
Smokefree Oregon's New Campaign Webinar

November 30, 2023

Health Promotion and Chronic Disease Prevention Section
Oregon Public Health Division

SMOKEFREE
oregon

Oregon
Health
Authority

Zoom Reminders



We love seeing faces!



Check your mute button.



Use chat, hand raise, and clapping features.



We're here to learn together and connect.



We welcome all your questions!

Smokefree Oregon's New Campaign Webinar

November 30, 2023: 9:00 a.m. - 11:00 a.m.

- I. Welcome!
- II. Addressing Commercial Tobacco (ACT) Advisory Committee Background
- III. Campaign Timeline
- IV. Impact of Mass Media Campaigns to Build a Movement
- V. Campaign Strategy
- VI. Testing Process
- VII. Break
- VIII. Findings: Creative Concept, Messaging, Calls-to-Action
- IX. Evaluation
- X. Discussion/Q&A
- XI. Next Steps and Close-Out

Health Promotion and Chronic Disease Prevention Section
Oregon Public Health Division

Addressing Commercial Tobacco (ACT) Advisory Committee Background

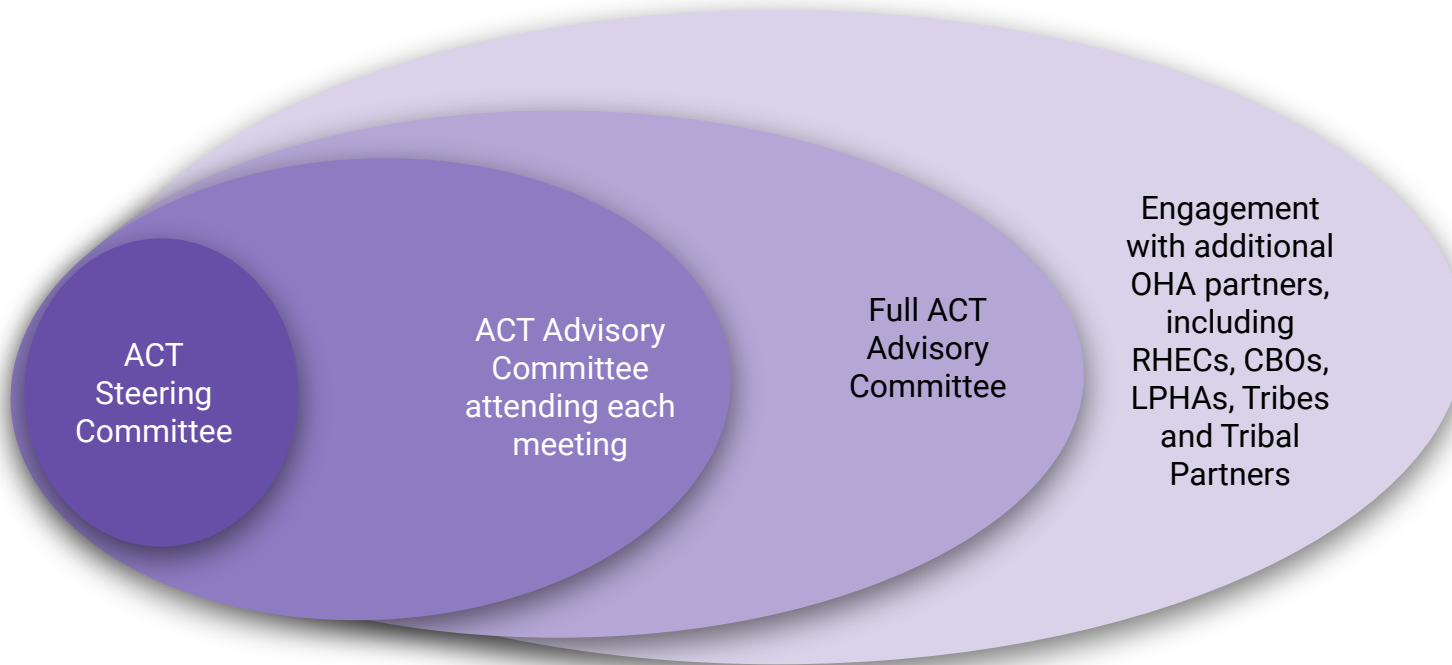
Background: Why does this work matter?

- We're fighting commercial tobacco marketing and the impacts it has on our communities
 - Every day, the tobacco industry spends **more than \$1 million in Oregon** to market its deadly products.
 - Oregon Health Authority is funded to fight that marketing in many ways, including mass-media (advertising campaigns).
 - The goal is to keep the pressure on the industry and demonstrate the ways we -- together -- can stand up to big tobacco and help people quit.
 - Campaigns like this have worked in the past to support prevention actions and encourage people to quit.
 - Now, OHA has resources to work with partners to create a new campaign designed by communities.

Background: The Vision and Mission of the Addressing Commercial Tobacco (ACT) Advisory Committee

- Engage partners from across the state to collaborate on a community-driven development of a new mass media (advertising) campaign:
 - Highlight community strengths that hold off the tobacco industry
 - Help people NOT reach for commercial tobacco
- We invited community-based organizations (CBOs), local public health authorities (LPHAs), Regional Health Equity Coalitions (RHECs), and Tribes and Tribal organizations across the state to participate.

ACT Collaboration, Roles and Input Points



Key decision points, voted on at monthly committee meetings:

- Goal and objectives
- Audiences
- Campaign theme
- Creative concepts for testing
- Testing methods
- Final creative concept
- Campaign strategy and media buy
- Evaluation criteria
- Final campaign evaluation and implications

ACT Collaboration, Roles and Input Points

ACT Advisory Committee

- ~25 members from local public health authorities and community-based organizations
 - Members self-selected, based on invitation from OHA to participate
- Facilitated by representatives from Oregon Health Authority and Metropolitan Group, each of whom have opportunity to weigh in on decisions

ACT Steering Committee

- Two members from community-based organizations
- Two members from local public health authorities.
- Facilitated by representatives from Oregon Health Authority and Metropolitan Group, each of whom have opportunity to weigh in on decisions



**Thank you ACT Advisory Committee and
Steering Committee!**

ACT Advisory Committee & Steering Committee

Anna Yelsukova
Slavic Community Center of NW

Ariana Miller
Hood River County

Cade Gorham
Center for Human Development

Caitlin Denning
Yamhill County

Casey Moore
Oregon Spinal Cord Injury Connection

Conor Foley
Marion County

Conor Luby
4D Recovery

Dani Crabtree
Linn County

Derek Smith
Multnomah County

Emily Taylor
Multnomah County

Greyson Buen
4D Recovery

Hannah Zhang
Healthy Klamath

Irina Turceanu
Jackson County

Jack White
Bay Area First Step

Jackie Leung
Micronesian Islander Community

Jasmine Gerraty
Deschutes County

Jenee Henderson
Umatilla County

Jessica Kosydar
Columbia County

Jessica Neuwirth
Deschutes County

Kamryn Brown
Clackamas County

Karen Ard
Deschutes County

Karima Homman-Ludiyé
Oregon Spinal Cord Injury Connection

Leialoha Ka'ula
Hawaiian Civic Club

Lisa Fisher
Josephine County

Michael Quiring
Lane County

Miranda Hill
Klamath County

Misha Marie
ARC of Benton County

Mitchell Kilkenny
Douglas County

Neita Cecil
North Central Public Health
District

Rocio Munoz
Benton County

Shannon Brandes
Lane County

Suzanne Beaupre
Columbia County

Terresa White
Multnomah County

Theresa Nguyen

Vania Penaloza
East County Community Health

Steering Committee Members

Tobacco Prevention in Oregon

Collaboration between CBOs, LPHAs, RHECs, Tribes and Tribal Organizations and OHA*

Goal: Oregon is free from the harms of commercial tobacco

Outcomes:

Root causes are clearly seen and addressed

Community strengths are centered and uplifted

Commercial tobacco is not marketed, sold or used in Oregon

Smokefree Oregon

Shift policies to change social, norms and environments, and to hold the tobacco industry accountable.

- LPHA activities
- CBO and RHEC activities, power and capacity building to advance policy; advising LPHAs and OHA to create community-informed policy
- OHA: Data, communication; statewide policy (menthol, flavors); Industry accountability (Tobacco retail licensure program); TA to grantees

Support efforts to address root causes of commercial tobacco use.

- CBO and RHEC activities
- OHA: TA to grantees; collaboration across state agencies + with Healthier Together Oregon

Provide culturally-specific cessation support.

- CBO activities (including youth focus, filling gap in statewide work)
- Tribes with OHA: Native Quit Line
- OHA: Oregon Tobacco Quit Line
- OHA: Youth cessation line

Engage the public—and champions—in continuing to build the tobacco-free movement

- OHA: Smokefree Oregon website, social media
 - Facts and impact (including root causes)
 - Ways to engage
 - Celebrate success
 - Access quit resources
- CBO/LPHA/OHA: ACT paid media campaign provides visibility and calls to action
- CBO/LPHA/OHA: Grantee videos provide visibility and understanding
- OHA: Tools and TA support for CBOs, LPHAs, OHA to be part of SFO

* CBOs = community-based organizations

LPHAs = local public health agencies (county public health)

RHECs = Regional Health Equity Coalitions

OHA = Oregon Health Authority

ACT Campaign Steps

Updated November 2023

February

Goal and focus

Build relationships
Clarify timeline
Determine campaign focus
Define guiding questions

March

Campaign approach

Set agreements
Define goals
Brainstorm approach

April

Big idea brainstorm

Develop initial strategy

Approve strategy
Brainstorm big ideas

May

Big idea vote, initial planning

Build out big ideas

Select ONE big idea
Identify calls to action
Brainstorm how to bring big idea to life

June

Finalize creative concepts and plan outlines

Develop creative concepts for selected big idea
Develop research/testing outline

Discuss creative concepts + messages and calls to action
Discuss research/testing

July-Nov

Testing and final creative concept

Finalize and test concepts
Draft campaign plan
Draft evaluation outline

Support testing and analysis
Refine evaluation plan
Campaign Webinar

Dec-Feb 2024

Production

Create all campaign materials

Refine campaign plan—including website
Prepare for the campaign

Feb/March-April 2024

Launch and run

Monitor, adapt

Participate; provide input from the field

May-June 2024

Evaluate

Evaluate

Evaluate, document, celebrate

MG / OHA

Committee

**Some of you may be asking, “Why even
do a mass media (advertising)
campaign?”**

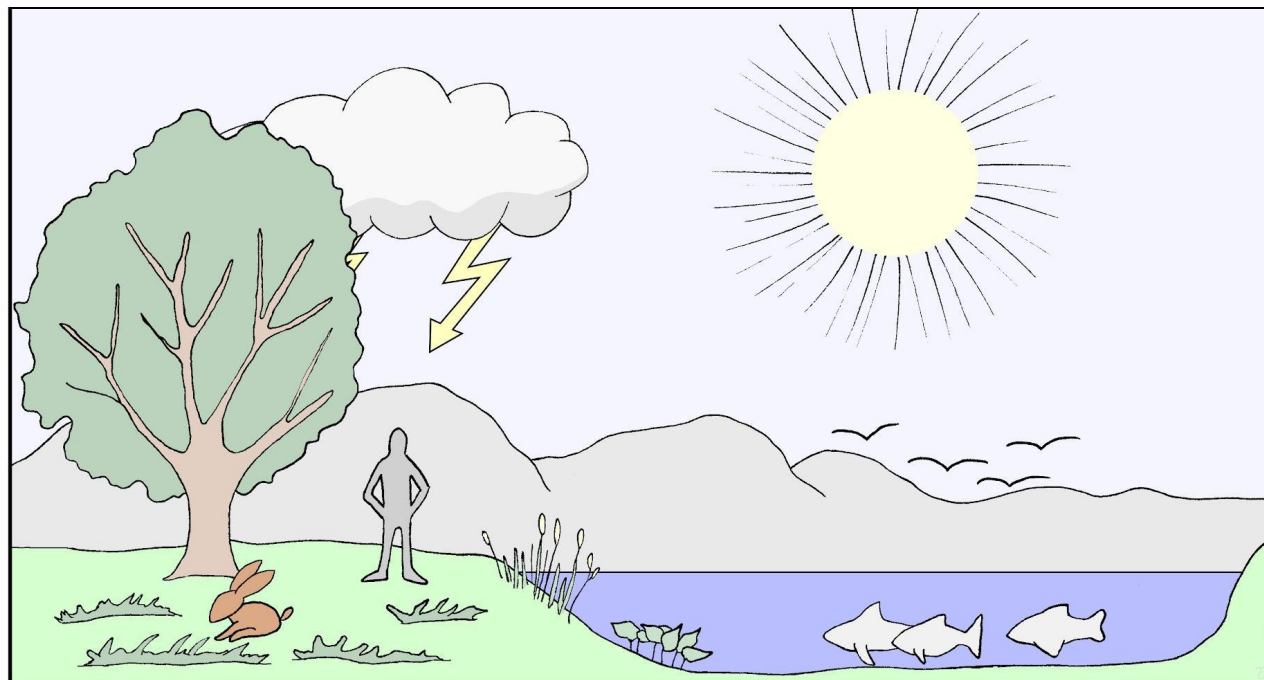
Let's talk ecosystems

Sun: Local work happening (all the activities partners are doing and more)

Storms: Shifts in the political or cultural environment

Trees: Additional local or specific campaigns/initiatives

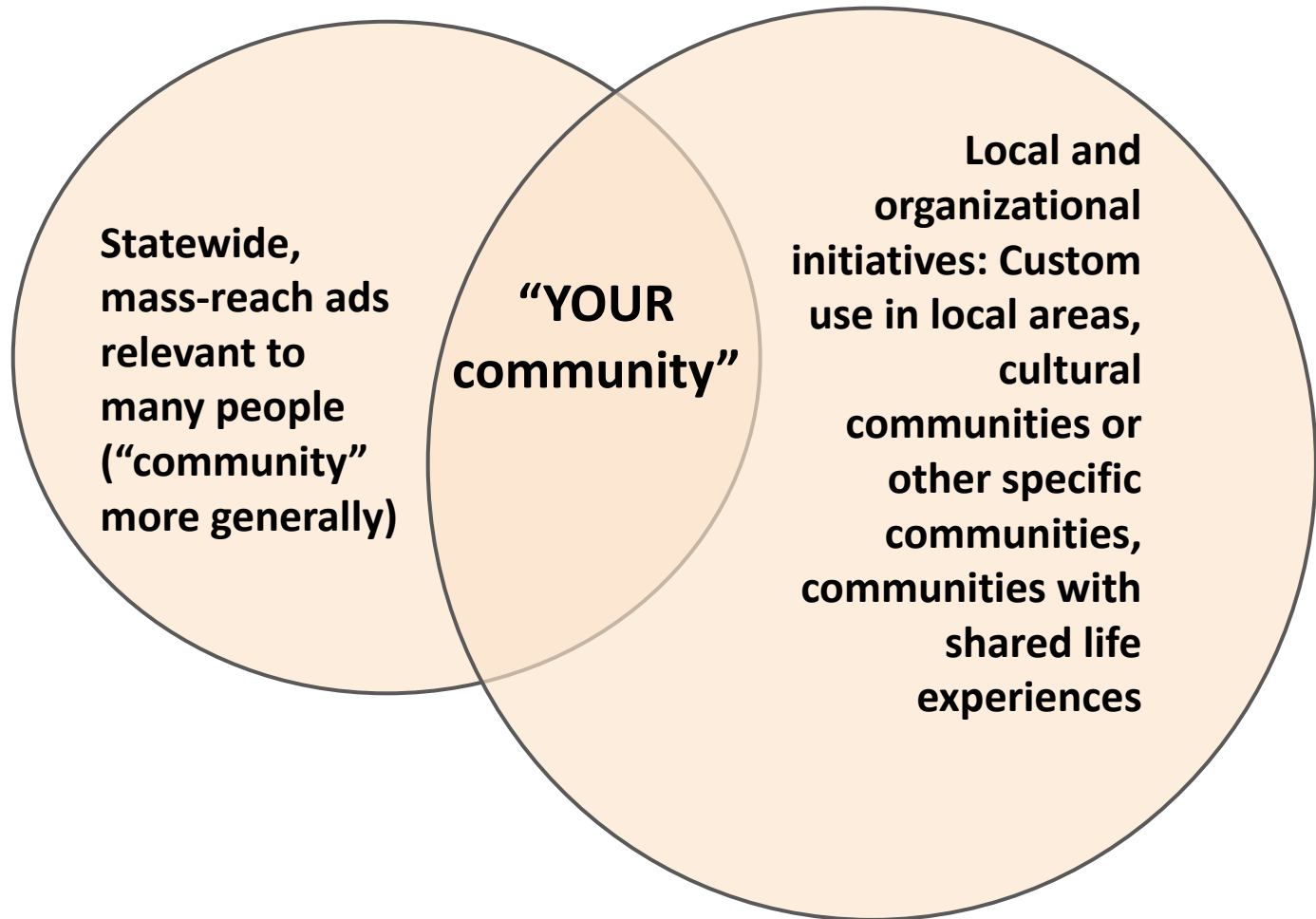
Soil: Statewide communications and counter marketing



Mass media to build a movement across communities

The campaign creative will be applied in two ways—general statewide presence + customized local options.

The combination will help everyone see “YOUR community.”



Campaign Strategy

Campaign Strategy

Goal—*the change we hope to create*
**Tobacco is seen as a shared, community issue—
and people take part in community solutions**

Outcomes:

Steps we will measure to show we're getting to the goal

- Deep impact of commercial tobacco is visible
- People see how to prevent commercial tobacco use
- The diversity of community strengths and solutions are visible
- People are encouraged and supported to quit, in community, and replace the role tobacco plays in their lives

Audiences

Who we need to engage

- People seeking community, across communities
- People who use tobacco
- Community influencers and leaders (faith, business, elected officials)
- Youth influencers (social influencers, youth advisory councils)

Commitment: Be fully inclusive for and accepting of all people, including those who use tobacco.

Research and Testing

Research & Testing: Overview

Purpose:

- Gather input to help refine creative concept and messages, and to inform final selection
- Identify current attitudes, understanding, and/or behaviors—so we can measure any changes as a result of the campaign

Approach:

- Mix of research methods: Focus Groups, Survey, Interviews
- Test creative concepts, draft message framework, and calls to action
- Measure “pre- and post- exposure” answers to see if the concepts create any shift in attitude, understanding, or intention to act

Research & Testing: Research methods

Focus Groups (Qualitative Research): Help select creative concept and messages

- Six, 90-minute focus groups of 8-10 people each
- Online (via Zoom)
- Ensure participation from people who disproportionately affected by tobacco use and/or targeted by the industry + people who use, or have quit, tobacco

Survey (Quantitative Research): Refine creative concept and messages

- Statewide, Online, 500 adults
- Oversamples:
 - 100 oversample Latino/a adults
 - 100 oversample Black and African American adults
 - 100 oversample Native American / Alaskan Native adults
 - 100 oversample adults at/under 200% of the federal poverty level
 - 100 oversample adults who currently use commercial tobacco products
 - 100 oversample adults living with a disability

Input from partners and collaborators in tobacco prevention and related work

- Ongoing committee guidance
- Ongoing engagement of full grantee group (CBOs, county public health)
- During research phase: Discussions with Regional Health Equity Collaboratives, other groups supporting communities most targeted and impacted

Research & Testing: Focus Groups

Focus groups make up:

- Group 1: 18-26 years old
- Group 2: Attentive (voters, volunteers, engaged in community)
- Group 3: Less attentive
- Group 4: BIPOC-only
- Group 5: Rural residents
- Group 6: People who use tobacco

For all groups:

- Payment to each participant in order to compensate them for their time.
- Recruited a mix of incomes and gender identities. Except for the BIPOC group, recruited a mix of all races and ethnicities.
- Ensured LGBTQ representation in multiple groups.
- Ensured people with disabilities were included in multiple groups.

Research & Testing: Survey


Demographics of Oregon Adults



Age		
Under 30	20	
30-39	18	
40-49	16	
50-64	24	
65+	22	




Gender		
Man	47	
Woman	51	
Nonbinary	2	




Ideology		
Liberal	35	
Moderate	29	
Conservative	27	




Region		
Portland Metro	43	
Upper Willamette Valley	27	
Coast	11	
East	18	




Education		
High school or less	21	
Post-H.S. / Some College	42	
College graduate	23	
Post-graduate	13	




Race/Ethnicity		
White	76	
Black/African American	4	
Hispanic/Latino/a	13	
Asian American or Pacific Islander	6	
Native or Indigenous American	3	
Middle Eastern/North African	1	




Urbanicity		
Urban	42	
Suburban	28	
Rural	29	




Parental Status		
Parent	27	
Childless	72	



Marital Status		
Married	39	
Unmarried w/Partner	14	
Single	24	
Separated/Divorced	17	
Widowed	5	



Sexual Orientation		
Gay or lesbian	3	
Straight/heterosexual	83	
Bisexual	8	
Other	3	

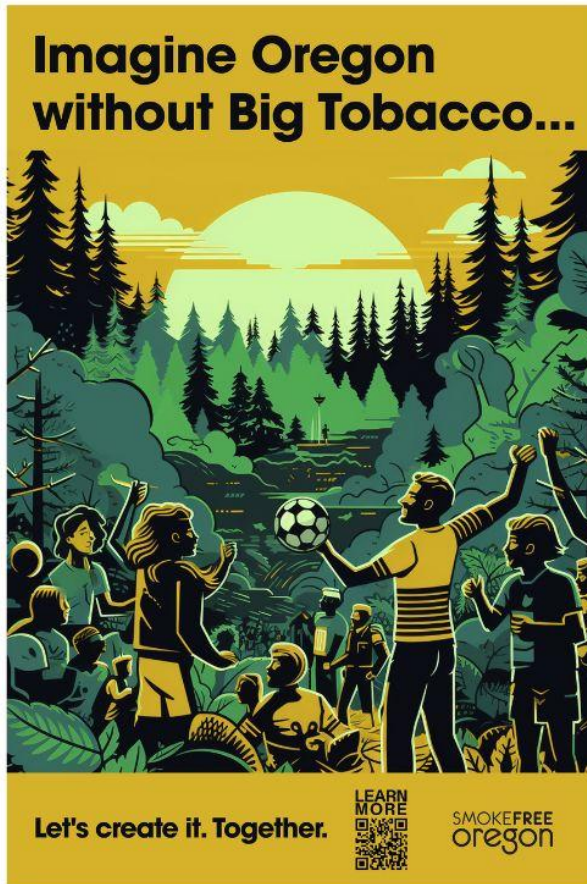


Disability		
Yes, myself	29	
Yes, family member	31	
Yes, close friend	15	
No/Not sure	32	

Concepts, Messaging, and Calls-to-Action

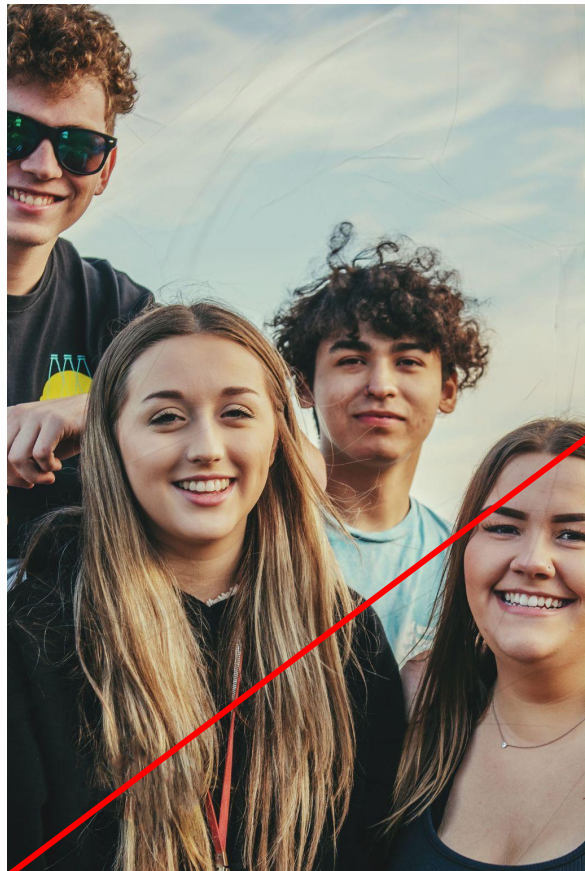
Creative Concepts for Testing

Concept: Imagine (C)



Concept: Love our communities (D)





**WE HELP OUR
FRIENDS QUIT
VAPING BY
STAYING QUIT
OURSELVES.**

**We all have a role in keeping
our community tobacco-free.**



**Learn
more**

**SMOKEFREE
oregon**

Concept: We see/they see (E)

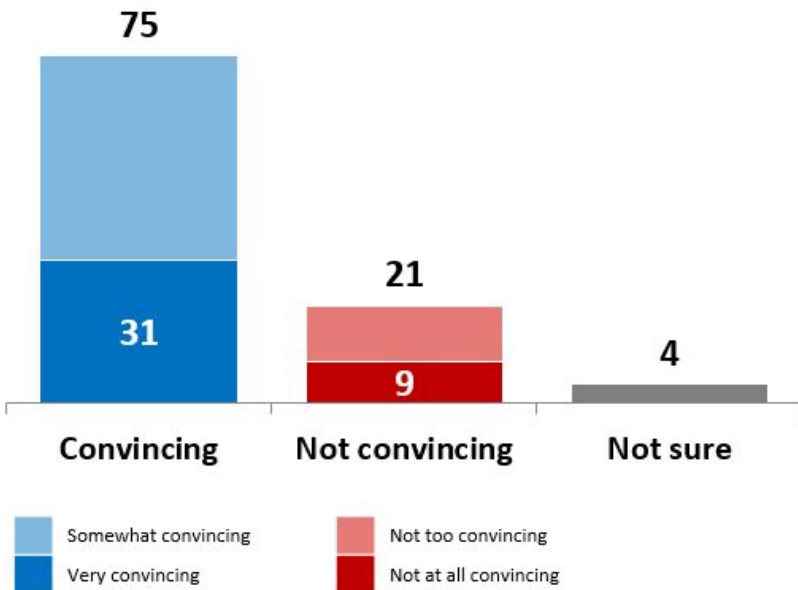


Testing Results

Key findings

- People conceive of “community” as a group of people who share common interests or attitudes, not just a place
- Oregonians are more likely to think it’s important to address “Big Tobacco” than to address the issue of “tobacco”
- The impact of tobacco is primarily seen through a health lens
- People believe that the industry targets certain people and communities (with the exception of LGBTQ)

Key findings: Messaging tests strongly



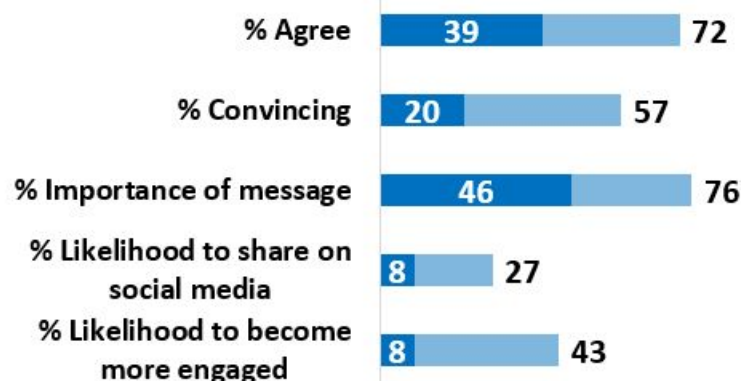
No matter how you define it, community is important to each of us in our own way. Our communities connect us to where we live, to our culture or history, to what we love to do, and to each other.

Big Tobacco affects all of our communities, whether we use its products or not. It poisons our air and water, takes the lives of people we love, and costs people and businesses in our state billions of dollars every year. The impact can be even worse on people and communities targeted by tobacco companies: people who are stressed or struggling to make ends meet; children and young people trying to fit in; Black, Indigenous, and people of color; and people trying to quit.

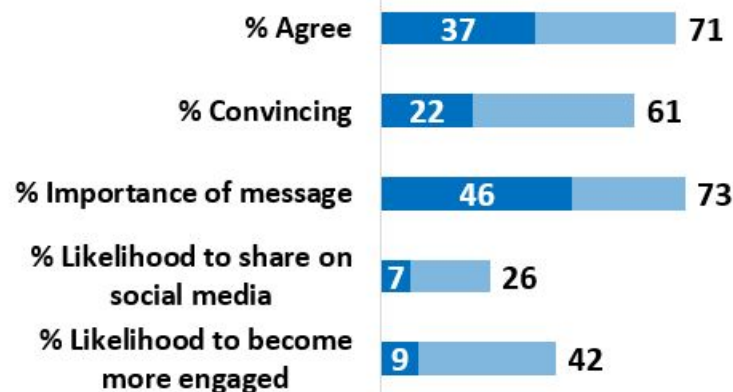
Working together—and doing what we can on our own—we can help create communities free from the harms of tobacco. By supporting people trying to quit and encouraging kids not to start. By finding new ways to be together that don't involve tobacco. And by supporting efforts to hold the tobacco industry accountable for the harm it causes. Visit SmokefreeOregon.com to learn how tobacco affects your community and what you can do about it.

The *Imagine* ad concept and the *We See/They See* ad concept are tied on every measurement.

Imagine Ad Concept*



We See/They See Ad Concept*



*split sampled

Darker colors indicate intensity

The subgroups with the most intense agreement are:

Imagine Ad
Concept*



- People who intend to quit in next 3 months 67%^
- Latino/a^ 55%
- Liberals 53%
- Parents 51%
- People with a disability 50%
- Women who have never used tobacco^ 49%
- People aged 30-39 49%
- Married people 48%
- People who have family members with unhealthy substance use 48%
- White college-educated people 46%

We See/They
See Ad Concept*



- Moderate women^ 61%
- Parents 52%, especially moms^ 58%
- Women who have never used tobacco 56%
- People who have tried to quit in past 12 months^ 52%
- Women 50 and over^ 49%
- White college-educated people^ 49%
- Large city dwellers 47%
- Unmarried women 47%
- Portland metro dwellers 46%
- White women 45%
- Older liberals^ 45%

Sorted by strongly agree

*split sampled. ^note small sample size

The subgroups who are most likely to be very convinced are:

Imagine Ad
Concept*



- People who intend to quit in next 3 months^ 45%
- People aged 30-39 34%
- Women who are current tobacco users^ 32%
- People who have tried to quit in past 12 months^ 32%
- Liberal women^ 29%
- Parents 29%

We See/They
See Ad Concept*



- People who have tried to quit in past 12 months^ 43%
- Latino/a^ 38%
- Moderate women^ 36%
- Older liberals^ 35%
- Moms^ 35%
- Very liberal^ 34%
- Older women^ 33%
- Large city dwellers 31%

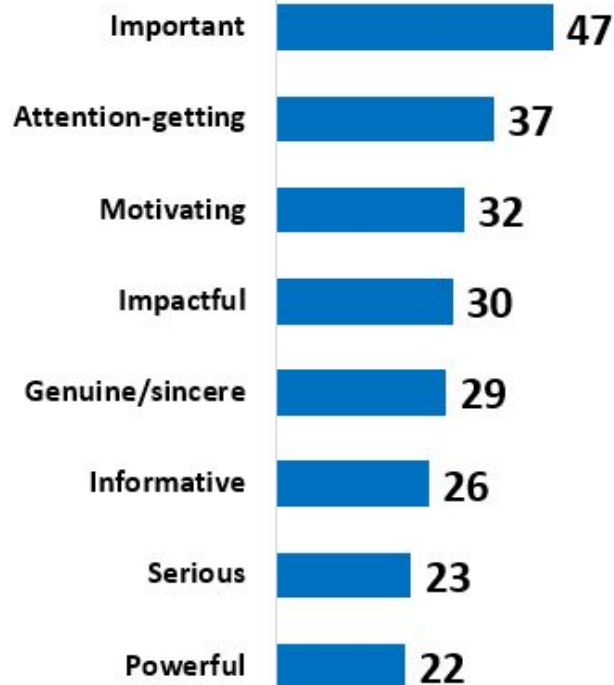
Sorted by very convincing

*split sampled. ^note small sample size

Key findings: *Imagine* performs best overall

- 72% agree/39% strongly
- 76% say it's important/46% very important
- 57% find it convincing
- 43% are more likely to engage
- 27% are likely to share
- Reflects strength-based framing

How would you describe this ad concept to someone you know?



Key findings: Calls to action

How motivated are you to take the following actions?



*split sampled

Key findings: Calls to action

How motivated are you to take the following actions?

Visit SmokefreeOregon.com.



Participate in a community conversation about the harms of tobacco and what can be done to address it.



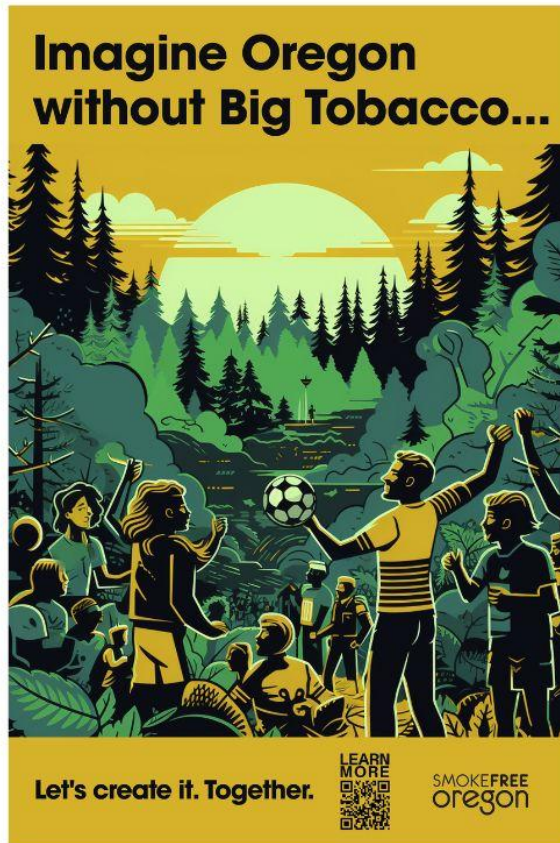
Sign up to receive updates and alerts about actions you can take to help make your community tobacco-free.



Follow a tobacco-free campaign on Facebook, Instagram, TikTok or other social media.



Looking ahead...



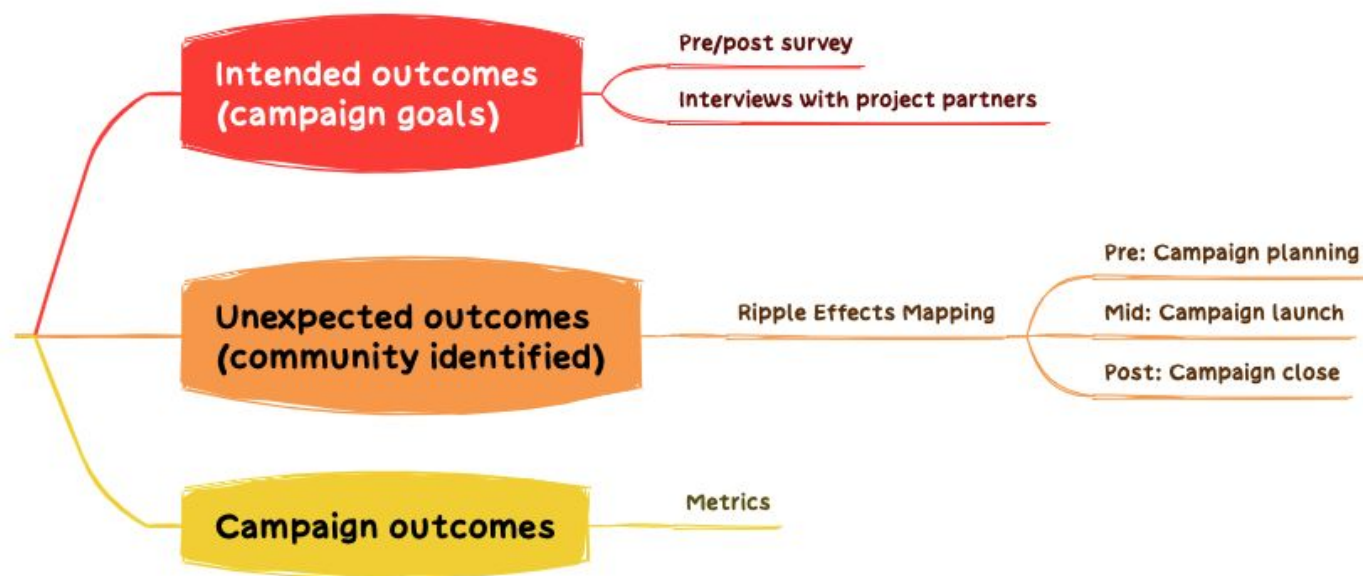
Why “Imagine”?

- Focus Group and Survey findings showed that people generally feel skepticism and cynicism when thinking about addressing the harms of Big Tobacco in Oregon, making it challenging to visualize an Oregon without the harms of Big Tobacco
- “Imagine” may increase awareness of what it looks like to live in an Oregon without Big Tobacco. It centers on the values of hope, community strengths, and positivity
- “Imagine” is closely tied to the strategic intent of the ACT Advisory Committee
- “Imagine” performed better with audiences who are targeted by the commercial tobacco industry. These audiences are the ones that we are hoping to reach through this campaign

Evaluation

Evaluation Plan

Evaluating this Campaign Project



Outputs

Oregonians see and hear campaign messages

- Campaign metric data
- Post campaign survey

Campaign increases awareness of and interaction with SFO website

- Website metric data

TPEP partners use campaign toolkit and Metgroup/OHA TA

- TPEP reporting tools
- Toolkit downloads

Short term, intended

Increased agreement that tobacco is a shared community issue

- Survey

Increased awareness of community strengths that prevent initiation and/or cessation of commercial tobacco

- Survey

Increased agreement that tobacco impacts certain communities more than others

- Survey

Increased awareness of the actions that people can take to address commercial tobacco in their community

- Survey

Intermediate, intended

Increased support for tobacco prevention policies

- Survey

Increased individual-level action against big tobacco

- Individuals share their commercial tobacco story
 - SFO website analytics
- Actions taken through website or social media
 - Survey
 - SFO website analytics
- More conversations and actions among people that are not directly involved with commercial tobacco work
 - Survey
 - Ripple effects mapping

Increased community-level action against big tobacco

- Connect with partners working to address commercial tobacco in your community
 - SFO website analytics
 - Survey
 - Ripple effects mapping
- More community groups mobilize around commercial tobacco use. Communities raise their voice
 - SFO website analytics
 - Key informant interviews
 - Ripple effects mapping

Short term, unintended

- Ripple effects mapping

Intermediate, unintended

- Ripple effects mapping

REM with the ACT Advisory Group

Pre-Campaign

- Virtual
- ACT Advisory Group

Possible questions:

- *What are the impacts of this project on your work so far?*
- *Any surprises or unexpected benefits or challenges?*

Early/mid-Campaign

- Virtual
- ACT Advisory Group

Possible questions:

- *What changes are happening in your community/work?*
- *Who in the community is being impacted by this project?*

Post-Campaign

- In-person
- ACT Advisory Group

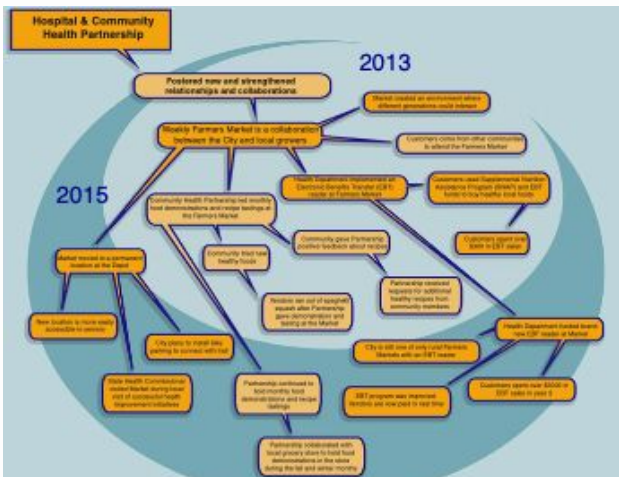
Possible questions:

- *How is your work different because of your engagement in this project?*
- *What part of this work are you most excited about?*

REM Examples

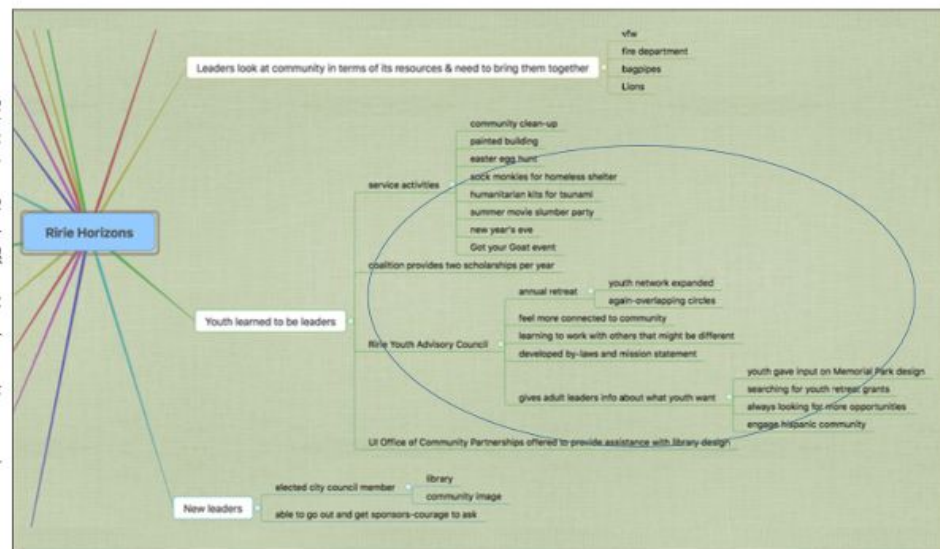
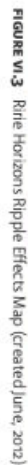


Ririe, Idaho Horizons M



Tablet: Community Capital Outcomes Baseline & Post-Initiative

Community Capitals	2013 (N= coded effects)	2015 (N= coded effects)	Change
Social Capital Effects Strengthened or expanded trust or connections among people, groups and organizations.	60%	60%	↓
Human Capital Effects Changes in knowledge, attitudes, or skills among people or organizations around health, wellness and wellbeing.	42%	60%	↑
Health Effects Increased ability of organizations or communities to promote physical, mental, or spiritual wellbeing at an individual or organizational level.	81%	73%	↓
Cultural Effects Enhanced ability of organizations or communities to support and reinforce people's traditions, customs, ways of knowing and behaving. The nurturing and celebration of cultural diversity in the community. Strengthened ability to transmit cultural or historical knowledge to future generations.	2%	0%	↑
Financial Effects Increased access to credit and financial resources that are available to invest in the community.	23%	22%	↓
Civic/Political Effects Increased ability of organizations or communities to engage the public or influence local decisions. Increased access to people, organizations, and resources that hold local, state, & national power.	4%	30%	↑
Policy, Systems, & Environmental Effects Policy effects include increased capacity for implementation of formal and informal policies that govern behavior or practice within an organization or community. Systems effects include changes that impact all elements of an organization, institution, or system. Environmental effects include improvement of physical assets that contribute to the well-being of communities.	33%	48%	↑



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Monitor, adapt

Participate; provide input from the field

May-June 2024

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Evaluate, document, celebrate

MG / OHA

Committee

Discussion/Q+A

Upcoming Opportunities for Engagement

Upcoming Engagement Opportunities

- Office Hours to keep engaging and learning more about this concept:
 - Monday, 12/4: 3pm - 4pm: [Join Here](#)
 - Wednesday, 12/6: 10am - 11am: [Join Here](#)
- Webinars:
 - Early 2024:
 - Pre-campaign launch celebration
 - Tips and tools to customize and implement in the community
- Feedback: <https://www.surveymonkey.com/r/ACT11302023>
 - Please share feedback by Tuesday, December 5th

Questions? Please contact Emily Droge at Emily.Droge@oha.oregon.gov

THANK YOU!