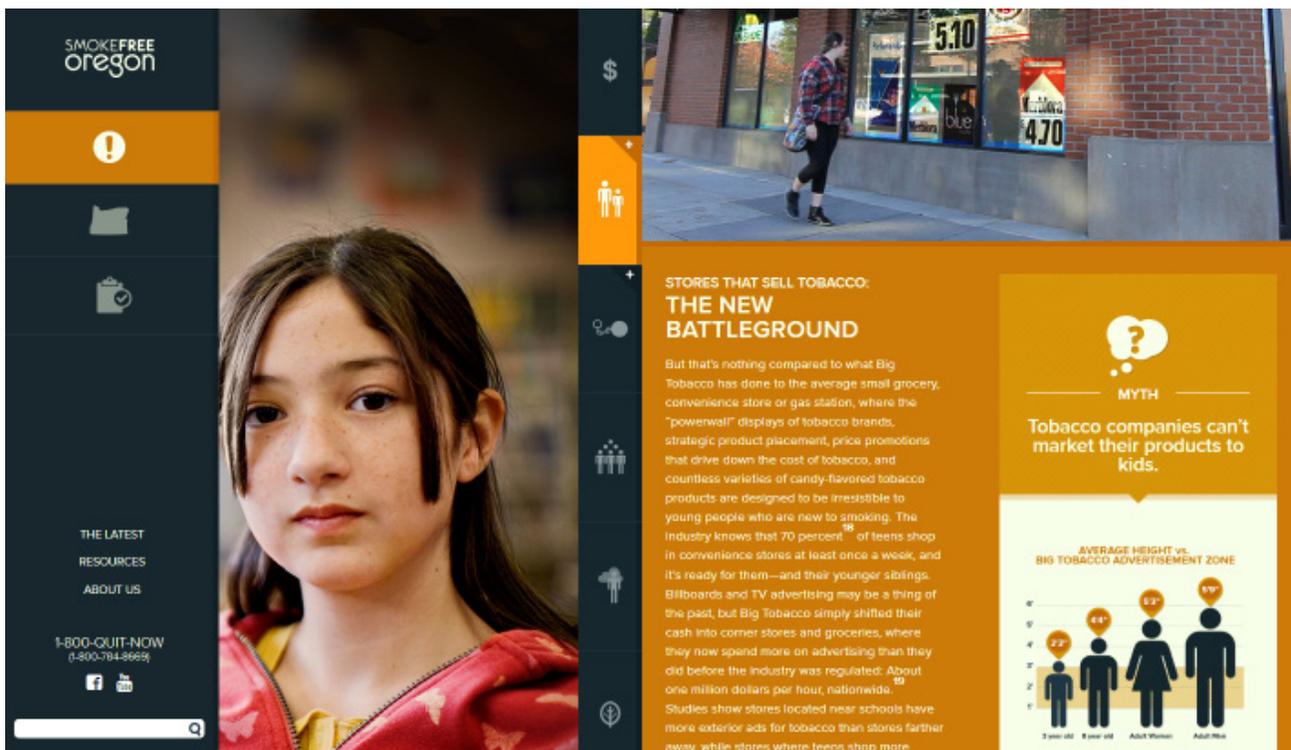
Screenshot of Smokefree Oregon's program website

a program's overall communications strategy. These activities have different resource needs in terms of cost and staff time. Some, like creating a podcast, are best suited for sharing information, while others, like text messaging, engage audience members in conversation. **Figure 8** on the right describes the resources needed for different digital and social media activities.

Podcasting is an effective way to share audio recordings of speeches, interviews, or news updates with a broad audience.[154] See CDC's *Smoking & Tobacco Use Podcasts* for an extensive library of podcasts that are available for download, posting, and sharing by partners.[155]

Over 90% of American adults own a mobile phone and almost all cell phones are able to send and receive text messages.[156] Text messaging can be a simple and effective way to reach many people with important health messages. Emerging evidence indicates that quit-smoking text-messaging programs on smartphones can improve cessation rates.[157,158,159] Effective text messages are relevant to the audience and include a way for them to respond, such as a phone number or website link.[56]

The adoption of smartphones has led to an increase in users who access the internet mostly on their mobile devices.[59] Teams can also consider working with web developers to create apps that deliver health information. Smoking cessation apps, in particular, are becoming widely available. A search for "Quit Smoking" on Apple's iTunes or Google's Play site returns hundreds of apps, though quality and features vary greatly. Many of these apps lack elements that are normally recommended for cessation and could be improved to better reflect evidence-based practices.[160]

Communicating with Stakeholders

Communicating with staff, partners, and decision makers is important to keep stakeholders up to date on campaign progress and grow support for the program. To maintain frequent, informative communication with these important groups, programs can use the following materials:

- Monthly updates to administration leadership on campaign goals and results[69]

- Internal employee newsletters, distributed quarterly

Figure 8. Resources Needed for Digital and Social Media Activities

	Time/Staff	Cost
Image/photo sharing	👤	$
Podcast posting	👤	$
Video sharing	👤	$
Blogging	👤👤	$
Podcast creation	👤👤	$$
Video creation	👤👤	$$
Social media participation	👤👤👤	$
Text messaging	👤👤	$$$
Mobile app creation	👤👤👤	$$$
Website creation and maintenance	👤👤👤	$$$
Web-based tool creation	👤👤👤	$$$

Adapted from: CDC, The Health Communicator's Social Media Toolkit[55]

- Externally distributed fact sheets sharing data about important issues[161]

- Printed educational brochures about the program's current initiatives

- Email newsletters to partners and supporters to share new scientific evidence, give campaign updates, and build momentum[154]

As with all materials created by a tobacco control program, it is important that these communications align with the overall communications strategy and present a strong organizational voice that communicates authority, value, and professionalism.[162]

Decision makers are given lots of information and have limited time to review, so it is important that messages for this audience are as concise as

possible.[163] They can share information about a new campaign, updates about program outcomes, or new scientific evidence.[163] Featuring economic data and personal, local stories can improve the chances that decision makers will pay attention to this information.[163] Making the connection between program goals and decision makers' interests can also encourage them to support a program's efforts. Reusing existing media, such as news articles, Op-Eds, and letters to the editor, is a great way to reach decision makers without having to generate new content.

When tobacco control programs communicate with decision makers, it is critical that they understand special restrictions on programs that receive federal funding. While educating and raising public awareness about issues are important activities of a tobacco control program, lobbying efforts are not permitted.[164] Lobbying includes directly communicating with decision makers about pending legislation or encouraging their constituents to ask them to support a specific bill.[164] For more information about which activities are allowed, read the CDC resource, *Anti-Lobbying Restrictions for CDC Grantees*.[164]

For more information on all of the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

Coordinating with Partners and Coalitions

Coordinating strategies with local coalitions and other partners can extend the reach of messages and increase visibility of tobacco control issues. Programs can:

- Develop messages that emphasize the connections between tobacco use and other health issues
- Train partners on news coverage strategies, such as writing letters to the editor
- Give partners sample news releases and other templates
- Invite partners to be spokespeople and give them talking points
- Promote the campaign at partners' events
- Create an information-sharing network with partners to share new scientific evidence and opportunities to promote campaign messages
- Provide sample social media posts and shareable content for use on partners' social media channels
- Tag partners in social media posts and share partners' content

Reducing Tobacco-Related Disparities

Despite recent progress, tobacco use is still higher among certain racial and ethnic minority groups, low socioeconomic status individuals, LGBT populations, people with mental health and substance abuse conditions, and people living in certain geographic areas.[165] Communications campaigns that have focused on groups affected by tobacco-related disparities have increased quitline calls and quit attempts among these populations.[7] To implement campaigns that reduce tobacco-related disparities, the communications team can:

- Recruit staff that represent the intended audience
- Develop cultural competence
- Identify and describe populations most affected by tobacco use
- Seek input from the intended audience throughout the campaign
- Use messages and materials that resonate with the intended audience
- Place materials where the audience is most likely to see and hear them

Recruiting Staff that Represent the Intended Audience

Including audience members or people who have worked with them on the communications team can bring awareness and understanding of the audience to communications efforts.[166] The skills and knowledge of these team members help the program communicate in ways that are culturally appropriate and relevant to the community. To recruit diverse staff, the program can circulate job announcements throughout the community and prioritize applicants who have experience working with groups affected by tobacco-related disparities.[166]

The Maryland Department of Health's Center for Tobacco Prevention and Control aired *"Jessica's Asthma Tip"* from CDC's "Tips®" campaign in Spanish on the jumbotron at Verano Zol, an annual music festival with a large Spanish-speaking audience[167]   Source: CDC

Developing Cultural Competence

Cultural competence is an important skill for tobacco control staff, especially those who work on health communications. Culturally competent health communications respect individuals' cultures and language preferences.[168] For example, the communications team may develop materials in the audience's native language. They can also adapt materials to fit the audience's reading level or numeracy skills. For tips on developing culturally competent materials, see the CDC's resources on *Culture & Health Literacy*.[169]

To strengthen cultural competency skills, programs can have staff complete a self-assessment of their values, attitudes, and communications styles. It also makes them aware of others' communications styles, histories, preferred languages, and literacy levels.[165,170] The Community Tool Box section, *Building Relationships with People from Different Cultures*, can help staff get started by becoming aware of their own cultural backgrounds and biases.[171]

Identifying and Describing Populations Most Affected by Tobacco Use

Community assessments help programs identify the groups in their communities that are most affected by tobacco use and describe the impact of tobacco use on these groups.[165] The communications

team can use community assessments to plan and implement campaigns. It is important to pay attention to differences among subgroups when conducting assessments. There may be important language or cultural differences even within a smaller group.[27] Learn more about conducting a community assessment in the CDC resource, *Best Practices User Guide: Health Equity in Tobacco Prevention and Control*.[165]

Involving the Intended Audience

Involving audience members helps ensure that campaigns reflect the population's values, beliefs, and

Chinese-language print ad from Asian Smokers' Quitline campaign   Source: CDC MCRC

attitudes.[51] It can also help overcome a community's negative experiences with targeted advertising or positive experiences with the tobacco industry.[51] It is especially important to include underserved populations. One way to encourage involvement is to educate people on how tobacco harms their community and how they can help.[27] Organizations working with specific populations can also be an important resource during campaigns.[27]

Using Messages that Resonate with the Audience

There are universally strong tobacco control messages that are effective among diverse audiences, such as testimonials or ads with graphic imagery that depict the negative health effects of tobacco use.[1] Many of these ads feature people from groups with higher rates of tobacco use or are available in other languages.[172]

Existing ads can often be used to effectively reach these groups. When developing new materials, it is best to use the audience's native language whenever possible.[27] Having native speakers review and edit materials can help make sure they share the same message as the English version. It is also critical to pretest materials with audience members to gauge whether messages resonate with them before spending time and money on a full campaign. Local coalitions and other partners who work closely with the population can help connect the program with native speakers or participants for pretesting.

Tailoring Message Placement

Placing hard-hitting ads where the intended audience will be likely to see and hear them is a way to effectively reach specific populations with these messages. For instance, ads can be placed with minority-focused media outlets or other channels that are popular among the audience.[1,165] Radio and internet ads are also effective at reaching specific populations.[58,65] Today, technology allows programs to tailor placement of digital ads to precise groups, such as people interested in LGBT topics or fans of NASCAR. Coalition members and other partners who have experience working with a population can be helpful resources for selecting the best channels for media placements.

Making Adjustments and Responding to Problems

Closely monitoring activities throughout the campaign helps the communications team quickly respond to unexpected problems or new opportunities. Team members can check activities against the annual workplan, assessing if they are being completed on time and whether some are more successful than others.[29] Timelines may need to be adjusted and unsuccessful activities changed or eliminated.[29] Paying close attention to what stakeholders are saying about campaigns can also help keep strategies on track to meet communications goals.[2] Learn more about evaluating campaign progress on *page 48*.

Taking Advantage of New Opportunities

Capitalizing on new opportunities is important to keep campaigns fresh and new, but it can also prompt programs to take on activities that do not support communications objectives. Turning down these opportunities can be hard, especially when a partner offers to do much of the work or provide some of the resources. To decide if a new opportunity fits with campaign activities, the communications team can answer the following questions:[67]

- Does the new opportunity help solve the problem the campaign is trying to address?

- Does it help achieve communications objectives?

A CLOSER LOOK: Reducing Costs of Health Communications

Communications campaigns require time and resources, but programs with limited resources can still create effective campaigns by finding ways to strategically reduce costs. Paid media can take up a large portion of the communications budget. To reduce paid media costs, teams can search CDC's *Media Campaign Resource Center* (MCRC) for ads that can be reused or adapted at a much lower cost than creating new ads. The MCRC also includes a list of "Ads in Cycle," which are currently on air and can be circulated without additional cost. Other paid media channels may be less expensive than TV, such as radio, print, and outdoors.[5] Supplementing with other low-cost strategies, such as getting free news coverage and sharing campaign messages on social media helps extend the reach of paid media.[1]

To keep costs down, the communications team can also try the following strategies:

- Reduce pretesting costs by using existing tools and a small, representative sample of the intended audience.[113]

- Identify a smaller, well-defined audience and strategically place ads where audience members will see them.

- Ask for bonus ad placements when buying from TV and radio stations, magazines, or billboard companies.[27]

- Ask for nonprofit rates from media agencies.[27]

- Coordinate health communications with partners and local coalitions to extend the reach of campaign messages.

- Engage community partners (*e.g.*, faith-based organizations and health care providers) who are connected to the intended audience.

- Work with partners to get needed expertise and resources, such as pretesting and evaluation tools, media buyer referrals, and lessons learned from their experiences with similar campaigns.[27]Reduce the number of goals, campaigns, or intended audiences to fit a program's funding situation.[1]

- Does it help deliver campaign messages?
- Are enough resources available to implement it?
- Can it be implemented by current communications staff or partners?
- Can it be measured as part of the campaign evaluation?

Dealing with Unexpected Challenges

Sometimes communications campaigns may experience unexpected problems. For instance, ads may not reach the intended audience, or audience members may not understand campaign messages.[101] The communications team can start by talking with audience members to figure out exactly what the problem is and how to fix it.[101] Other programs or coalitions that have experienced similar issues can also offer helpful advice. The Tobacco Control Network's *Help Your Peers* discussion board can connect staff with other state programs.[173]

When a campaign encounters unexpected challenges or opposition, existing partners can be the communications team's strongest allies. Communicating often with partners during campaigns will make sure they are aware of potential problems and are ready to help. Even when things are going smoothly, the communications team can keep partners engaged by sending them materials to share with their audiences, updating them regularly about the campaign, crediting their work in news releases, and involving them in campaign events.[29]

For more information on the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

Evaluating Health Communications

Evaluating health communications tells programs and partners if campaigns are going as planned and achieving goals.[27] Evaluating campaign progress by tracking activities helps determine if messages are reaching the intended audience and how to improve the campaign. This is sometimes called process evaluation. It can salvage an ineffective campaign by allowing the communications team to quickly respond to failing strategies. Evaluating campaign outcomes helps programs determine if objectives were met.[27] Communications staff can measure outcomes at different times throughout a campaign and look for changes in tobacco use knowledge, attitudes, and behaviors.

To evaluate health communications, the communications team will collect different data about each media strategy. For instance, team members evaluate social media strategies by tracking followers and retweets. To evaluate the success of news coverage, they monitor the number of news stories about the campaign. **Table 6** on *page 50* includes sample measures for evaluating each health communications strategy.

Planning for Evaluation

There is seldom enough funding to answer all possible questions about a communications campaign. The communications team can develop an evaluation plan that matches the size and budget of the campaign by focusing on key activities and information necessary to inform future campaigns. Partners, funders, decision makers, and community members can also help programs decide how to use evaluation resources. To help decide what questions to answer, it is important that stakeholders understand what results can be expected.[73] Tobacco industry marketing, slow-to-change social norms, and the addictive nature of nicotine can limit the results of even the most well-planned, comprehensive campaign.[1,12] Learn more about evaluation planning in the CDC resource, *Developing an Effective Evaluation Plan*.[73]

Evaluating Paid Media

Evaluating paid media strategies helps protect a program's investment. The communications team can assess the effectiveness of paid media strategies by tracking exposure to ads and changes in audience awareness and behavior. Exposure to paid media ads is measured by gross rating points (GRPs). Learn how to calculate GRPs on *page 28*. Questions about how well the audience remembers an ad or how closely they paid attention to an ad also measure exposure.[174] Behavior change is measured by asking questions about actions such as calls to the quitline or encouraging a loved one to quit.

Evaluating Earned Media

Earned media evaluation gathers information about how a campaign is reported in the news media. One way to track news coverage of the campaign is by creating a media activity record. It outlines which media channels and news outlets covered the campaign or tobacco control issue.[175] It can also track the accuracy, slant, or bias of news stories.[176] For example, the Wisconsin Tobacco Prevention and Control Program's partners use an online activity tracker to report news coverage.[132] They record which media outlets covered their activities, the earned media strategies used (*e.g.*, letter to the editor), and when the stories were published.[132] For an example media activity record, see the Tobacco Control Evaluation Center's resources on *Reviewing Media Activity & Policy Records*.[176]

Evaluating Social Media

Social media evaluation gathers information about how programs use social media platforms to engage audiences. The communications team can review demographic data, location, language, login frequency, and device profiles to learn about the audience they are reaching through social media and adjust strategies. Many measures can be observed in real time, allowing for adjustments during a campaign. Many social media platforms have their own tools and metrics for tracking use (*e.g.*, Twitter Analytics and Facebook Insights). Tools like Google Analytics also help measure increased traffic to websites from social media channels.

Evaluating Program Communications

Evaluating program communications helps ensure that information reaches and is used by stakeholders. For example, programs can track the frequency of opened email messages and clicks on links to further action to assess stakeholder support. Programs can also monitor how visitors typically access their website and what content is most viewed through data collected by the website service provider or tools like Google Analytics.[137,154] Tools such as ForeSee measure user experience through a survey on the website. This information can help tailor communications to be most useful to partners.

Sample Evaluation Questions

Health communications evaluation can answer questions about the progress and outcomes of campaign strategies:

Evaluating Progress

- Is the campaign reaching enough people?[72]
- How is the audience responding to messages?
- Are activities being executed as planned and on schedule?[72]
- Should any adjustments be made because of political, social, cultural, or scientific developments?

Evaluating Outcomes

- Did knowledge, attitudes, or behaviors change as a result of the campaign?[27]
- Were new policies enacted as a result of the campaign?[27]
- Was the campaign cost effective?[2]

Did any unintended consequences occur as a result of the campaign?[72]

Table 6. Sample Measures for Evaluating Health Communications

Evaluation Type	Sample Measures
Measuring campaign progress	**Paid media (*e.g.*, TV, radio, print, digital, and outdoor ads)** • Average number of ads run per week on each paid media channel • Number of times ads aired on each channel • Number of local radio stations, magazines, and newspapers featuring ads • Number of Gross Ratings Points (GRPs) per ad • Average number of Spanish ads run per week on Spanish-language channels **Earned media (*e.g.*, news stories)** • Number of news stories about tobacco control or the campaign • Quality of news stories (*e.g.*, timeliness of the story, accuracy of the content, and influence of the newspaper) • Slant of media coverage (*e.g.*, positive, negative, or neutral) **Social media (*e.g.,* Facebook and Twitter)** • Number of referrals (*i.e.*, clicks to social media sites from search engines, blogs, or other sites) • Audience reach (*e.g.*, number of followers, fans, or sign-ups) • Audience engagement (*e.g.*, number of likes, shares, or comments) **Program communications (*e.g.*, websites, newsletters, and fact sheets)** • Number of website visitors and number of visits • Number of referrals (*i.e.*, clicks to websites from search engines, blogs, or other sites) • Time spent on a website by each visitor, measured in minutes and seconds • "Bounce" rate (*i.e.*, rate at which someone leaves a site after only viewing one page) • Conversion rate (*i.e.*, percentage of people who achieved a goal, such as filling out a form or opening an e-newsletter)
Measuring campaign outcomes	• Percentage of the intended audience that can accurately recall campaign message • Extent to which audience members believe that campaign messages were convincing, made them think about their actions, or prompted discussion • Increase in visits to cessation websites or calls to quitline • Adoption of policy • Percentage decline in tobacco use rates • Return on investment calculations (*e.g.*, cost per smoker who quit, cost per quality-adjusted life years saved (QALY))

Sharing Results

Sharing evaluation results shows stakeholders the value of health communications, improves future campaigns, and helps secure resources. Effective evaluation reports:

- Explain how the evaluation was carried out[2]

- Report progress toward communications objectives[2]

- Describe changes that can be made to improve future campaigns[2]

- Discuss social, cultural, and political influences on communications outcomes[2]

- Include program success stories[67]

When frequent updates are communicated to stakeholders, they can share campaign successes and adapt campaign strategies. Findings can be shared in written reports, presentations, online, in news releases, and in success stories. Learn more about sharing evaluation results in the CDC resource, *Developing an Effective Evaluation Report*.[177]

For more information on all of the topics covered in this section, visit the CDC Office on Smoking and Health's *State and Community Resources* web page.[63]

How Can Tobacco Control Programs Support Health Communications?

Effective health communications require coordinated efforts by state and community partners. Although communications campaigns may look different in each tobacco control program, programs can help support communications efforts by taking the following actions:

Administrative Support

➤ Create a communications plan to guide how strategies will be implemented to achieve tobacco control program goals.

➤ Ensure enough funding is in place to conduct all campaign activities, including hiring the communications team, conducting audience research, developing and pretesting materials, and implementing the campaign.

➤ Train local partners in health communications strategies, such as writing letters to the editor or speaking with the media.

➤ Evaluate campaign progress and outcomes and share results with partners.

Coordination & Collaboration

➤ Seek input from members of the intended audience when planning campaigns, developing content, and pretesting materials.

➤ Reach out to local coalitions and partners with similar goals to coordinate efforts.

➤ Share campaign materials with local coalitions and partners so they can give feedback and help promote a campaign or deflect opposition.

➤ Create an information-sharing network with local partners to share new scientific evidence and opportunities to promote campaign messages.

➤ Educate decision makers on the importance of health communications.

Florida Case Study

Tobacco Free Florida uses social media to engage and connect with audiences.

State program uses social media to support hard-hitting ads

In 2010, the tobacco control program of the Florida Department of Health, Tobacco Free Florida (TFF), began airing a hard-hitting campaign about the devastating effects of tobacco use. During planning, the team agreed that they needed a positive counterpoint to the serious tone of campaign ads. They decided to use social media to complement the paid ads.

TFF's first step was to define the role that social media would play in achieving overall campaign goals. The team decided that they wanted to focus on the positive health outcomes of quitting, raise brand awareness, and drive people to the program's website.[136] Led by former acting Bureau Chief Gregg Smith, the team began a well-funded Facebook and Twitter messaging campaign in 2013. The campaign offered useful resources and a supportive community to help Floridians quit. It featured original content posted in real time, frequent interaction with audience members, and close monitoring of campaign outcomes. On average, the campaign published 61 Facebook posts and 220 tweets per month in 2013.[152] To carry out this extensive effort, the communications team included tobacco control program staff and media professionals who developed materials, made media buys, and managed social media engagement.

Tobacco Free Florida focuses on creating content to boost audience engagement

The primary focus of TFF's social media strategy was on developing unique content to bring users to the program's pages and keep them interested. The team planned social media content well in advance using a detailed calendar of scheduled posts. The schedule ensured that they posted original and relevant content every day to maintain high levels of audience engagement. Reusing the most successful content is a good strategy, but the team cautions that social media efforts work best when they include new content. To keep audiences engaged, they created posts related to

upcoming health observances, holidays, and events; developed mini-campaigns on specific topics; and shared content from tobacco control partners.[178]

Along with these planned posts, the TFF team responded to news and trends by creating social media content in real time. Social media communications are unique because audience members not only interact with the program, but also communicate with one another. The team researched what conversations were trending and then created posts on those topics.

Relevant content tailored for specific audiences keeps the audience engaged

The campaign's social media pages attracted a wide variety of individuals, including passionate tobacco control supporters, people interested in quitting, and people with family members or friends who were trying to quit. The team focused on creating content that was relevant to each of its multiple audiences. Ian Abrams,

TFF Facebook post about the fall season

TFF's media agency contractor, said, "Your audiences are all looking for different kinds of content, so balancing your community and interacting with them on an issue like tobacco control is pretty complicated. It really does require a deep understanding of the variety of audiences you are talking to."

> " Audiences are all looking for different kinds of content, so balancing your community and interacting with them on an issue like tobacco control is pretty complicated. It really does require a deep understanding of the variety of audiences you are talking to. "
>
> — Ian Abrams

Tobacco Free Florida interacts with followers to manage the online community

Implementing their social media strategy taught TFF that simply creating and posting content for each audience is not enough to keep them engaged with the campaign month after month. Keeping the different communities engaged took daily attention. The communications team encouraged followers to quit smoking, congratulated them on their successes, and responded to those looking for information with helpful resources. A supportive online community was important so that followers felt welcome and kept coming back.

According to TFF, audiences do not naturally communicate on tobacco control program social media pages. Most conversations about tobacco use happen on other pages and sites. It is important to find people where they gather online and engage them there. Exploring social media pages where people discuss broader public

health issues, such as groups about smoking-related illnesses, helped grow the campaign's audience.

Tobacco Free Florida uses data analytics to assess social media impact and refine its strategy

The communications team continuously collected and analyzed information about its social media strategies. Team members used Facebook Page Insights and Twitter Analytics to look at a variety of metrics, including Facebook likes, comments, and shares and Twitter tweets and retweets. The team reviewed social media metrics monthly and adjusted campaign strategies to include more relevant content and expand the campaign's reach. Lacoadia Burkes, TFF's marketing manager, said, "Everything we do is backed by tobacco control best practices and social media analytics."

TFF's close monitoring of the campaign worked: in 2013, Florida had the highest level of audience engagement on social media of any state health department, measured by likes, comments, shares, and retweets.[152] The team continues to build on its success with new social media approaches. Team members focus on staying up to date on social media trends and best practices so that they are always creating new and relevant content.

> " Everything we do is backed by tobacco control best practices and social media analytics. "
>
> — Lacoadia Burkes

North Carolina Case Study

The North Carolina Tobacco Prevention Control Branch fights tobacco-related disparities by launching a digital communications campaign.

State program uses CDC funding to reach LGBT smokers

The North Carolina Tobacco Prevention Control Branch is always seeking ways to reach North Carolinians with tobacco control messages, but its very limited budget often requires creative, low-cost approaches to health communications. When the Branch learned that a small amount of CDC funding would be available for a communications campaign, they realized the funds could have a greater impact if they focused on a smaller, high-risk group rather than the general population. Knowing that the state's LGBT population had a high smoking prevalence, program staff had already begun building relationships with this community. They also had data that showed that their typical health communications were not increasing quitline calls from LGBT smokers. They decided to use the CDC funding to focus on the LGBT population. In January 2015, the Branch launched a communications campaign to reach LGBT smokers using CDC's existing *Tips From Former Smokers*® digital campaign ads.

Campaign reuses *Tips From Former Smokers*® ads focused on LGBT population

To plan the campaign, the Branch worked with the state health department's media buyer. Together, they focused on reaching residents of urban areas who were interested in LGBT issues, smoking, entertainment, nightlife, or alternative lifestyles. They used two *Tips*® ads featuring members of the LGBT population who were hurt by tobacco use. One ad featured Brian, a former smoker with HIV. The other ad featured Ellie, who suffers from asthma due to secondhand smoke exposure. The first campaign media buy included an equal mix of web-based banner ads and smartphone ads. Each ad was tagged with the state quitline number.

"We did not have a lot to spend, but we knew we had these great assets—*Tips*® ads that were LGBT-specific. We had been looking for an opportunity to use the Brian and Ellie ads," said Ann Staples, Director of Public Education and Communication.

> " We did not have a lot to spend, but we knew we had these great assets—*Tips*® ads that were LGBT-specific. We had been looking for an opportunity to use the Brian and Ellie ads. "
>
> — Ann Staples

With a relatively small investment of $8,000, the two-month campaign resulted in 1.75 million page views and 2,000 ad click-throughs to QuitlineNC.com.[65] QuitlineNC online activity during the campaign increased by over 45% compared to the previous year.[65] During the second month of the campaign alone, calls to the quitline from LGBT smokers increased by 7%.[65] The ads that generated the highest volume of click-throughs were on websites such as Pandora, Hollywood Life, OK Cupid, Answers.com, and OpposingViews.com.[65] Staples said that for the investment, the reach of the digital media strategy was far greater than the program could have achieved by running ads in North Carolina's LGBT newspaper.

The Branch placed Brian's Tip and Ellie's Tip digital ads from CDC's "Tips®" campaign on mobile and desktop websites   Source: CDC MCRC

Close monitoring led program to shift strategies mid-campaign

A major advantage of using digital media channels was that campaign progress could be monitored daily. Halfway through the campaign, the media buyer alerted program staff that smartphone ads were outperforming web-based ads by nearly two-to-one. The team decided to stop web-based ads and shift all of the campaign resources toward smartphone ads. Staples said, "Mobile ads are really powerful. People are so connected to their phones, and they are more likely to click through on mobile ads."

> " Mobile ads are really powerful. People are so connected to their phones, and they are more likely to click through on mobile. "
>
> — Ann Staples

North Carolina's low-cost strategy serves as model for other state tobacco control programs

The success of North Carolina's digital ads shows that even with limited funding, programs can deliver effective health communications campaigns. Staples reports that they plan to use digital ads again, potentially with different audiences. She also cautions that while programs can pay to place ads on digital channels, it is important to continue using traditional media channels. Many people, including decision makers, still read news coverage, so writing letters to the editor and Op-Eds are important activities. Viral digital content is often first published by traditional media outlets like newspapers and magazines.

Why Invest in Health Communications?

Health communications are powerful tools to prevent tobacco use initiation, promote cessation, and shape social norms.[1] They reach large audiences to shape population-wide patterns of tobacco use and counter the tobacco industry's extensive advertising and promotion efforts. Tobacco control programs and partners can use the information in this section to educate decision makers and other leaders about the important role that health communications play in a comprehensive tobacco control program.

History and Adoption

The first U.S. tobacco control communications campaigns aired on TV from 1967 to 1971, after the Federal Communications Commission required stations to devote free airtime to opposing views on topics of public interest.[3] These early ads showed the first evidence that campaigns can reduce cigarette consumption and led to the development of more campaigns, including the first statewide campaign in 1986.[5] Since then, state and national communications campaigns have become widely used to reduce tobacco use and increase cessation.[3,5,31]

As the evidence for tobacco control communications continued to build, national reports encouraged their use. The National Cancer Institute's 2008 *Monograph 19* and the 2012 Surgeon General's Report, *Preventing Tobacco Use Among Youth and Young Adults*, concluded that communications campaigns reduce tobacco use among adults and prevent youth initiation.[3,5] The 2014 Surgeon General's Report, *The Health Consequences of Smoking—50 Years of Progress* and CDC's *Best Practices 2014* added new evidence for health communications.[1,11] Communications campaigns are also included in the World Health Organization's *Framework Convention on Tobacco Control* and *Healthy People 2020*, a set of national objectives for health promotion and disease prevention.[21,22]

Health communications have expanded in recent years to include websites, social media, and other digital media. Launched in 2012, CDC's national tobacco education campaign, *Tips From Former Smokers®* (*Tips®*), integrated digital ads, social media, and a website with traditional channels.[23]

Scientific Evidence

Strong evidence indicates that mass-reach health communications reduce tobacco use among youth and adults,[3,4,5,6,7,8] increase quit attempts,[6,8] increase use of cessation services,[1,4,5,7] and prevent youth initiation[1,4,5] when part of a comprehensive tobacco control program. They can also reduce the likelihood of relapse among people who quit.[9] California, New York, and Massachusetts, among others, have shown that state-level communications campaigns are effective tobacco control strategies.[6,17,31]

Communications campaigns help achieve other important tobacco control goals, including changing attitudes toward tobacco use and raising awareness about the dangers of secondhand smoke.[4] For example, CDC's first 12-week *Tips®* campaign in 2012 prompted 6 million people to start talking about the risks of smoking and 4.5 million people to encourage family and friends to quit.[24]

Cost

Tobacco is the leading cause of preventable death and disease in the United States.[11] Cigarette smoking alone resulted in approximately $175.9 billion in health care costs in 2013 and approximately $150.7 billion in annual productivity losses.[11] Health communications have been a key strategy to reduce the high cost of tobacco use. For example, from 2000 to 2002, the national *truth*® campaign cost $324 million and saved $1.9 billion in health care costs.[14] In 2012, CDC's *Tips*® campaign cost $48 million and prompted 100,000 smokers to quit for good, which is estimated to have prevented over 17,000 premature deaths.[15]

Communications campaigns can have even greater returns on investment when they are part of a well-funded comprehensive tobacco control program. A combination of strategies is more effective than any single strategy.[5] For example, California's program combines state and community interventions with media campaigns and technical assistance. The program cost $2.4 billion over 10 years but saved $134 billion in health care costs.[1] Washington combined program, community, and media efforts and saved $5 for every $1 spent.[179]

When communications funding is cut, progress toward tobacco control goals can be halted and downward trends in smoking rates can be reversed.[32,180] For example, the 1998 Florida *truth* campaign reduced youth smoking by 35% in just three years.[32] Funding cuts eventually caused the campaign to end, and by 2006 smoking among youth had increased by 21%.[32] Following a funding cut to the Minnesota tobacco control program that ended the *Target Market* campaign, youth susceptibility to smoking increased by nearly 10% in just a few months.[181]

Sustainability

Health communications help create lasting public health improvements by preventing tobacco use initiation and increasing cessation.[11] Communications campaigns can also change social norms about tobacco use and secondhand smoke exposure.[11] Changing social norms is the most effective way to sustain behavior change.[1,11]

Communications also strengthen other efforts of comprehensive tobacco control programs. They can increase awareness of other strategies, such as smoke-free housing.[11] Communications materials tagged with a quitline number or website also increase use of cessation services.[4] Successful campaigns can be replicated by other communities.[2]

Health communications spread messages to a broad audience. Campaigns educate the public and decision makers about the harms of tobacco use and secondhand smoke. Coalition partners and community leaders who become involved in the campaign can extend the reach of these messages and increase their own commitment to sustaining efforts. Communications strategies can increase public support for strong tobacco control policies and programs and build momentum for long-term change.[5,11] Effective campaigns also help make the case for continued support of tobacco control.

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CDC, Health Communication Basics: What is Health Communication?
http://bit.ly/cdc_healthcommunication

CDC, Media Campaign Resource Center
http://www.cdc.gov/tobacco/media_campaigns

CDC, Public Health Image Library
http://phil.cdc.gov

CDC, Smoking & Tobacco Use Podcasts
http://www.cdc.gov/tobacco/podcasts

CDC, Social Media Resources
- *CDC Tobacco-Free Social Media Toolkit*
  http://bit.ly/cdc_socialmediatoolkit
- *Facebook Guidelines and Best Practices*
  http://bit.ly/cdc_facebookguidelines
- *Twitter Guidelines and Best Practices*
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CDC, State and Community Resources
https://www.cdc.gov/tobacco/stateandcommunity

CDC, *Tips From Former Smokers®*
http://bit.ly/cdc_tips

Claritas, MyBestSegments
http://bit.ly/claritas_segments

ETR, Tobacco Education Clearinghouse of California
http://www.tecc.org

Facebook, Oklahoma Tobacco Settlement Endowment Trust Engagement Policy
http://bit.ly/oktset_policy

FDA, Tobacco Products
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  http://bit.ly/fda_freshempire
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