



North Dakota Tobacco Prevention and Control Executive Committee

Center for Tobacco Prevention and Control Policy

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TESTIMONY SUPPORT TO KEEP THE CENTER/BREATHEND FUNDED AMEND SB2024

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Donna Thronson, Health Communications Manager
North Dakota "Center" for Tobacco Prevention and Control Policy (BreatheND)
Chairman Pollert and members of the House Appropriations Human Resources Division:

I am Donna Thronson - Health Communications Manager for the ND Center for Tobacco Prevention and Control Policy (aka the Center, or BreatheND). I am here to share with you how health communications work at a Centers for Disease Control Best Practice level.

Mass-Reach Health Communications Interventions is one of the five CDC Best Practice critical components to reduce and prevent tobacco use. CDC identifies that the **"most effective population-based approaches"** for mass reach include: television, radio, billboards, print and digital advertising at both the state and local levels.

So, why is a mass reach approach needed?

Mass reach health communications at a comprehensive level – advertising and public relations outreach at a STATE AND LOCAL LEVEL – is designed to EDUCATE the public on tobacco's harms, so that our citizens support healthier choices, and choose to remain tobacco free and support efforts that encourage a tobacco free community. When you increase awareness, you impact behavior and attitudes.

Behavior and attitude changes result in support for public policy. And policy is what we – the Center/BreatheND - do best. And strong, effective policy is how we reduce tobacco use rates among our kids and help tobacco users quit. Because of strong, comprehensive policies, we begin to see a shift in what is considered "normal," which then results in fewer kids ever starting, and encourages existing tobacco users to quit. Remember – it used to be acceptable to smoke in schools, in airplanes, and even hospitals. The change part of these hard-fought battles is soon taken for granted as policies are normalized.

There are three categories to health communications, and each category has a recommended gross rating point level that best practices must meet to be effective on a mass-reach level. The three categories are: 1) Educating on the harms of secondhand smoke 2) Tobacco Industry Denormalizing (exposing the tobacco industry's marketing tactics), and 3) Cessation.

CDC Best Practices and research tells us that campaigns must be hard-hitting to be effective. The Center's messages are hard hitting. We know this because **we pre-test all messages, then pre-test the commercials before we run them statewide. And finally, we contract with a third-party evaluator to make sure our ads and messages are on track to meet our tobacco prevention goals.**

The Center's messages provide education, so that we see a shift in attitudes and opinions, and also help tobacco users quit:

(reference attachment A)

Attachment A shows results of a third party evaluation (Professional Data Analysts, Inc.) of BreatheND's ads, and one ad from the ND Department of Health (Chains).

Note that all three categories are covered in this report: secondhand smoke, tobacco industry de-normalizing, and cessation:

BreatheND ads performed very well in terms of memorability, diffusion, and imparting a new perspective. ***And I'd like to draw your attention to the intentions to quit using tobacco (far right column).*** All categories and ads outperformed the "Chains", ad for having a cessation impact. And the ***ads with the greatest impact for cessation are in the tobacco industry de-normalizing category. These are the ads that focus on kids being targeted by the tobacco industry – this category produces even greater demand for quitting than the CDC National Tips from Former Smoker's campaign: 43% vs. 34%. These are incredible results.***

Attachment A also shows the support for policy. ***For example, if you look at support for smoke free apartments, prior to any secondhand smoke campaign to keep apartments smoke free, support was at 59% (2014), with two years of education through mass media and local educational efforts, support increased to 86%.*** As a result, we now have 6,883 smoke free apartment units where people can live smoke-free and healthier lives. We know these ads work. When the ads are run, calls for help into the Center and to local public health increase.

The bottom line is that these ads work and are cost effective.

LOCAL SUPPORT:

In addition, HEALTH COMMUNICATIONS INTERVENTIONS also include local community outreach efforts, such as preparing news releases, brochures, print ads, and adjusting model policies to fit each local community for their specific needs: ***this work gets done by us – CENTER STAFF - working with local public health on a one-to-one basis to assure their local public health public relations and policy efforts align with the overall strategy. This is important so that each community can concentrate on policy for their specific community. This task is a daily process to assure the progress continues and state plan goals are being met.***

The Center is about policy. And when policies are challenged by opposing forces, mostly under the influence of the tobacco industry, the Center and its partners are there to support strong policy, which result in better health outcomes.

I urge you to support the continuation of the work of the Center and keep SB2024 funded.