

Smoke-free Media Messages^a

Did You Know?

- ✓ Effective use of low-cost media may help you build support for smoke-free policies in your community by:
 - ❖ Raising awareness of health effects of exposure to secondhand smoke (SHS);
 - ❖ Encouraging viewers to contact your smoke-free coalition to get involved;
 - ❖ Prompting viewers to contact elected officials about smoke-free policy;
 - ❖ Prompting local residents to join your smoke-free coalition.

- ✓ Framing the smoke-free issue affects how the audience interprets the message:
 - ❖ Smoke-free is often framed as a public health or social justice issue
 - ❖ Smoke-free can be framed in terms of risks or benefits to the public.
 - ❖ Messages stressing the **risks** of exposure to secondhand smoke work better than those focusing on the benefits of smoke-free air
 - For example, “Even a little exposure hurts! Five minutes exposure to secondhand smoke stiffens the aorta” is more effective than, “You do not have to be outside to breathe clean air.”

- ✓ Media messages are best when they have emotional impact.
 - ❖ A serious tone works better than a humorous one. Avoid images that look “cute.”

- ✓ Messages tailored to your community work better than generic ones.
 - ❖ Identify messages and images that resonate with your community by doing a focus group or interviews with key leaders.
 - ❖ Use personal testimonials in promotional materials. Possible spokespeople can include local business owners, workers, policymakers, smoke-free workplace advocates and physicians or other health professionals.
 - ❖ Use symbols, metaphors, visuals and language that convey local culture.

- ✓ Media messages that are not evidence-based can undermine the campaign’s credibility.
 - ❖ All messages should present accurate information and be supported by research and evidence.

- ✓ Viewers are less likely to read messages that are too wordy or contain too much content.
 - ❖ Avoid large blocks of text and clutter. A billboard should not contain more than 8 words.

- ✓ A message must be seen or heard at least 3 times before awareness starts to build.
- ❖ For a direct mail marketing campaign, the minimum number of mailings is three.
- ❖ For broadcast media, it is best to avoid times when the number of viewers or listeners is low. Often this is the case for PSAs. The best strategy is to use paid radio and TV advertisements during the times when viewership/listenership is high (e.g., drive time for radio ads).

Additional Resources:

American Cancer Society/UICC Tobacco Control Strategy Planning Guide
http://strategyguides.globalink.org/pdfs/Legislative_Strategies.pdf

TobaccoScam <http://tobaccoscam.ucsf.edu/about/index.cfm>

National Cancer Institute Making Health Communication Programs Work <http://www.cancer.gov/pinkbook>

Centers for Disease Control and Prevention (CDC) Smoking and Tobacco Use Media Campaign Resource Center
http://www.cdc.gov/tobacco/media_communications/countermarketing/mcrc/index.htm

References:

- Biener, L., McCallum-Keeler, G., Nyman, A.L. (2000). Adults' response to Massachusetts anti-tobacco television advertisements: impact of viewer and advertisement characteristics. *Tobacco Control*, 9, 401-407
- Kreuter, M.W., Lukwago, S.N., Bucholtz, D.C., Clark, E.M., & Sanders-Thompson, V. (2003). Achieving cultural appropriateness in health promotion programs: *Targeted and tailored approaches*. *Health Education and Behavior*, 30, 133-146
- Leshner, G., Cheng, I.H. (2009). The effects of frame, appeal, and outcome extremity of antismoking messages on cognitive processing. *Health Communication*, 24, 219-227
- Maibach, E. & Parrott, R. (1995). *Designing Health Messages: Approaches from Communication Theory and Public Health Practice*. Thousand Oaks, CA: Sage.

May, 2011

For more information, contact the Kentucky Center for Smoke-free Policy University of Kentucky College of Nursing 859-323-4587 or www.kcsp.uky.edu.

^aThese recommendations are based on preliminary data from 11 focus groups and 82 participants in three rural Kentucky counties. The project described was supported by Award Number R01HL086450 from the National Heart, Lung, And Blood Institute. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Heart, Lung And Blood Institute or the National Institutes of Health.