2013

Effectiveness of statewide advertising campaigns in promoting the QUITPLAN Services brand

Jeong Kyu Lee
University of Wollongong, jklee@uow.edu.au

Andrea Mowery
ClearWay Minnesota

Jacob Depue
Professional Data Analysts Inc

Michael Luxenberg
Professional Data Analysts Inc

Barbara Schillo
ClearWay Minnesota

Effectiveness of statewide advertising campaigns in promoting the QUITPLAN Services brand

Abstract

The current study explored the role of advertising in building an effective cessation service brand in Minnesota, United States. Using data from a ClearWay Minnesota^{SM} campaign evaluation (N = 1,361), this study examined how mass media advertising works to reinforce recognition of the QUITPLAN Services brand, brand favorability, and brand attributes. Respondents with confirmed awareness of television campaign ads were significantly more likely to report ever hearing of the brand than those who were not aware of the ads (odds ratio [OR] = 4.28, p < .001). In addition, confirmed ad awareness correlated with brand favorability (β = .37, p < .001) and attributes (personalized: β = .50, p < .001; respectful: β = .43, p < .001; proven: β = .42, p < .001; accessible: β = .46, p < .001), and there was a significant relationship between brand favorability and intention to quit among smokers (OR = 2.44, p = .001). The findings in this study contribute to the literature on social marketing and health branding by demonstrating effective strategies for establishing a cessation service brand. Practical implications, research limitations, and future directions are discussed.

Keywords
effectiveness, services, statewide, brand, advertising, campaigns, promoting, quitplan

Disciplines
Education | Social and Behavioral Sciences

Running Head: QUITPLAN Services Brand

Effectiveness of Statewide Advertising Campaigns in Promoting the QUITPLAN$^{®}$ Services Brand

Abstract

The current study explored the role of advertising in building an effective cessation service brand in Minnesota, USA. Using data from a ClearWay Minnesota^{SM} campaign evaluation (N = 1,361), this study examined how mass media advertising works to reinforce recognition of the QUITPLAN Services brand, brand favorability and brand attributes. Respondents with confirmed awareness of television campaign ads were significantly more likely to report ever hearing of the brand than those who were not aware of the ads (OR = 4.28, $p < .001$). In addition, confirmed ad awareness correlated with brand favorability ($\beta = 0.37$, $p < .001$) and attributes (personalized: $\beta = .50$, $p < .001$; respectful: $\beta = 0.43$, $p < .001$; proven: $\beta = .0.42$, $p < .001$; accessible: $\beta = 0.46$, $p < .001$) and there was a significant relationship between brand favorability and intention to quit among smokers (OR = 2.44, $p = .001$). The findings in this study contribute to the literature on social marketing and health branding by demonstrating effective strategies for establishing a cessation service brand. Practical implications, research limitations and future directions are discussed.

Effectiveness of Statewide Advertising Campaigns in Promoting the QUITPLAN® Services

Brand

Introduction

A brand is a promise made to consumers about a product or service. If consumers recognize a

brand as well as perceive the benefits and values associated with it, they are more likely to

have favorable attitudes toward the brand and continue to buy the products or services

associated with it (Batra, Myers, & Aaker, 1996). Branding scholars argue that a strong brand

not only has familiarity with consumers, but it also forms favorable and unique associations

linked to a name, logo, personality, trust and perceived values that lead to consumer

preference and purchase (Calkins, 2005; Keller, 1993, 2008). Through effective promotions

(e.g., advertising campaigns), it is possible to create strong brand recognition as well as

establish the reputation about the product or service it represents as a trusted resource for

consumers (Batra et al., 1996; Tybout & Calkins, 2005).

In recent years, several public health brands have been developed to promote healthy

decision-making and behavioral change (e.g., American Legacy Foundation's truth[SM],

Centers for Disease Control and Prevention's VERB[TM]) (Asbury, Wong, Price, & Nolin,

2008; Evans & Hastings, 2008; Evans, Price, & Blahut, 2005; Huhman et al., 2005). Using a

variety of advertising and promotional approaches, these brands have raised consumers'

awareness and have created favorable affinity that is linked to a specific health behavior, a set

of behaviors or lifestyles (Blitstein, Evans, & Driscoll, 2008; Keller, 1998). For instance, the

truth[SM] advertising messages portrayed non-smoking youth as cool and edgy while rebelling

against the tobacco industry's deceptive marketing and its influences. Exposure to the truth[SM]

ads depicting the positive images of non-smoking was associated with a decline in the youth

smoking rate (Evans & Hastings, 2008; Evans et al., 2005). Whereas recent studies have

indicated the effectiveness of marketing and communication efforts to build various health

brands (Evans et al., 2005; Huhman et al., 2005; Lee & Hecht, 2011), little is known about how to create and develop a strong brand for smoking cessation services. This paper describes ClearWay Minnesota's approach to developing the QUITPLAN cessation services brand and presents findings from a study that examines the impact of television advertising on brand-related cognitions and intentions to quit among smokers.

ClearWay Minnesota[SM] Quitting Services

ClearWay Minnesota is an independent nonprofit organization dedicated to enhancing life for all Minnesotans by reducing tobacco use and exposure to secondhand smoke. Offering and promoting cessation programs, QUITPLAN Services, has been central to fulfilling the organization's mission. Grounded in the clinical evidence base (Fiore, Jaen, & Baker, 2008), QUITPLAN Services are provided free to all Minnesotans who are uninsured or underinsured for tobacco dependence treatment. Currently, QUITPLAN Services include a telephone helpline which provides phone counseling and free stop-smoking medications and a website (quitplan.com) which provides on-lines tools to assist smokers in quitting. Past service offerings have included individual and group counseling in clinics and worksites.

ClearWay Minnesota[SM] Advertising and Marketing

ClearWay Minnesota uses best practices from the Centers for Disease Control and Prevention (Centers for Disease Control and Prevention, 2007) along with the social norm change model from the California Tobacco Control Program (Zhang, Cowling, & Tang, 2010) to inform its advertising and marketing approach to reducing tobacco's harm. The social norm change model has shown that when an environment is created where tobacco becomes less desirable, less acceptable and less accessible, tobacco use and exposure to secondhand smoke decrease (Roeseler & Burns, 2010).

For the past 10 years, ClearWay Minnesota has developed creative in several categories including: education about the dangers of secondhand smoke; the financial, emotional and health costs of smoking; the tobacco industry's role and; promoting QUITPLAN Services. Over time these cessation campaigns were designed to shift norms and beliefs about the acceptability of tobacco use, especially when combined with policy changes including smoke-free workplaces and increasing the price of tobacco products. In addition, these campaigns were designed to motivate smokers to think about quitting and increase awareness and use of QUITPLAN Services.

Developing the QUITPLAN® Services Brand

ClearWay Minnesota launched its first statewide telephone counseling helpline in 2001. In 2003, ClearWay Minnesota expanded its services to include a website and in-person counseling at clinics and worksites. During this period, ClearWay Minnesota identified the need to create a brand and new messaging to more effectively promote these cessation services. The belief was that promoting a single brand could create an emotionally compelling way for smokers to think about cessation services and greatly increase the likelihood that they would use the services. In addition, branding provides a more effective and efficient way to promote several separate but related services.

To create the brand, ClearWay Minnesota conducted extensive formative research. A review of the literature at the time suggested that at least part of the fear and failure associated with cessation could be attributed to the fact that smokers use the least effective methods when they try to quit. ClearWay Minnesota hypothesized that it would be important to educate smokers about the most successful ways to quit and about the significant role that previous failed quit attempts have on future successful quits. ClearWay Minnesota also spoke with smoking cessation experts who emphasized the importance of understanding the stages

that smokers move through in their battle to quit smoking (Prochaska, DiClemente, & Norcross, 1992). The focus fell on two particular stages: "Contemplation" or people who are planning to quit in the next 30 to 180 days; and "Preparation," those planning to quit within the next month, noting that the majority of Minnesota smokers were in one of these two stages (Blue Cross Blue Shield of Minnesota, 2004).

ClearWay Minnesota also talked with helpline representatives and listened to actual calls. Based on these observations, it was hypothesized that smokers might be more likely to call the helpline if they had a better understanding of what the service offered: a clear, effective plan administered by empathetic professionals. Finally, 14 focus groups were conducted statewide with smokers, "influencers" who were typically spouses of current smokers and provided unique insights about smokers and their struggle to quit, and former smokers who could provide a retrospective view of smoking and cessation.

Findings from this formative research confirmed the need to create a brand that would increase knowledge and awareness of our cessation services. It also identified two key misperceptions about quitting smoking on the part of people who smoke. First, nearly all smokers try to quit in the *least effective* way – cold turkey. By contrast, quit attempts that use several types of help in combination (e.g. counseling and nicotine replacement therapy) can significantly improve the odds of quitting (Fiore et al., 2008).

Second, most smokers have little idea of what ClearWay Minnesota's cessation services offer and that these services could greatly improve their odds of quitting. ClearWay Minnesota learned that closing these perceptual gaps – that there are better ways to quit, and that these "better ways to quit" are exactly what ClearWay Minnesota offers – could help drive smokers to cessation services especially when combined with hard-hitting/graphic messaging that reminds smokers why to quit. The formative research also revealed that

smokers had little awareness of the helpline, that they thought that calling the helpline would be a negative experience (e,g., would be embarrassing or belittling), or thought this service could offer little that would actually assist them in quitting. In contrast, smokers described the ideal helpline as one in which the smoker is in control, is shown empathy, and is offered a plan that is individualized for the smoker and shows how the plan improves the odds of quitting.

Brand Positioning

Brand positioning involves creating a brand image and an offer to occupy a distinctive place in the mind of target consumer (Kotler, 1999). Based on the findings from the formative research, our primary target audience was further segmented from all smokers to smokers who were thinking about quitting soon. It was believed that the increase in awareness and knowledge provided by the new name and brand identity combined with a more segmented audience would ultimately provide effective communication to smokers and an understanding of our core message: we help people quit.

Using this information, the brand position became: Our services deliver the expertise and tools that help people quit smoking. Brand attributes were: smart, proven, straightforward, proactive, respectful and compassionate. In addition, other attributes such as personalized and accessible were used in messaging to promote the brand to the target audience of smokers who were thinking of quitting soon. While brand attributes and benefits predominantly constitute cognitive and rational aspects of brand identity, a brand has numerous affordances such as name, logo, design, advertising and communication media, which can make visual and emotional impressions on the target audience (Esch, 2008). For that reason, once the brand position was identified, the name QUITPLAN Services and its brand logo were created (see Figure 1). Creation of the name drew heavily from the formative research and the name, along with others, was tested with consumers. The QUITPLAN brand positioning was used

to design all promotional elements including education materials, public relations campaigns and television, radio, internet, social media and out-of-home advertisements (see Figure 2). Media placement was consistent and selected based on the media habits of the target audience.

By all accounts, branding and the promotions that followed have helped ClearWay Minnesota make dramatic gains in consumer knowledge about QUITPLAN Services and what the program offers. Awareness surveys demonstrate this progress. In 2004 awareness of the brand a year after it was launched was 25 percent (Minnesota Partnership for Action Against Tobacco, 2004). By 2010, that number had increased to 71 percent among all Minnesotans and 78 percent among Minnesota smokers (ClearWay Minnesota, 2010).

Focus of the Study

While our awareness surveys show the increasing recognition of the QUITPLAN Services brand over time, these surveys were not designed to directly assess the impact of the advertising campaigns. For this reason little is known about the effects of ClearWay Minnesota's advertising campaigns on the extent to which the brand is recognized or how it is viewed. The primary aim of this study is to assess what impact ClearWay Minnesota's recent campaign television ads have on recognition and positive views of the QUITPLAN Services brand. Since prior advertising literature suggests that recall/recognition of an ad is necessary for persuasion (Batra et al. 1996), it is reasonable to expect a link between the awareness of the QUITPLAN campaign ads and the brand perceptions of QUITPLAN Services. In addition, research on branding shows that strong brand recognition and associations lead to consumers' preference and purchase (Aaker, 1996; Cobb-Walgren, Ruble, & Donthu, 1995). Based on these observed relationships in the literature, the following hypotheses were tested:

H1: There is a significant relationship between confirmed awareness of the QUITPLAN campaign ads and recognition of the QUITPLAN Services brand.

H2: There is a significant relationship between confirmed awareness of the QUITPLAN campaign ads and brand favorability and attributes.

H3: There is a significant relationship between the QUITPLAN brand perceptions and smokers' intentions to quit smoking.

Methods

Data were collected as part of an evaluation of two tobacco cessation advertising campaigns run by ClearWay Minnesota. The "We All Pay the Price" campaign featured television ads that highlight the negative health, emotional and financial consequences of smoking, and encourages people to quit. The primary purpose of the campaign was to continue to shift attitudes and social norms about tobacco in the state of Minnesota. A separate campaign, which ran concurrently with the "We All Pay the Price" campaign, encouraged smokers to get help in their quit attempts through QUITPLAN Services. Ads included in this study began airing across Minnesota in February 2009, and continued to air through March 2011. Data were collected for the present study in October 2010.

Participants and Procedure

This study utilized 1,361 adults aged 25-54 in Minnesota who participated in ClearWay Minnesota's ongoing media evaluation. Data were collected through on-line panels. Knowledge Networks (KN) was chosen as the primary online panel vendor because they offer a probability based national panel that is derived from an address-based sampling (ABS) process. KN employs an online Non-Volunteer Access Panel, in which potential panel

members are chosen via a statistically valid sampling methodology and using known published sampling frames that cover 99% of the U.S. population. Sampled non-internet households are provided a laptop computer and free internet service. KnowledgePanel®, KN's panel, consists of about 50,000 U.S. residents, age 18 and older, including cell phone-only households and those who are of Hispanic origin that were selected probabilistically. KN has demonstrated that their panel comes closest to national benchmarks of smoker prevalence in the United States when compared to competitors willing to supply data for a national study (Knowledge Networks, 2005).

The KN panel has approximately 68 smokers and 315 non-smokers located in Minnesota in the targeted age range (25-54). Because the number of smokers was not sufficient for this evaluation, it was supplemented with an opt-in sample. KN uses E-Rewards for their opt-in panel data collection. KN calibrates the data from their on-line panel to their opt-in data to get the most optimal assessment of representativeness possible from the blended data set. While perfect representativeness is not possible, a review of their white papers (Pineau & Slotwiner, 2003) suggests their calibration methods will provide a representative sample. Tobacco Control Program at the California Department of Public Health has used KN and has found that their panel and opt-in vs. the panel alone generally provide the same results although there are some demographic differences between the two groups (D. W. Cowling, personal communication, June 30, 2010). Table 1 lists the full sample by panel type.

A team of research and communication professionals at Professional Data Analysts, Inc., ClearWay Minnesota and Clarity Coverdale Fury, Inc. (the agency that created the advertisements) developed the survey instrument, which was pilot tested prior to implementation. Respondents were recruited online through membership in either Knowledge

Networks or E-Rewards and completed the survey online. The opt-in sample received a $10 incentive for completing the survey.

Measures

Several measures were developed to test the stated hypotheses. Central to the first two hypotheses was a measure of television ad exposure. For each TV ad, respondents were provided with the first scene from the ad (e.g., a man waking up in the morning with a monkey on his back) and asked whether or not they had seen the ad. If they answered yes, they were then asked two event and two theme questions to assess confirmed event and theme awareness. If they answered at least one event and one theme question correctly, they were coded as having confirmed awareness for that advertisement. The ad event and theme awareness questions were developed for an online survey based on the methodological recommendations of David Cowling at the California Department of Public Health (personal communication, June 30, 2010). The awareness measures were originally conceived by David Sly at the University of Miami and others for use in phone surveys (Sly, Heald, & Ray, 2001). Our preliminary analysis assessed selective attention bias of smokers by comparing smokers with non-smokers on confirmed ad awareness of each ad. It appeared smokers were a bit more aware of these TV ads than non-smokers, yet the difference was not substantial.

Central to the third hypothesis were measures of brand recognition and views of the QUITPLAN Services brand. To measure brand recognition, respondents were asked "prior to taking the survey, have you ever heard of QUITPLAN Services?" Response options were dichotomous (i.e., yes-no). To assess how the QUITPLAN Services brand was viewed, respondents were asked "all things considered, how favorable are you toward QUITPLAN Services?" Response options ranged from very favorable (1) to very unfavorable (5). Respondents were also asked to what extent they associate the following with QUITPLAN

Services: personalized, respectful, proven, and accessible services. Response options ranged from (1) strongly associate to (5) do not at all associate. These item responses were recoded so that greater value would indicate stronger favorability or associations.

The outcome variable for the third hypothesis, intention to quit, was measured with the item "which of the following phrases best describes your intentions regarding tobacco use at this time?" Response options were: currently trying to quit; you plan to quit within the next thirty days; you plan to quit within the next six months; you plan to quit sometime in the future, but not in the next six months; and no plans to quit.

Data Analyses

A series of multivariate regression analyses were performed using SPSS version 20.0 with the *Complex Samples* module. Data were weighted to represent the entire adult population residing in Minnesota. First a multivariate logistic regression model was built to examine the relationship between exposure to ClearWay Minnesota's campaign ads and recognition of the QUITPLAN Services brand. In the regression model, a dichotomous brand recognition variable was regressed on confirmed awareness of the QUITPLAN campaign ads (at least one event and one theme). A number of different variables in our analyses were controlled for, including age, gender, education, income, tobacco use status, TV usage and conversation about tobacco cessation advertising. The analysis yielded odds ratios (OR) and 95% confidence intervals (CI) to assess the relationships between confirmed ad awareness and brand recognition. A listwise-deletion method was employed to handle missing data.

Next, five separate linear regression models were built to investigate the associations between confirmed ad awareness and positive views of QUITPLAN Services. First brand favorability was regressed on confirmed awareness of the campaign television ads. Second, brand attributes (personalized, respectful, proven, and accessible) were regressed on

confirmed ad awareness. The analyses generated unstandardized regression weights (β) and their standard errors (SE). All models included socio-demographics, media use, conversation about cessation ads, and tobacco use as covariates.

Finally, another logistic regression model was constructed to analyze the relationships between brand-related perceptions of QUITPLAN Services and smokers' intentions to quit. The recoded binary intention variable (plan to quit vs. no plan to quit) was regressed on brand recognition, favorability and attributes. The analysis also yielded odds ratios (OR) and 95% confidence intervals (CI) to assess the relationships. The key covariates were also included in the regression model.

Results

Sample Characteristics

The mean age of respondents was 40.7 years old (SE = .23 years) and females made up 52% of respondents. Additionally 20.9% of respondents were current smokers and 88.2% reported that they watched broadcast or cable TV daily or several times a day (see Table 2).

Confirmed Ad Awareness on Brand Recognition

Respondents who demonstrated confirmed awareness of the QUITPLAN campaign ads were significantly more likely to report they have ever heard of the QUITPLAN Services brand (OR = 4.28; $p < .001$). None of the socio-demographic variables were related to awareness of the QUITPLAN Services brand with one exception: the younger age group (18 – 24) was more likely to recognize QUITPLAN Services (OR = 2.65; $p < .05$). In addition, respondents who watched broadcast or cable TV daily or more than daily were more likely to recognize the QUITPLAN Services brand than those who watched TV less than daily. Table 3

summarizes the results of the multivariate logistic regression model assessing the relationship between confirmed ad awareness and recognition of the QUITPLAN Services brand.

Confirmed Ad Awareness on Brand Favorability and Attributes

The regression analyses revealed that confirmed awareness of the QUITPLAN campaign ads was a significant correlate of brand favorability and attributes, after controlling for socio-demographics, interpersonal talk about ads, and tobacco use. In other words, those with confirmed ad awareness not only rated QUITPLAN Services positively ($\beta = 0.37$, $p < .001$), but ad awareness also was strongly associated with key brand attributes: personalized ($\beta = 0.50$, $p < .001$), respectful ($\beta = 0.43$, $p < .001$), proven ($\beta = 0.42$, $p < .001$), and accessible services ($\beta = 0.46$, $p < .001$). Since the 5 brand favorability/attribute variables were correlated with each other, we assessed statistical significance of the 5 general linear models with an adjustment for multiple statistical tests. The Bonferroni adjustment suggests a p value of .01 (.05/5) as a cut-off instead of the default, which is set at the .05 level. Even with the adjustment setting the p value to .01, the primary variable of interest, confirmed ad awareness was still a significant correlate of all the brand favorability/attributes ($p < .001$). Interpersonal conversation about anti-tobacco ads was also a significant correlate of brand favorability and attributes at the .01 adjusted level. In particular, those who had ever talked with family members in the last 6 months not only rated QUITPLAN Services favorably ($\beta = 0.28$, $p < .001$), but they were also significantly associated with one of the key attributes, accessible services ($\beta = 0.28$, $p = .002$). Table 4 presents the results of brand favorability and brand attributes items regressed on confirmed awareness of the television ads.

Brand-Related Perceptions on Smokers' Intentions to Quit

There was a significant association between brand favorability and smokers' intentions to quit while controlling for socio-demographics and other influences. Respondents who rated

QUITPLAN Services favorably were more likely to plan to quit or currently try to quit smoking (OR = 2.44; $p < .01$). However, none of the other variables including socio-demographics were significantly related to intention to quit. Table 5 below summarizes the results from the logistic regression model examining the association between brand awareness/attributes and intention to quit among smokers.

Discussion

To our knowledge, this is one of the first studies to investigate the effectiveness of advertising campaigns to promote a cessation services brand. The findings presented in this paper document effective approaches to building a strong brand for smoking cessation programs in Minnesota, QUITPLAN Services. ClearWay Minnesota's formative research identified a need to create a brand that would effectively promote its cessation programs and serve consumers. Advertising campaigns were developed to raise awareness of the cessation services as well as create positive attitudes and associations with them thereby increasing the likelihood that consumers would use the services. The campaigns accomplished this by fully incorporating the essence of the brand position and attributes in the advertisements. In particular, the television ads were created to highlight the negative consequences of smoking and encourage smokers to quit by communicating how to easily access QUITPLAN Services and how QUITPLAN Services were effective, respectful and compassionate (brand attributes). The regression analyses clearly indicate the significant role of the television campaign ads in building the QUITPLAN Services brand by raising brand recognition and creating positive associations with the brand. Based on these main findings, this study provides several practical implications for cessation service branding and media campaign design and evaluation.

First, formative research is important to creating an effective cessation service brand. It helps campaign planners and designers better understand consumers' knowledge and perceptions about cessation services as well as attitudes and behaviors regarding smoking cessation. To build a brand for cessation services in Minnesota, extensive formative research was conducted, including a review of existing literature, expert interviews, focus groups, and observational research. Based on the findings and insights from the formative research, a consumer-oriented cessation brand was created that helped increase awareness of cessation services as well as form strong positive associations with those services that would increase the likelihood that consumers would use the services The brand is also still effective and relevant years after its creation demonstrating the return on investing in formative research to create a brand that will remain effective over time.

Second, effective marketing efforts are essential in promoting a brand for smoking cessation programs. This includes choosing communication vehicles that will most effectively reach the target audience and producing advertisements that combine effective messages with compelling creative executions. ClearWay Minnesota employs a variety of communication channels to promote QUITPLAN Services such as statewide TV, radio, out-of-home and internet advertising and earned media and public relations. However, of these communications tools, television advertising has the potential to reach more consumers than other types of tools if budgets allow for purchasing this medium. Moreover, television is an effective way to reach people who smoke (the target audience QUITPLAN Services) because they watch television more than they use other types of media (Gfk Mediamark Research & Intelligence, 2012). The multivariate analyses revealed that there were positive associations between confirmed ad awareness and brand recognition. These findings suggest that campaign designers should consider effective message strategies creating recall/recognition of campaign ads in order to promote a strong cessation brand.

Additionally, the findings of this study support the potential role of interpersonal conversations in creating positive brand perceptions and enhancing the diffusion of campaign effects. Recent studies suggest that campaign effects can be enhanced through interpersonal sources (e.g., word of mouth), in addition to direct exposure to campaign messages through mass media (Hornik & Yanovitsky, 2003; Southwell & Yzer, 2007; Yanovitsky & Stryker, 2001). Thus it is suggested that effective strategies are needed to stimulate interpersonal conversations among target audiences including smokers and influencers.

Finally, building a strong brand can contribute to smokers quitting by helping them perceive the benefits or advantages of the cessation services. Branding research has consistently suggested that strong brands can lead to consumers' preference and purchase by associating them with perceived benefits and values (Aaker, 1996; Keller, 2008; Tybout & Calkins, 2005). Given the significant association between brand favorability and intention to quit, effective communication and marketing strategies should be developed to make cessation brands more favorable and attractive to their consumers.

Although these findings promote our understanding of how mass media advertising works for building a strong cessation brand, they should be carefully interpreted due to several limitations of the study. First this study utilized cross-sectional data only and thus causal relationships cannot be inferred with complete confidence. Future research using a longitudinal cohort design is needed to investigate the causal relationships between campaign ad exposure and brand-related perceptions. Additionally, the samples used in the study were restricted to Minnesotan adults, making the findings limited in terms of generalizability. Whereas this study assessed brand recognition as well as favorability/attributes, more robust measures are needed to capture brand associations of a smoking cessation brand. By measuring brand equity constructs that comprise multiple aspects of associations (Evans et al., 2005; Evans et al., 2007), future research should attempt to expand our understanding of the

role of branding in cessation services. Finally, the data used in this study did not include service-related behavioral outcomes such as cessation service enrollment or service call volume, therefore it was not possible to investigate the power of branding to motivate smokers to participate in the smoking cessation programs.

Conclusion

The findings identified in this study demonstrate effective ways of building a smoking cessation brand, QUITPLAN Services. This study highlights the significant roles of extensive formative research and advertising campaigns in developing the QUITPLAN Services brand. The findings provide useful implications for communication and branding strategies to build a strong cessation services brand.

References

Aaker, D. (1996). *Building strong brands*. New York, NY: Simon & Schuster, Inc.

Asbury, L. D., Wong, F. L., Price, S. M., & Nolin, M. J. (2008). The VERB campaign:

applying a branding strategy in public health. *American Journal of Preventive*

Medicine, 34 (Suppl. 6), 183-187.

Batra, R., Myers, J. G., & Aaker, D. A. (1996). *Advertising management* (5th ed.). Upper

Saddle River, NJ: Prentice-Hall.

Blitstein, J., Evans, W., & Driscoll, D. (2008). What is a public health brand? In W. Evans &

G. Hastings (Eds.), *Public health branding: Applying marketing for social change* (pp.

25-41). Oxford, UK: Oxford University Press.

Blue Cross Blue Shield of Minnesota (2004). *Quitting smoking, 1999-2003. Nicotine*

addiction in Minnesota 2001. Retrieved from

http://www.health.state.mn.us/divs/hpcd/reports/quittingsmoking03.pdf

Calkins, T. (2005). Introduction: The challenge of branding. In A. Tybout & T. Calkins

(Eds.), *Kellogg on branding: The marketing faculty of the Kellogg School of*

Management (pp. 1-8). Hoboken, NJ: John Wiley & Sons, Inc.

Centers for Disease Control and Prevention (2007). *Best practices for comprehensive tobacco*

control programs – 2007. Atlanta, GA: US Department of Health and Human

Services, Centers for Disease Control and Prevention, National Center for Chronic

Disease Prevention and Health Promotion, Office of Smoking and Health.

ClearWay Minnesota (2010). [Awareness survey for QUITPLAN Services]. Unpublished raw

data.

Cobb-Walgren, C., Ruble, C., & Donthu, N. (1995). Brand equity, brand preference, and purchase intent. *Journal of Advertising*, 24, 25-40.

Esch, F-R. (2008). Brand identity: The guiding star for successful brands. In B. H. Schmitt & D. L. Rogers (Eds.), *Handbook on brand and experience management* (pp. 58-76). Cheltenham, UK: Edward Elgar Publishing.

Evans, W., & Hastings, G. (2008). Recognition, promise, and delivery of healthy lifestyles. In W. Evans & G. Hastings (Eds.), *Public health branding: Applying marketing for social change* (pp. 3-24). Oxford, UK: Oxford University Press.

Evans, W., Price, S., & Blahut, S. (2005). Evaluating the truth (SM) brand. *Journal of Health Communication*, 10, 181-192.

Evans, W., Renaud, J., Blitstein, J., Hersey, J., Ray, S., Schieber, B., & Willett, J. (2007). Prevention effects of an anti-tobacco brand on adolescent smoking initiation. *Social Marketing Quarterly*, 13, 2-20.

Fiore, M., Jaen, C., & Baker, T. (2008). *Treating tobacco use and dependence: Clinical practice guideline 2008 update*. Rockville, MD: US Department of Health and Human Services.

Gfk Mediamark Research & Intelligence (2012). Gfk MRI doublebase. Retrieved from http://www.gfkmri.com

Hornik, R., & Yanovitsky, I. (2003). Using theory to design evaluations of communication campaigns: The case of the national anti-drug message campaign. *Communication Theory*, 13, 204-224.

Huhman, M., Potter, L. D., Wong, F. L. Banspach, S. W., Duke, J. C. & Heitzler, C. D. (2005). Effects of a mass media campaign to increase physical activity among children: Year-1 results of the VERB campaign. *Pediatrics*, 116, 277-284.

Keller, K. (1993). Conceptualizing, measuring, and managing customer-based brand euqity. *Journal of Marketing*, 57, 1-22.

Keller, K. (1998). Branding perspective on social marketing. *Advances in Consumer Research*, 25, 299-302.

Keller, K. (2008). *Strategic brand management*. Upper Saddle River, NJ: Prentice-Hall.

Knowledge Networks (2005). *Standord University comparison of major online research vendors affirms superiority of Knowledge Networks approach* (pp. 1-3). Menlo Park, CA: Knowledge Networks.

Kotler, P. (1999). *Marketing management*. Upper Saddle River: NJ: Prentice Hall, Inc.

Lee, J. K., & Hecht, M. L. (2011). Examining the protective effects of brand equity in the *keepin' it REAL* substance use prevention curriculum. *Health Communication*, 26, 605-614.

Minnesota Partnership for Action Against Tobacco (2004). [Awareness survey for QUITPLAN Services]. Unpublished raw data.

Pineau, V., & Slotwinder, D. (2003). *Probabililty samples vs. volunteer respondents in Internet research: Defining potential effects on data and decision-making in marketing applications*. Menlo Park, CA: Knowledge Networks.

Prochaska, J. O., DiClemente, C. C., & Norcross, J. C. (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.

Roeseler, A., & Burns, D. (2010). The quarter that changed the world. *Tobacco Control*, 19 (Suppl. 1) 3-15.

Sly, D. F., Heald, G. R., & Ray, S. (2001). The Florida "truth" anti-tobacco media evaluation: Design, first year results, and implications for planning future state media evaluations. *Tobacco Control*, 10, 9-15.

Southwell, B., & Yzer, M. (2007). The roles of interpersonal communication in mass media campaigns. *Communication Yearbooks*, 31, 420-462.

Tybout, A. M., & Calkins, T. (2005). *Kellogg on branding: The marketing faculty of the Kellogg School of Management*. Hoboken, NJ: Wiley.

Yanovitsky, I., & Stryker, J. (2001). A norm transformation approach to mass media and public health: A longitudinal study of media effects on youth binge drinking. *Communication Research*, 28, 208-239.

Zhang, X., Cowling, D., & Tang, H. (2010). The impact of social norm change strategies on smokers' quitting behaviors. *Tobacco Control*, 19, 51-55.

Authors' Note

This research is a part of ClearWay Minnesota's QUITPLAN campaign evaluation and it was completed when the primary author was a postdoctoral research fellow at ClearWay Minnesota.

Table 1

Full Sample by Group and Smoking Status (Unweighted)

Sample	Smokers	Non-Smokers	Total
KN Panel	64	390	454
Withdrawn panel	26	131	157
Opt-in panel	569	181	750
Total	659	702	1,361

Table 2

Demographics and Descriptive Characteristics of the Sample in an Evaluation of the QUITPLAN® Media Campaign ($N = 1,361$)

Demographics and Descriptive Characters	Weighted %	N
Gender		
Male	48.1	463
Female	51.9	896
Age		
18 – 24	13.5	184
30 – 44	48.5	639
45 – 59	37.9	538
Education		
Less than high school or HS graduates	18.8	166
Some college, technical, associate's degree	40.2	539
Bachelor's degree or higher	40.9	655
Income		
Less than $34,999	19.3	205
$35,000 - $49,999	12.8	185
$50,000 - $74,999	22.9	315
$75,000 or higher	45.0	629
Interpersonal Conversation		
Family members	26.1	373
Friends/Coworkers	13.2	207
Significant others	8.2	151
Confirmed Ad Awareness		
No ads	22.8	282
1+ ads	77.2	1079
Tobacco Use		
Yes	20.9	659
No	79.1	702
TV Use		
Less than daily	11.8	104
Daily	48.9	646
More than daily	23.5	368

Table 3

Multivariate Logistic Regression Model Predicting Awareness of the QUITPLAN® Services
Brand ($N = 1,361$)

Variables	OR	95% CI	*p*-value
Gender			
Female (vs Male)	1.219	.845 – 1.757	.298
Age			
18 – 24 (vs 45 – 59)	2.650	1.229 – 5.714	.013
30 – 44 (vs 45 – 59)	1.446	.982 – 2.130	.062
Education			
Less than HS or HS (vs Bachelor or higher)	.754	.404 – 1.406	.374
Some college (vs Bachelor or higher)	1.395	.914 – 2.129	.123
Income			
Less than $35,000 (vs $75,000 or higher)	1.143	.644 – 2.028	.647
$35,000 - $50,000 (vs $75,000 or higher)	.849	.517 – 1.395	.518
$50,000 - $75,000 (vs $75,000 or higher)	1.113	.670 – 1.849	.679
In the last 6 months, who have you talked with, if anyone, about anti-tobacco or stop smoking ads?			
Family Members			
Yes (vs No)	1.453	.940 – 2.245	.092
Friends/Coworkers			
Yes (vs No)	1.912	.984 – 3.712	.056
Significant Others			
Yes (vs No)	1.309	.558 – 3.073	.536
Confirmed Ad Awareness			
1+ ads (vs No ads)	4.283	2.897 – 6.333	<.001
Tobacco Use			
No (vsYes)	.698	.453 –1.075	.102
TV Use			
Daily (vs. Less than daily)	1.672	1.098 – 2.546	.017
More than daily (vs. Less than daily)	1.692	1.034 – 2.767	.036

Note: The variables in bold are statistically significant at .05 level of significance.

Table 4

Linear Regression Models Predicting Favorability and Attributes of the QUITPLAN® Services Brand
(*N* = 995 participants who have ever heard of the QUITPLAN Services brand)

Variables	Favorability		Personalized		Respectful		Proven		Accessible	
	B (SE)	*p*-value	B (SE)	*p*-value	B (SE)	*p*-value	B (SE)	*p*-value	B (SE)	*p*-value
Gender										
Female (vs Male)	.17 (.08)	.040	.17 (.08)	.028	.19 (.08)	.017	**.25 (.08)**	**.001**	.12 (.08)	.130
Age										
18 – 24 (vs 45 – 59)	-.01 (.09)	.917	.09 (.13)	.504	.24 (.13)	.062	.15 (.12)	.238	**.39 (.13)**	**.002**
30 – 44 (vs 45 – 59)	.03 (.06)	.627	.18 (.09)	.046	.11 (.09)	.223	.14 (.09)	.096	.14 (.09)	.123
Education										
Less HS/HS graduates (vs Bachelor or higher)	.10 (.09)	.294	.21 (.13)	.092	.25 (.13)	.058	.30 (.12)	.015	.31 (.13)	.014
Some college (vs Bachelor or higher)	.05 (.07)	.427	.12 (.09)	.177	.04 (.09)	.664	.17 (.09)	.048	.12 (.09)	.179
Income										
Less than 35K (vs 75K +)	-.09 (.08)	.310	-.19 (.12)	.102	-.20 (.12)	.085	**-.37 (.11)**	**.001**	-.07 (.12)	.566
35K – 50K (vs 75K +)	.12 (.09)	.176	.12 (.13)	.367	.12 (.13)	.379	.02 (.12)	.877	.18 (.13)	.158
50K – 75K (vs 75K +)	-.08 (.07)	.269	-.04 (.10)	.720	-.08 (.10)	.452	-.07 (.10)	.449	-.02 (.10)	.843
Interpersonal Talks about Ads										
Family Members										
Yes (vs No)	**.28 (.06)**	**<.001**	.19 (.09)	.032	.14 (.09)	.131	.12 (.09)	.160	**.28 (.09)**	**.002**
Friends/Coworkers										
Yes (vs No)	.17 (.08)	.034	.24 (.11)	.029	.22 (.11)	.045	.17 (.11)	.112	.23 (.11)	.035
Significant Others										
Yes (vs No)	.25 (.10)	.030	.35 (.14)	.010	.35 (.14)	.012	**.54 (.13)**	**<.001**	.33 (.14)	.016
Confirmed Ad Awareness										

1+ ads (vs No ads)	**.37 (.07)**	**<.001**	**.50 (.10)**	**<.001**	**.43 (.10)**	**<.001**	**.42 (.10)**	**<.001**	**.46 (.10)** **<.001**
Tobacco Use									
Yes (vs No)	**-.50 (.07)**	**<.001**	-.12 (.10)	.215	-.16 (.10)	.117	-.16 (.09)	.087	-.20 (.10) .040
TV Use									
Daily (vs. Less than daily)	.01 (.07)	.847	-.02 (.10)	.861	-.07 (.10)	.501	-.10 (.10)	.280	.03 (.10) .769
More than daily (vs. Less than daily)	.00 (.08)	.959	.00 (.11)	.989	.03 (.12)	.827	.08 (.11)	.450	.09 (.11) .427

Note: Brand favorability and brand attributes were measured on a 5-point scale. The estimates in bold are statistically significant at .01 adjusted level of significance.

Table 5

Multivariate Logistic Regression Model Predicting Smokers' Intentions to Quit Smoking
(*N* = 505 current smokers who have ever heard of the QUITPLAN Services brand)

Variables	OR	95% CI	*p*-value
Gender			
Female (vs Male)	1.039	.460 – 2.348	.926
Age			
18 – 24 (vs 45 – 59)	2.259	.718 – 7.104	.163
30 – 44 (vs 45 – 59)	2.056	.885 – 4.776	.094
Education			
Less than high school (vs Bachelor or higher)	1.140	.261 – 4.979	.861
HS graduate (vs Bachelor or higher)	.838	.315 – 2.230	.724
Some college (vs Bachelor or higher)	1.352	.617 – 2.961	.451
Income			
Less than $35,000 (vs $75,000 or higher)	1.910	.630 – 5.786	.252
$35,000 - $50,000 (vs $75,000 or higher)	1.004	.396 – 2.544	.994
$50,000 - $75,000 (vs $75,000 or higher)	2.059	.751 – 5.650	.160
In the last 6 months, who have you talked with, if anyone, about anti-tobacco or stop smoking ads?			
Family Members			
Yes (vs No)	1.722	.529 – 5.603	.366
Friends/Coworkers			
Yes (vs No)	1.873	.609 – 5.761	.273
Significant Others			
Yes (vs No)	1.841	.605 – 5.603	.282
Confirmed Ad Awareness			
1+ ads (vs No ads)	1.810	.741 – 4.422	.192
Brand Favorability (1 unit increase)	2.443	1.467 – 4.068	.001
Brand Attributes (1 unit increase)			
Personalized	1.132	.668 – 1.919	.645
Respectful	1.037	.647 – 1.662	.880
Proven	1.000	.562 – 1.780	.999
Accessible	.822	.502 – 1.347	.436

Note: The regression analysis used a binary outcome, intention to quit consisting of two
categories "no plan to quit" and "plan to quit." The variables in bold are statistically
significant at .05 level of significance.

Figure 1

QUITPLAN® Services Brand Logo. All rights reserved, ClearWay Minnesota[SM]

Figure 2

QUITPLAN® Brand Promotion (Billboard Ad). All rights reserved, ClearWay Minnesota[SM]

Author Biographies

Jeong Kyu Lee, PhD, is a research fellow at the Centre for Health Initiatives, University of Wollongong, New South Wales, Australia, where he conducts social marketing and health communication research.

Andrea Mowery is a vice president at ClearWay Minnesota, Minneapolis, MN, USA, where she leads marketing communications and public affairs programs and strategic planning for the organization.

Jacob Depue, PhD, is a program evaluator at Professional Data Analysts, Inc., Minneapolis, MN, USA, where he specializes in evaluating anti-tobacco media campaigns. His research focuses on the intersection of interpersonal and mass communication in health communication campaigns.

Michael Luxenberg, PhD, is president and CEO of Professional Data Analysts, Inc., Minneapolis, MN, USA, a firm that specializes in the evaluation of tobacco control initiatives and associated media campaigns.

Barbara Schillo, PhD, is a vice president at ClearWay Minnesota, Minneapolis, MN, USA where she leads research and cessation programs and coordinates efforts to translate knowledge into effective initiatives that reduce tobacco use in Minnesota.