

**Forum to Explore Effectiveness of Public Education
Campaigns
Kaiser Family Foundation
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VICKY RIDEOUT: Good afternoon. Good afternoon and welcome. Sorry to interrupt this conversation. A good part of what we like to do at these gatherings is bring people together and let you all sit with your colleagues and have a chance to chat about what you're doing and share ideas. And I'm very sorry to interrupt that process [laughter] but we do have some presentations today and I want to make sure we have plenty of time for all of you to ask questions afterwards. My name is Vicky Rideout, and I'm the vice president of the Kaiser Family Foundation, and I'm the director of our program for the study of entertainment, media and health. And thank you all for joining us here today for our forum on assessing the effectiveness of public education campaigns.

As you may know, the Kaiser Family Foundation has been involved with public education campaigns for almost a decade now, particularly in the area of HIV awareness and prevention. And these campaigns are run by my colleagues: Matt James, Tina Hoff, Julia Davis, Meredith Michelle [misspelled?] and Stephen Massey. Like everyone else in this field, we're constantly asking ourselves whether we're getting enough return on our investment, whether we're having the impact that we want to and what we can do to do a better job. These days, it seems like policymakers and others are increasingly turning to media-based public education campaigns as a ways of addressing a whole

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range of public health issues and other problems facing the nation from substance abuse to childhood obesity to teen pregnancy and so on. And among the topics that we're going to be addressing here today are: Is this likely to be an effective approach? What can we realistically expect campaigns like this to accomplish? What can we learn from past campaigns to make these new efforts as effective as they can be? And how should we judge success, particularly when it comes to taxpayer-funded campaigns, but also for all of us, how do we judge success?

Now, many of these efforts are undertaken by people in this room. Pretty much everybody here either conducts a public education campaign on a health-related issue or is thinking about doing so. And so, the purpose of this forum is really simply to give those of us doing this kind of work the chance to hear firsthand from researchers who have conducted some of the most recent and most powerful studies evaluating public education campaigns, which we don't always get a chance to hear about directly from the researchers. And to give you the opportunity to ask whatever questions you may have directly of those who conducted the research and see how what they've done can help inform what all of you may be doing in the months and years ahead.

The format for today is that we're going to hear brief presentations from each of our researchers and then we'll open it up for questions from the audience. So as you're listening,

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please keep your questions in mind and we'll be sure to save plenty of time for you to ask them. There will be people with microphones coming through so that everybody can hear you.

At this point, I'm going to introduce the entire panel of presenters. To my far right is Donna Vallone, associate vice-president for research at the American Legacy Foundation. Donna directs all of the Foundation's research and evaluation efforts. And she's a public health scientist with more than ten years of experience in applied research and program evaluation. Next to Donna, is Seth Noar, Professor Seth Noar from the University of Kentucky. Dr. Noar has collaborated on several large-scale evaluation projects and he recently authored a ten-year retrospective of research and health mass media campaigns, a copy of which is in your packets. And he's going to be presenting the results of his recent Two-City Safer Sex Campaign in Lexington, Kentucky and Knoxville, Tennessee. And to my immediate right is Marian Huhman. Marian leads the evaluation of the CDC's VERB Campaign, which is a physical fitness campaign, aimed at nine to 12 year olds. She oversees the formative research for the campaign. She supervises a continuous tracking survey that monitors the VERB brand among their target audience. And she directs a nationally representative longitudinal survey of children and their parents, which is conducted I believe annually. And we're

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going to start with Marian, so please join me in welcoming Dr. Marian Huhman.

[Applause]

MARIAN HUHMANN, Ph.D.: [Inaudible] Thank you, Vicky, so glad to be here. As you know, some of what we're talking about today is, well, one of the things is addressing childhood obesity and, as you also know, with overweight problems, it's an equation of calories in and calories out. So the VERB Campaign is a national mass media intervention to encourage children nine to 13 to be physically active every day. So we are addressing the calories burned side of the equation for childhood weight.

VERB is a branded campaign. VERB is not an acronym; it is the grammatical word for action. It's what you do. It has become a kids' brand for physical activity. It was launched in 2002. It targets all U.S. tweens, so it's national in scope. And by multi-ethnic, I mean that we have hired a general market advertising, an agency contractor as well as four ethnic contractors that are specific for four ethnic audiences and they help us design their own messages and their own advertising and buy their own media that bests meets the need of their target audience. Parents are a secondary audience; our main audience is tweens 9 to 13. And this campaigns ends, closes the doors, turns out the lights September 30, 2006. But we do have a full campaign out there that we have had for the

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whole year and are continuing through the summer and I'll just tell you a little bit about that in a minute.

One of the reasons that VERB is so expensive is that we use paid media. And one of the reasons that it has been successful and has had such high awareness is that it uses paid media. So I wanted to show you an example of paid media. I'll take just a second. This was from two years ago.

[PLAYING VIDEO CLIP]

MALE SPEAKER #1: Hey. Looking for a VERB?

TRACY MCGRADY: How about "bounce?" I love this VERB. It's what I do.

MALE SPEAKER #1: So what VERB are you going to do? For more info, get the okay to go online and check out VERBnow.com. VERB. It's what you do.

[END VIDEO CLIP]

MARIAN HUHMANN: Okay. That's a good example of where we also use celebrity talent. So that's Tracy McGrady with that very high action, lots of color. We're a lot more than paid media, though. We do a lot of what's called "experiential marketing". So event, guerilla marketing, street teams and the idea that is trying let kids sample the product, the product of physical activities. So we go to fairs, we have these vans that go around and set up at day camps and give kids a chance to sample the brand.

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We also do a great deal of school and community programs and promotions. So we're, again, more than media. We have these quick in and out two-week kinds of promotions where we give kits to the schools and they have pedometers in them and they have incentives and they have premiums in them. All those kinds of things, quick in, quick out, you don't want something up in the middle-school, like a VERB poster for too long because it becomes boring and part of what could be a kind of an uninteresting school experience. So we really instruct the schools how to do those. Our Phase Four Messaging focus is called "Sunshine Campaign". So the paid ads, which I'm not going to show you, the TV ads, feature kids outside holding the sun and the idea is, "Soak up the fun. Soak up the sun." It's our most integrated campaign with our community promotion and that's because the community promotion uses a yellow ball, it should be bigger than this, this one fit in my suitcase. But they blow this up. The idea of the VERB yellow ball is there are instructions on here, there's a number on here. We have distributed over a hundred thousand of these throughout the United States. And it's a really good example of a viral marketing campaign and what we're trying to do is, the kids log in this number on the VERBnowyellowball.com, yellow ball website, then they play with it, then they pass it on and when they go on the website, and they can follow that yellow ball and wear their own little yellow ball and where it has gone

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next. So, it looks like the sun and like I said, it was came up by two of the different contracting agencies. So it's a really well integrated campaign.

I'm so glad to share with you about our outcome evaluation because we are challenged by this evaluation by some of the most rigorous and demanding researchers in the field of evaluations media campaigns. So we are always looking to see whether or not we believe our effects then can help other people believe our effects. Basically, we're trying to see what our awareness in the reach of the messages and then are we moving the needle on attitude, social norms and physical activity behaviors itself. When we started planning the VERB Campaign evaluation in 2001, there really wasn't a lot out there about media campaign effects. Some information from some of the state campaigns, Florida and Vermont for smoking, but nothing out there for kids' physical activity. There were some adult international campaigns for physical activity but they were not showing behavioral effects. So we really didn't know what we could expect.

Our design, as Vicky said, is a national longitudinal design. It is not a "post-only" evaluation. It is a pre-post evaluation and we use the baseline that was started before there was any advertising out there to control for these longitudinal effects we're going to see at follow-up. So our baseline started in 2002. It's a nationally represented

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sample, uses a survey, children 9 to 13 and one of their parents and we measure all kinds of activities, attitudes and behaviors. Analysis uses propensity scoring, which is a little bit different technique that a lot of people are familiar with. And it's one of the ways that we can control for the largest amount of co-variants and as closely as possible, attribute the effects to the Campaign, to VERB itself.

We put upon ourselves a standard: we wanted to be able to see if there were significant differences between children unaware of VERB and all children in the United States as well as an association between the level of awareness and the outcome. So that's in media campaigns this common important attribute of effect. If you can see that as the advertising increases, the effects increase. It's a kind of a dose response-effect. We didn't quite get the dose quite right in the first year and then we modified the evaluation for the second year.

Okay, in terms of what we've found then, most of what I'm sharing with you today is the first year results in 2003 but this is awareness in 2003 and in 2004. Our goal in the first year was a 50 percent awareness. That's what our creative agency said that they thought we could expect. We far exceeded that with a 74-percent awareness that includes 57-percent aided awareness and 17-percent unaided and then 72-percent in 2004. So awareness is doing great and our creative

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agency said, "You've hit a home run. That's a lot of hamburgers in our world." So we were also concerned about understanding of the messages. What were kids actually taking away from the Campaign? The first year we had 90-percent of kids that had an understanding of the key messages of the Campaign, in the second year, 96-percent.

So what about behavioral effects? We looked at physical activity for free time physical activity and for organized physical activity. But the campaign was really targeting free time physical activity. So, we got effects in free time physical activity in three major subgroups. In younger children, 9 to 10 years of age and as you look at this graph that's up there. You see the little 1.1's, that's a 1.1 session difference. And the column furthest to the left is Children Unaware of VERB so they did, weekly, 3.2 sessions of physical activity compared to all 9 to 10 year olds, which did 4.3 sessions. That included the unaware and the aware, so 1.1 session difference, which was significant. We got effects in younger and also in girls which was particularly gratifying because girls are really vulnerable for physical activity, really drop their physical activity off as they go into their adolescent years. So you'll see that the column to the left was 2.6 sessions of girls unaware of VERB compared to 3.3 sessions, a .7 session difference. We also got effects in this low-to-middle income group, and that was about a 1.1 session

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difference and that 25 to 50 thousand-dollar household. I told you that we also wanted to look at a sort of a dose response effect. And so we got this awareness and association between awareness and outcomes effect, again, in younger kids targeted in the Campaign. And also, a total effect, that's the group of columns over there to the right as you're looking at it.

Now, how much time do I have? I'm doing fine. Okay. Good, because let me show you a little bit more about this graph. As you look at the set of four columns, the group of columns, let's just look at the 9 to 10 years. So that's the children again, that are unaware of VERB. That second group are a group that said they had recall but they didn't understand the Campaign. So they were actually a little bit lower. The next group is our largest groups and those are children that had awareness of the Campaign after they were prompted about, "Have you heard of a campaign or advertising for getting kids active? Have you heard of VERB?" But the group to the far front of this right, that 5.6 session of free time activity, is kids that are what we called, "high aware". So they had unprompted awareness of the Campaign. So this is a trend line then that goes from across those four groups and shows that, although it doesn't look perfectly, but statistically, as you increased your level or your richness of awareness about the Campaign, the children's sessions of physical activity increased. So that is, as I said earlier, is

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another criteria of effect that we set for ourselves and which we were really pleased with. Got the same thing with girls, again, so even though as you're looking at those group of columns to the left, that 3.8 sessions is our largest group, again, and that's a little bit higher. But across the trend, across all four of them was a significant effect. It looks like it would have been significant for boys but it was not.

We also got an association between awareness and outcomes for two income groups, the households of less than 25 thousand which we're really pleased with because often the burden of and problems is often with these lower income families. They have less resources for getting organized. Sports, their kids to organized sports and transportation barriers, a lot of barriers. So we're pleased with that and then also, in the 50 to 75 thousand household income category.

So in summary of our behavioral effects then, nationally, free time physical activity, weekly sessions was for younger children, for girls, and children of households earning 25 to 50 thousand and then an association of effects with dose of messaging and the same groups are in similar groups. So that's all. Thank you very much.

[Applause]

MARIAN HUHMANN: Take my yellow ball [laughter]

VICKY RIDEOUT: Thank you, Marian. Please join me now in welcoming Professor Seth Noar.

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[Applause]

SETH M. NOAR, PhD.: All right. Hello everyone. Thank you, Vicky, good to be here and thanks again for the opportunity to be here, interact with folks. Today I'm going to present the effects of a Two-City Safer Sex Media Campaign Targeting, High Sensation Seeking in Impulsive Decision-Making Young Adults. (Probably the longest title of any of the speakers here.) And I want to just quickly acknowledge our research team: Rick Zimmerman is actually the P.I., the principal investigator on the project, or the head of the project. Phil Pondgreen [misspelled?] is our co-P.I. We have some co-investigators and some graduate research assistants. So we had a large research team working on this project. And the project was funded by the National Institute of Mental Health. Well the research question that we ask in this project was, "Can a stand alone, televised, mass media campaign be effective in changing safer sexual behavior?" It was an important question for at least a couple of reasons: One is there's skepticism in a lot of circles that a media campaign at all can be effective in changing behavior or a multi-component campaign. It's also important because a lot of campaigns we see these have multiple, multiple components. And our purpose here was to look at a media only, actually a television only campaign, to see if that can actually have behavioral effects.

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One of the things that we try to respond to in this project was some limitations of previous campaigns. Take off my watch so I keep an eye, okay [laughter]. And so, some of the campaigns you've been hearing about today don't have most of these limitations, unfortunately a lot of campaigns out there do. And some of the ones you see, most widely have to do with lack of formative research to really understand the target audience, the kind of messages that may be effective, the kind of channels that you should put your messages in or the kind of outlets, a lack of a body in segmentation and targeting messages to those audience segments, failure to develop theory of base campaigns, although, in this recent review I conducted, I found that more and more campaigns seem to be utilizing theory. And most of all, we're going to focus most on today has to do with rigorous evaluation. Unfortunately, the health mass media campaign literature has not tended to use strong evaluation designs and so, we have volumes of studies, but those studies altogether don't tell us nearly as much as they could about, "Do these campaigns work? Are we spending our resources and money in the right place or are we not?"

So the current study we tried to take, what essentially are effective principles of campaign design, really strongly into account in this campaign. So the purpose of develop and implement and evaluate a two-city media campaign, this is focus on safer sex and the message in the campaign was persuading,

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trying to persuade folks to increase their condom use. The medium that we use for televised 30-second, public service announcements, sort of the standard, 30-second PSA'S. And we focused on at-risk heterosexually active young adults. And as I'll explain here, the design that we used was a controlled interrupted time series design. We had two small cities, small to medium sized cities: Lexington, Kentucky, Knoxville, Tennessee. This is the part of the country where I'm at, University of Kentucky, so that was one reason we were there. These two cities were actually used by Dr. Phil Pondgreen [misspelled?] and it's some previous research that are very similar cities to one another. Lexington has University of Kentucky, Knoxville has University of Tennessee, they're both kind of big college towns.

So this will give a little sense of what our evaluation design looked like. As folks probably know, you can't really do a true experiment, typically with media campaigns, so you have to use some kind of quasi-experimental designs. This is one of the strongest designs we've believed that can be used. So what happens here is we've got the two cities. One city will get a campaign; in this case, Lexington got the televised campaign. One city serves as a comparison community. That was Knoxville; again, they're very similar in a number of ways. And what we did here with the time series design is to collect data each month from May, 2002 all the way through January,

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2004. We collect samples each month. I'll explain a little bit more on the next slide about that. And what happens is you can see in January, February and March of 2003, there was a campaign, just in one of the cities it was actually about a 13-week campaign. And so, we have here a bunch of data for the campaign. The campaign happens, a bunch of data after the campaign so we can see what happens in the one city. We can also compare it to the city that did not have a campaign. And so, as a time-series design, we can get a sense not only of pre-post but we can also get a sense of what's the secular trend, what's the developmental trend? Because too often, we assume in these kinds of campaigns that the behavior is just flat, it's just flat now and our campaign is going to hit and do something. Well, almost every time series study I've ever seen, the behavior's not flat. When you're coming in, the smoking is going up or you're coming in and condom use is coming down. And if you aren't aware then you can't really as accurately, precisely, interpret your results.

So, the way this works is we did a random digit dial. [misspelled?] We did random samples of a hundred individuals per month. These were different people in each month. And the way that works is you essentially are following a cohort, month by month. So you kind of up their age slightly each month in the people that you're serving. So to be in this study, they were aged 18 to 24; at the end they were aged 20 to 26. And we

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did the surveys using laptop computers where you survey research centers at each university. There are a lot of advantages of that including using randomizing questions and things like that. One of the great advantages is we actually show them the PSA's. So that when we get data on exposure, it should be much more accurate than, for instance, if we ask them over the telephone, because they actually watch it and then we ask them questions about it. Actually, if I had thought of it, I would have tried to get at least one PSA in here but I didn't think of it.

So in terms of our campaign plan, these are some of the things we try to do in terms of taking into account principles of effective campaign design. We, Phil Pondgreen [misspelled?] and folks at University of Kentucky have done a lot of work with sensation seekers and targeting high sensation seekers and we use an approach similar to that. We did a lot of formative research. I'm not going to say much about that today but just to let you know, we did lots of focus groups with previously existing PSA's as well as original scripts that we developed. We used theory and I'll explain that in a little bit. And, of course, we try to have a rigorous evaluation. On terms of this Sensation Seeking Targeting Approach called SENTAR, the way that that works is we focused on high sensation seekers and also a group we call "impulsive decision makers." Both of these kinds of folks have been shown to engage in riskier

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sexual behaviors as compared to folks that are low sensation seekers and more rational decision makers. And so, what we did is we developed and selected messages that were possibly effective with these folks. One thing we did, actually, is we reached out to the Kaiser Family Foundation because we did a lot of focus groups and found that, frankly, we found that most of the PSA's that we collected as many condom-use PSA's as we could and we went through and did a lot of focus groups. And most of them, frankly, were terrible. Many of them were not very good. There were only a small number that tested pretty well on our focus groups, some very well, and those happened to be Kaiser's so we reached out to Kaiser and they allowed us to use some of those spots in our actual Campaign. We also developed five original PSA's, working with some folks. And in all in all, the Campaign had 11 spots. What we do then is we place these PSA's in programming preferred by the young adults. So one thing the literature has shown that is that the average campaign has pretty low exposure. If you have low exposure, you have very little chance of campaign working. We did a lot of formative research looking at what kinds of shows did these high sensation-seeking, young adults watch, what kinds of programs so we can insert them in those particular programs and get high exposure. And then when the campaign's evaluated, we focus on those high sensation-seekers and impulsive decision-makers.

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In terms of the airing of the campaigns, this is a sensitive area, safer sexual behavior. My guess is that anti-smoking, anti-drug kinds of campaigns probably have a little more luck because there seems to be less controversy over airing those kinds of spots. In fact, in Lexington, when we were talking to some of the stations, they said something about condom-use advertisements that they really didn't like when Trojan would come around and try and buy airtime. They would sort of hide from them because [laughter] living in Kentucky now it's a little bit more of a conservative part of the country than in the Northeast where I'm from. And so, what we did is we, and I think really made a difference, we worked with the stations early on. The project was funded and like a month or two later, we were meeting with the television stations and talking with them and showing them the kinds of spots that would be likely to show in the campaign. We shared with them the scripts that we were developing. We didn't want to go out and shoot a spot and then have them watch it and say, "We can't air this." So we tried to bring them in as partners and I think that made a big difference. In fact, some people are still, when I present this or others present this, some people are still surprised that we aired all these spots in Lexington and Knoxville on increasing condom use.

In terms of the airtime, we heard about paid airtime. What we did in this campaign is we were able to achieve a one

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to one match. So we had funds to buy airtime because the only way to get good airtime is to at least to pay for some of that, at least through our model. But what we did is our media buyer worked with the stations and said, "In order to be in this project, you have to give them a one to one match." So for every spot we bought, we got a free one and we really made a strong pitch that it would be good airtime and not be a 3:00 in the morning on the Lifetime Channel or whatever and something that folks are not going to watch. We gave them the data and everything on what was important and so we really tried to push that.

I already talked about where they were inserted and then here's a little bit about the theoretical sort of message sequence. What we did is we, it was a 13-week campaign, about three weeks per topic. So we focused on threat, trying to raise the threat of STD's, HIV, and we tried to personalize the risk. We tried to raise and focus on the benefits of condom use and consequences and then we also tried to put across some skills, negotiation skills, other kinds of skills. And we did have high saturation campaign - over two hundred gross rating points, GRP's per week.

Okay, now I'm going to move quickly to results. I'm going just a tad too slow here. For all the results the folks of the analysis is on those above the medians to the high sensation-seekers and impulsive decision-makers were the folks

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that we focused on. I'm going to talk about exposure of the campaign, changes in sexual risk behavior and change in mediating variables. In terms of exposure, in terms of this is folks that saw at least one PSA, we had very high exposure. As you can see from when the campaign began, something like 68 percent exposure and that quickly shot up to close to a hundred percent that folks saw at least one of the ads. This next one here is looking at three different PSA's. A lot of different ways to look at exposure. This is three different PSA's. How many folks saw three different ones. This actually has two things tracked on it, high sensation-seekers and lows and both groups actually ended up seeing a lot of the spots. But we were pretty happy with the exposure at the high point here during the campaign. It's about 80 percent who saw three different PSA's. So we had pretty good exposure not only reaching people but also frequency, allowing them to see it multiple times.

Okay, now to behavioral results. This is to start with the comparison community. This is Knoxville. And it doesn't look like much is going on here. Pretty much a flat line. You can see it's drawn in there where the campaign happened in Lexington because what we want to make sure of is there weren't any sort of crossover into Lexington or any kind of effect that happened there since it's our comparison. We were a little bit surprised by this trend. We had really expected condom use to

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be decreasing because these folks are getting older. They're entering into intimate relationships. Unfortunately, one thing we know is they start using condoms less and using hormonal birth control instead. So we were a little bit surprised with this trend for that reason.

This is the Lexington data, and this is more of what we expected. If you look at the line coming down before the campaign, you see it's decreasing each month which is kind of what we expected. And then the campaign happens and what this is a line fitted by a computer. It's a time series regression analysis. And what happens here is that, that sort of upturn is statistically significant and this is past three-month condom use. So you see condom use is coming down, down, down when the campaign happened. It's started to go up and then we had a wear-off effect, which you see with just about any campaign where it started to come back down again. This slide here is just both of those trends put together on the same slide and so you can see them sort of one against the other. But we had very different secular trends but our view is that the campaign did impact condom use and obviously didn't in Knoxville. [Inaudible] We actually plotted what would have happened if there wasn't a campaign and that sort of white-gray line is what is projected if there wasn't a campaign. So condom use is projected and continued to come down and there wouldn't have been that sort of uptick. And a couple of slides

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here on a couple mediating variables, self efficacy, which has to do with do people perceive that they have the ability and the confidence to be able to use condoms in different kinds of challenging situations. And we got a similar pattern to behavior. We also measured intentions to use condoms in the future and we got a similar pattern in both cities.

A little bit on magnitude of effects, so are these large effects? Are they small effects? Well, a recent review of campaigns showed that in the Safer Sex area, there have only been very tiny effects in campaigns, an R of about .04 is this effect size metric they used. Our study has an R of about .13, another way to say that is that we estimate that an average, young adult engaged in 10.49 fewer acts of unprotected intercourse because of the campaign. And when you multiply that out because of the wide reach of mass media, it reached over 20 thousand young adults, we estimate about 181,224 acts of unprotected intercourse were averted due to the campaign [laughter]. All right, [laughter] that's pretty good. So this sort of shows even if campaigns don't have to have monumental effects. If they have reasonable effects, and we have a very wide reach, they can have a large impact.

So overall, we believe this results from the support of the efficacy of a televised-only campaign affecting behavior in young adults. We were able to achieve high exposure, condom use and the related variables seem to change in response to the

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campaign. And there was a wearoff effect when we need to be realistic about the campaign effects. Just like the advertising. If you notice the advertisers don't stop advertising. Coke is going and going and they keep having new campaigns and new things happening. They pour tons of money into it. You see those messages over and over and over again. We can't just do a one-week campaign and expect that we're going to see long-term effects.

So we believe that the sort of another implication in the study is that folk that we need to attend to effective campaign design principles that we really have a lot of knowledge about what works in terms of campaigns that we had to put into action and pay close attention. In that review I did, I tried to point very closely to those principles that we know worked. And the more rigorous our evaluation is, it can allow us to understand more what happened with the campaign. Sometimes very good campaigns happen. The evaluation is not very good and in the end it's just a question mark; we don't really know if it worked or not.

I just wanted to mention that we are doing a new study now focused on the delay of sex. We're working on much younger adolescents and the aim of the campaign is to try and get them to delay their initiation of first sex by a bit, which the literature suggests can greatly have them avoid many STD's and other negative consequences. Okay. Thank you.

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[Applause]

VICKY RIDEOUT: Thank you, Seth, and now, join me in welcoming Dr. Donna Vallone.

[Applause]

DONNA VALLONE, PhD, MPH: Good afternoon, everyone. It's a pleasure to be here with you, today. And I wanted to thank Vicky Rideout for inviting me. This is really wonderful to give us an opportunity to share our strategy about Truth and more importantly, the evaluation. As many of you know, Truth is a national, counter-marketing campaign, designed to reduce youth smoking. Truth is primarily a media campaign, although it has other elements to the campaign and most messages have been delivered through television advertisements. It relies on paid media similar to the VERB campaign. And the ads are placed within a typical teen-programming context that is alongside TV programs or channels such as MTV. We also use sensation seeking as a key-targeting variable to ensure that the ads are salient to our target audience, which is open to smoking, high sensation-seeking youth, 12 to 17.

As you know, the tobacco industry is famous for creating some of the most successful brands in the world. Key brand is Marlboro. Truth was created to compete with these brands as an alternative brand that youth might otherwise use to express their rebelliousness. And to make frequent use of facts and scientific statistics about smoking, and about the

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tobacco industry that youth find compelling. At the same time, these facts serve to focus the youth's rebelliousness and direct it towards the tobacco's industry as a way to show their identity. By using tobacco industry documents, scientific studies and other information, the campaign exposes the lies of the tobacco industry. Truth is not an anti-smoking campaign so it never preaches, it never tells you not to smoke, it doesn't stigmatize smokers, it is, instead, an anti-tobacco campaign, directed at the industry. Truth is designed as a youth to youth campaign. Ads are not generally put near programs that are viewed by adults and it's not shown in schools and it is never branded as an American Legacy product.

I'd like to show you an example of one of our ads by [inaudible]. [Continues speaking while video is playing]

[Plays Video Clip]

[Applause]

DONNA VALLONE, PhD, MPH: Our evaluation strategy derives from a conceptual framework which includes three phases. First, through the use of mass media, we aim to change a set of key beliefs in attitudes that are associated with youth smoking. This list of statements represents the beliefs and attitudes that our messages are specifically targeted to. Secondly, as a result of changes in these beliefs and attitudes, we expect to influence the intent not to smoke. Finally, we expect over time to see the changes in intentions

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to smoke result in reduced smoking results at the population level. Because Truth is the largest national youth campaign of its kind, and because of the complexities of its having been launched nationally without a control group, the Truth evaluation is necessarily multi-faceted. Of the many studies that we've conducted over time, I'm going to focus on two studies, one of which is based on the Legacy Media Tracking Study and one on monitoring future data. These two studies are included in your packets today if you'd like some more details. I'm going to try and give a brief overview.

Both are published in the *American Journal of Public Health*. The Legacy Media Tracking Survey, better known as LMTS, is a nationally represented telephone survey design to track awareness of and reactions to Truth among our target audience, youth 12 to 24, nine data collections with an overall sample size of 7 thousand. The primary purpose of this survey is to understand exposure and it's relationship to the campaign set of key beliefs and attitudes. This survey provided the data for the first study, which was getting to the Truth evaluating national tobacco campaigns. Monitoring the Future is a national, school based data collection that is collected out of the University of Michigan, looks at 8th, 10th and 12th grade students and has been a data collection since 1975. Monitoring the Future monitors a broad variety of beliefs,

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attitudes, intentions and behaviors but across a broader variety of risk behaviors including tobacco.

Our first paper includes data from the end of the first year of the campaign. Three key points I just want to include. We demonstrated the reach of the campaign to our target audience. In fact, 75 percent of all youth aged 12 to 17 nationwide could accurately describe the end of at least one Truth ad after having heard the description of the beginning of the ad. It's a measure that we call "confirmed awareness". The campaign was associated with changes in the key beliefs and attitudes I mentioned earlier. Also, we looked at tobacco-related beliefs and attitudes that were not expected to change as a result of the campaign and found that they had not changed. And this was just another way of helping to ensure that the shift in beliefs and attitudes was not the result of secular trends.

But just a regression was used to determine that the campaign was associated with changes in intentions to smoke among youth. In fact, youth with confirmed awareness of Truth were 66-percent more likely to say that they would not smoke in the coming year. It's interesting to note that our analysis enabled us to also assess the impact of Philip Morris' "Think. Don't Smoke" campaign. Exposure to that campaign was statistically significantly associated with a lower likelihood of youth reporting that they would not smoke in the coming

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year. This study controlled for numerous demographic and contextual variables, state level anti-tobacco campaign and bias due to the possibility that survey responses were not provided in a private setting.

Our second study, which demonstrates the impact of Truth utilized the Monitoring the Future data. From 1997 through 2002, this analysis extends our finding by demonstrating the association between exposure to the campaign and youth smoking behavior, which extends our work in terms of our Intentions To Smoke paper, which was the 2002 paper. So Monitoring the Future prevalence data provided us the ability to develop a pre-campaign baseline: the 1997 to 1999. And it allowed us to look at the annual rate of change in prevalence rates before the campaign as well as during the campaign to determine whether prevalence rates declines were accelerated after the campaign. Since Monitoring the Future does not ask the question of exposure to Truth, we coded campaign exposure for each student as the cumulative number of GRP's that aired in the school's medium market over the first three years of the campaign, which included the 210 U.S. medium markets across the country.

We estimated the odds of smoking as a function of exposure to the campaign while controlling for individual medium market and state level variables. Using pre-campaign data, we predicted the prevalence trend in the absence of the

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campaign, that is, setting GRP's to zero and compared it to the actual trends to estimate the proportion of the decline attributable to Truth. The difference between the actual and the predicted indicated how much lower smoking rates were as a result of the campaign. We were able to demonstrate that Truth accounted for 22 percent of the total decline in youth smoking between 1999 and 2002. In addition, this analysis revealed a dose response relationship between Truth exposure and youth smoking rates. In model that included all students, this effect diminished at approximately a level of 10 thousand GRP's, which implies that if we had been able to redistribute the GRP's across the nation, that the impact of Truth would have been higher.

We continued to assess the impact of Truth with particular attention paid to the cumulative effects of the campaign. As yet unpublished studies reveal that the association between anti-tobacco attitudes and beliefs has strengthened over the course of time, Truth is now associated with nine key belief and attitude items whereas in 2001, it was associated with only five. Additional research is needed to determine whether campaign effectiveness has been impacted by changes in our media buy. We have gone from being 70 percent on broadcast to 70 percent on cable. And that is a direct response to our declining resources.

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There is a discussion in some circles about whether a GRP is a GRP. And whether a GRP in 2000 is the same as a GRP in 2006 and this is obviously a question that we're trying to answer. If they are not functionally the same thing, then we need to understand how they differ and how this may be impacting our evaluation of the Truth campaign.

And finally, we're beginning to focus on evaluating new media channels, such as podcasting, text messaging and entertainment education similar to the work that the Kaiser Foundation has done, all of which are being considered as future Truth vehicles. So thank you.

[Applause]

VICKY RIDEOUT: Okay, thank you all very much and now's the time when you folks get to ask your questions of the panelists. So if you have a question, raise your hand, somebody with a microphone will find you. And there's somebody in the back right there.

FEMALE SPEAKER: I have one for Ms. Vallone. Thanks for a great presentation. I was wondering if your research looked in any way at alongside having the Truth PSA's that they impact at the same time the variable of the marketing and advertising of tobacco towards youth and how that interplays with the PSA campaign or whether the campaign was able to overcome that?

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DONNA VALLONE, PhD, MPH: We actually do collect information in our media tracking survey about the level of exposure to what we call "pro-tobacco marketing." To date, we actually haven't published anything around that. We do have one of our first look reports that can direct you to that. But I would say that the thing on smoke work is probably the most compelling and we will be coming out with another manuscript that uses more waves of data. And sort of further confirms our initial findings, which were of course criticized by the tobacco industry in the Justice case as being somewhat flawed. So I think the evidence is quite compelling that pro-tobacco marketing can be effective when it wants to be and its prevention efforts have not been successful.

VICKY RIDEOUT: You know it's a really interesting point because in each of the subject areas you guys are working in, the more exposure one of your viewers has to your campaign, the more media they're watching. And in each case, there are likely to be media messages that might be counter to that, so, factoring that in whether it's food advertising or sexual content in television shows or tobacco marketing and so on. So, figuring out how to factor that into the evaluation is really an interesting challenge, particularly you for you in your upcoming study about delaying sex. So, other questions? Yes, Vivica. If you could introduce yourself, that'd be great.

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VIVICA KRAAK, MS, RD: Vivica Kraak from the Institute of Medicine. My question is for Dr. Huhman; it's a two-part question. You mentioned that the VERB Campaign will be ending in September 2006 and I'm wondering if you could provide for the audience just some insight on why the funding was ended and what might have been done earlier on throughout the campaign, the supports that it wouldn't end several years after its inception? The second question is how long do you anticipate a following through the National Longitudinal Youth Media Campaign to see whether or not the lack of exposure to the VERB messages actually will lead to a curtailment in the physical activity levels?

MARIAN HUHMANN, PhD: Two really good questions. I'll answer the second one first. We are in the field now to evaluate the messages that are out there now and so we're paralleling that. We do not plan another collection after this. The best evaluation would be for the campaign to have ended in April of 2006 and then, for us to gather in a year from now with the campaign completely off the air and then see if there is a decline that's one of the more powerful ways to demonstrate effectiveness and one of the things that Seth was pointing to. So, we don't have the resources to do that a year from now. If we did, we would love to do that.

The answer to your first question is we are a congressionally mandated and line item in the Congressional

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budget and we were initially authorized for five years. And I don't think anybody really expected this to have the kind of effects that we've had and the kind of awareness and the kind of scope that we've been able to accomplish. So this is a very tough budget year and so we were not refunded because I think of a lot of competing priorities. We were at the end of the five years and I don't know, we really worked hard over the years to get a lot of Congressional support and one of the things that was meaningful to me is that our supporters in Congress said to us, "We do not dispute the value and the effectiveness of this campaign. But there are other priorities that we need to tend to." So it was really good that they believed that we were effective and believed that we were doing a great but there just wasn't money to fund that. Thank you for your question.

FEMALE SPEAKER #2: I have a quick question for you guys which is all of you are involved in campaigns that are either entirely or at least partially paid for where you buy the media time. Not everybody can afford to do that. What do you think is the relevance of your evaluations to groups that are relying on donated media? Seth?

SETH M. NOAR, PhD: Good question, [laughter] not an easy one, either. Well, essentially, the principles are still the same. In order to have an effect on our audience, whatever the audience is, we have to be airing messages that the

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audience, there's some data to suggest that the messages will be effective with the audience. And the audience needs to actually see the messages. And so that is surely much easier when you have more resources to be able to a, formative research and b, use paid media to reach folks. But I would say no matter what the circumstance is, certainly much more difficult with less resources but to strive as much as possible to be getting even some little bit of data from even one or two focus groups, what does your target audience think of your messages, number one, and number two, do your best, do your homework. Sometimes you can use, I don't know, perhaps lower cost media channels, whether it's posters or billboards or bumper stickers or something else. But the important thing is for them folks are to see the messages one way or another. And if you work with donated time, I think I mentioned we've put in a strong pitch that the donated time couldn't be, we probably didn't get a hundred percent of what we wanted but I think we got a good, because they gave us reports about both the paid and the donated. And we got some pretty good donated time in some primetime shows and things like that. So, I think to make a pitch for it to show that this stuff can work but it's got to be put into shows, put in channels and things that are actually going to reach the audience.

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FEMALE SPEAKER #2: And I think your efforts to bring the media partners in as partners in the beginning probably paid off in that way too.

SETH M. NOAR, PhD.: Yeah, absolutely, in fact, our campaign there was a previous campaign that Phil Pondgreen conducted. He was involved in this one as well. It was an anti-marijuana study and that study was actually published in *American Journal of Public Health* had dramatic effect on marijuana use. When we met with the television station, we show them those results and we reminded them that they had a hand in producing those pretty large decreases in marijuana use and we said, "We want to test this same strategy only with a different sort of problem behavior this time." And that buy, I think, really helped because we're all human beings and I think they really didn't want to be a part of it and to help us out and that was different than just going in and asking to buy time.

VICKY RIDEOUT: Great. Over here.

BOB DENNIS: Hi, I'm Bob Dennis with the National Youth Anti-Drug Media Campaign. Two questions for Seth. Seth, in terms of the awareness measures, were you able to test out ghost awareness? We found, generally, that 10 to 12 percent of awarenesses for ads that were never aired, so we kind of wondered about that. Who knows about those things? And then, second, in terms of condom use, was that just self-reported use

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or were there archival data such as condom sales or anything else that kind of supports that?

SETH M. NOAR, PhD: Good questions. On the first one, the ghost exposure, brain's not quite working that well today. I don't know what it is. On the ghost exposure, there is some evidence that we actually have underestimated our exposure rates because in the laptop survey, we were only able to include five PSA's because we couldn't have people watch all 11 PSA's. It was just too much time. So we only showed people five. So all the data that presented are only asking people about five but there were 11 PSA's that aired in the Campaign. In the paper actually, we sort of did an analysis that suggested that in some cases, as you're suggesting, folks may say, "Oh I've seen that one," when they really haven't and they've seen something similar, perhaps. And so, in the paper, we adjusted our exposure rates down about ten percent. Even if that's the case, we still have quite high exposure. I should mention it probably all comes out in the wash because we were not able to ask folks about more than half the PSA's.

And the other question had to do with the self-report. We tried because self-report is self-report and it's something. And we did the time series and asked people about their condom use and tracked it over time which, of course, is much more stronger than sort of after the Campaign, asking, "What, after seeing that Campaign, did you change your behavior?" So it was

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a rigorous design but certainly it would have been better if possible to have, and we tried to do condom sales stuff. We've looked into that, and it was just too difficult in terms of so many different stores, keeping sales data from different time periods. And we had hoped to do something like that, but it just wasn't possible. But thank you for the questions.

VICKY RIDEOUT: Rosemary? Right here, Teresa.

ROSEMARY CHALK: Hi. Rosemary Chalk from the National Academies. Seth, did your team at all consider in the research design including some kind of a reinforcement cohort where you would have supplemental messages, consistent messaging coming from additional sources beyond just the public service ads either through the Health Department, through healthcare providers or pharmacies? And if you had done something like that, would you like to hypothesize about any possible effects that may have been produced?

SETH M. NOAR, PhD.: Yeah, thanks. We, in this study, as I mentioned, we wanted to test media only, television only, actually. And so, we purposely excluded any additional channels. In the original design, actually, we were going to have to have a booster campaign in Lexington, so one thing Phil Pondgreen did in his previous study was after the one campaign ended a year later, he had another campaign and as marijuana use is going back up, they said it started to come down again. And actually for budgetary reasons, we weren't able to do that

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to have a second campaign. So we did stick to the one channel because we thought it was important to try and demonstrate if that one channel could be effective television only. But certainly using more components has the potential to be really effective in terms of synergy and other kinds of things.

VICKY RIDEOUT: Well, I think it's a fascinating part of what you did because that has traditionally been just anathema for a public education campaign to say that you would do media by itself. I mean, it's always been that we have to have a grassroots component, something on the ground and so on and so forth. And to set out to specifically set out to test the notion of just a media campaign, I think is just fascinating. And the other thing I was going to say is in terms of ghost awareness, your effect size might have been higher if you were able to eliminate the people who were falsely saying they had been exposed to the campaign, which would be interesting. I've never seen anything like what Legacy did where you actually had the respondents tell you how the ad ended when you tell them the beginning. I mean, that's a tough measure of exposure. That was really fascinating. So a question somewhere over here. Yeah?

MALE SPEAKER #1: Hi, I'm Alex [inaudible] from American Center for Research. Actually, why didn't you use confirmed awareness measures? Why did you use...

SETH M. NOAR, PhD: That's a question for me?

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MALE SPEAKER #1: Yeah.

SETH M. NOAR, PhD: Well, we decided to use, since we did it using the laptop-based procedure where we basically what we did is random digit dialing, screen people that had to have certain criteria to be in the study, in particular, being sexually active and in the right age range of things. And then, we surveyed research centers, both at University of Kentucky and University of Tennessee. What they do is they contact folks and they'll either come to your home or they'll meet them in different places to do the survey. And we did all the surveying on laptop computers. But that for the procedure that Truth is really fascinating and that's not something that we have thought up. But we did what Dr. Pondgreen did in his previous study which I think is a pretty rigorous way to do it, to do show them the actual ad, and we ask them, "Have you ever seen this? How many times?" And we also collected other data about what they thought about the ads. So we thought that was a pretty good way to go about that. But the confirmed awareness is certainly interesting and potentially a higher threshold measure.

VICKY RIDEOUT: Right here.

SANDRA L. CALVERT, Ph.D: Sandy Calvert, Georgetown University. A couple of things. One, can you each give us an estimate about how much per year it would cost to run your campaign, or actually, how much it is costing to do it? And

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then, secondly, was something like the VERB Campaign, and I'm sure the others, that you've had the same sort of ideas, is there certain sensitive ages, you know, I'm seeing that younger kids are more influenced by VERB, is there a reason why the younger kids are more influenced and given limited resources or are there certain ages that each area should be targeting for maximum effectiveness?

MARIAN HUHMAN, Ph.D: Our first year's appropriation was 125 million and after that it went down successively. Right now, we figure we can run the campaign with that level of awareness, that big boost of awareness that we got and the brand, likeability and resonance that's out there on about 60 million a year. We did get a lot of donated media the first year, the media buy itself was about 51 million and we got about 70 million in kind for tours and the school promotions. So that's the answer to that. We think we actually adjusted the media buy in subsequent years so we could better reach that older target and we changed a little bit of the messaging so that what appealed and appeal up a little bit because actually the younger kids look up to the older kids and model them. And we think that the 9 and 10 year olds were just affected. VERB really emphasizes fun and having fun with your friends and physical activity is a cool thing to do. And it just resonated better that first year with the younger kids and with girls, maybe girls' sociability made that a little bit more resonating

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too. So we adjusted the media buy and the messaging in response to that. As far as other groups to be targeting, of course, we target this age because habits established at this age for adolescents and young adolescents is more likely to be maintained as kids go into adolescence and then into young adulthood. So, that's why this is a particularly important group for physical activity. And also that parents are still able to influence their kids to be physically active so that made a good secondary audience for us.

VICKY RIDEOUT: Back corner.

FEMALE SPEAKER: Michelle Ward-Brandt [misspelled?] from RTI International. Just a quick question for Seth. You mentioned your surprise that the condom campaign was airing in a conservative Southern area. Did the station experience any backlash at all either from community groups or advertising?

SETH M. NOAR, PhD: Actually, no. I think there was one, perhaps in Knoxville, there was like one phone call from a parent or something like that who saw it come on. We did have one or two as we were working with the stations, we did have one or two up front before anything was aired that were concerned. It was one station that seemed to have a much more conservative station manager. We got a lot of questions about why this isn't abstinence campaign and they considered not being a part of it and so we had to work with them and a couple of them were a little bit tougher than others. But in the end,

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there might have been one or two phone calls through the whole campaign at the most.

VICKY RIDEOUT: This gentleman right here.

MALE SPEAKER #2: This is the CDC. Did you have focus group results that encouraged you to exclude nutrition from your VERB campaign?

MARIAN HUHMANN, PhD: We did extensive amounts of formative research. Others on the panel talked about that and I did not but we did a lot of exploratory research to find out what the motivators were for this age group and what were the barriers for them and Bill [misspelled?] thought that sort of thing that's one of the ways we knew it was going to be a can-do, positive campaign and not a health, "This is a healthy thing for you to do" campaign. So we did exploratory research. We did a lot of concept testing and message testing as well. What was the other thing you asked? Formative...?

MALE SPEAKER #2: I asked you if you could have stressed nutrition [interposing].

MARIAN HUHMANN, PhD: Oh, right. People have come to us since we've been out there and said, can we make this also a nutrition campaign, nutrition message but we think that it has to be a single message campaign. In fact, we started out at the beginning because our Congressional mandate was to affect positive activities and we were initially a positive activity encouraging this age group to be positively active including

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physical activity and it was too broad. We could not get good advertising and messages that really could target this group with a single message. So that single messaging concept is something I think, probably everybody up here would agree to. So, we couldn't make it a nutrition campaign or some other risk behavior.

VICKY RIDEOUT: Keith?

KEITH SCARBOROUGH: I'm Keith Scarborough with the Association of National Advertisers. We're one of the groups that sponsors the Ad Council. And they've done obviously PSA's over a whole range of issues for a number of years. I'd be interested in any comments you have about comparing the Ad Council effectiveness of their campaigns versus what you been involved with? Do you think the Ad Council PSA's, obviously they have a substantial amount of resources behind them, are they more or less effective than other campaigns that you've been involved with?

DONNA VALLONE, PhD, MPH: I'll just take a crack at that. We actually have a campaign that we work with the Ad Council, it's called "Don't Pass Gas" and it's about secondhand smoke. I think the real problem is the placement. You don't really get complete leverage of where you want to place your ads. And so, what you have is you have GRP's that are going to run at 4:00 in the morning or at hours where your target audience is not going to be present. It's the problem of not

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having the ability to firmly decide where that placement is going to be. So I think on some level, it's unfair of a comparison to, particularly where Truth, we actually buy it, we place it on a teen-context. We have all that leverage. So I think that they're very effective, but I think you need to take into consideration that the mechanism through which they air is not under the control of the campaign developer and that compromises their ability to reach that audience effectively.

VICKY RIDEOUT: Seth or Marian, want to comment or anything?

MARIAN HUHMANN, PhD: No.

VICKY RIDEOUT: Okay. Did you have a comment earlier? Yeah, go ahead. Sorry, I'll come over here next.

SUSANNA FOX: I'm still interested also, Susanna Fox from the Pew Research Center. I'm still interested in how much it costs the other two campaigns? [Laughter] And my question, actually was regarding VERB. I'm interested in the Yellow Ball Campaign and what the uptake was for the kids trying to move them online and if it was a success or a failure. Why do you think that?

SETH M. NOAR, PhD: Well our campaign is probably the simplest because we don't have a nice big national campaign. It was a regional campaign. It's interesting because we were able to do it and have high exposure, high intensive campaigns, but we've looked into doing maybe another product, a three-city

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campaign. Go into larger cities. We may be able to, but it gets very expensive. One reason we were able to have high exposure and pull this off was these markets are smaller, and the media's not nearly as expensive as if you try this in Chicago or New York City, that kind of thing. I don't have exact figures off the top of my head, but I believe, I know for sure that Knoxville was more expensive than Lexington. It's a slightly bigger market. I think we spent about \$150,000 on the Lexington campaign and maybe closer to \$200,000 on Knoxville. That's my guess. The Knoxville thing I don't have time to go into, but there was a second campaign so 150- to 200,000 for airtime.

VICKY RIDEOUT: Over here, we had a question.

DONNA VALLONE, PhD, MPH: [Inaudible] What did they get? [Interposing]

VICKY RIDEOUT: Oh, sorry. I'm sorry [laughter].
We'll finish here first.

DONNA VALLONE, PhD, MPH: Sure. In the early years of the Truth Campaign, we spent about 100,000 a year and that was media buys as well as production costs. We probably spent about half that right now. And we've changed, as I've mentioned, we've changed the proportion of GRP's on broadcast versus cable. In terms of the ages of the campaign, I mean, I think these are some of the things that we're wrestling with is we built a brand and we see brand equity and cumulative effects

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of GRP's. And so, what we see is the strongest effects among 12th graders because they've had essentially four years of exposure to the brand. So when we look at 8th graders, we would argue that it's a little cerebral for a 6th grader so I think that that's one of the challenges of evaluating campaigns with kids because they're going through these different developmental stages. I will tell you 10th graders are really tough, difficult for us because almost despite whatever we say, their rebelliousness kicks in but it does look like by 12th grade, it really does have a very strong effect.

VICKY RIDEOUT: Yes, Ma'am.

FEMALE SPEAKER: Thank you, I wanted to follow up with the last question [interposing]

MARIAN HUHMAN, PhD: I'll be quick [interposing].

VICKY RIDEOUT: I keep going off the panel. I'm really sorry. Go ahead.

MARIAN HUHMAN, PhD: Just to answer quickly your Yellow Ball question, we hope that about 2 million kids will pick it up and do something with it. They are blogging about it and they're saying wonderful things on the yellowball.com website. There are 21 million tweens in this country so that's our target audience. We're reaching 17 million of them if you figure about a 75 percent awareness. So just another little thing we look at in terms of cost. So we figure about three

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dollars a year it costs us to reach these kids and to be moving the needle on physical activity.

FEMALE SPEAKER: Three dollars per kid?

MARIAN HUHMANN, PhD: Per child.

FEMALE SPEAKER: Right.

MARIAN HUHMANN, PhD: That's very, very rough, though.

Very rough.

VICKY RIDEOUT: Sorry, ma'am. Okay.

FEMALE SPEAKER: Could you tell us what the overall cost on the condom campaign is, not just the ad buys? And also we'd be very interested to know, I think a lot of people here, the cost of the evaluation efforts?

SETH M. NOAR, PhD: Well, I should have picked through the budget before I came today. Well this was, as I mentioned, a product funded by the National Institute of Mental Health, which was part of NIH. The entire grant was 2.8 million dollars. But folks who know about this kind of thing know that a big chunk of that goes to the university that takes the grant [laughter] so just for accepting the grant, the University of Kentucky got some money. I don't know how much, maybe \$800,000 dollars or something like that. Something around 40 percent of the grant and so, basically you're talking about probably about 2 million dollars, which include all the evaluation, all the airtime. We developed five PSA's for the campaign, which came out, I think, pretty strong given the

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small budget we had. Folks up at NIH also know that salaries to pay, graduate researcher assistants, folks working on the project, is typically the biggest line item. But that gives you a sense of the amount of money and the number of things that it was used for.

FEMALE SPEAKER: What did you pay to produce a PSA?

SETH M. NOAR, PhD: We worked with, again, Mike Kilbourne [misspelled?]. There's this group called RTV Incorporated in Lexington and we paid about \$20,000 per PSA, which is like dirt cheap compared to my understanding is that Truth easily spends maybe a million bucks on one PSA and has fantastic spots. But again, I wish I had showed you guys one or two of them because they came out, I think, pretty good given the budget.

VICKY RIDEOUT: Good, yes, in the back [interposing]

MARIAN HUHMANN, PhD: Oh, did you want me to answer how much the...?

VICKY RIDEOUT: Oh, yes, sure. Go ahead. I'm sorry [interposing]

MARIAN HUHMANN, PhD: Our evaluation costs roughly 2 million a year so that's far less than the ten percent that they recommend for evaluation of a program. But that does include the formative research, which is considerable and the concept testing, all the focus groups for that is considerable and the tracking study. And in addition to the big survey that

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we're doing, we have added two additional surveys. Another cohort started in 2004 and then a new cross-sectional in 2006. And that's to tease out time and sample bias. Once kids are in a cohort for five or six years, you begin to wonder whether calling them on the phone is part of the intervention. So, to try to tease that out, we mounted additional surveys.

DONNA VALLONE, PhD, MPH: In terms of our evaluation costs, I would estimate about five to eight million but we've been on the air for six years. So, it's really been quite a monumental effort but I would estimate that as per year. But I just wanted to make one point which is I sort of encourage folks to look around and see what other data collections are actually being mounted, either in your state or your locality. And really try and think creatively about how you might either piggyback onto a data collection that's already in the field or use one of which you're trying to change your behavior or an attitude. Because that's one of the ways that we actually saved money was really by using Monitoring the Future because data collection for us has been one of the most expensive components of the evaluation.

VICKY RIDEOUT: But you've then had to correlate that free Monitoring the Future data with gross rating points through Nielsen and did that cost you money or...?

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DONNA VALLONE, PhD, MPH: No, actually, remember since we buy the media, we know where the gross rating points are. So, we have had data [interposing]

VICKY RIDEOUT: [Interposing] relying on donated media, though they would have to purchase, unless it was through an organization like the Ad Council that provides them with those data, they might have to purchase that [inaudible].

DONNA VALLONE, PhD, MPH: Right. Exactly. Exactly.

VICKY RIDEOUT: Okay. And I think we, oh, a comment from the Ad Council [laughter] since their name has been invoked? And then we will go for the last question to you.

KEITH SCARBOROUGH: I was doing research and evaluation for the Ad Council and we do rely on donated media and it is a very good question. And I think you should place them as an important one. We do get about 29 million dollars per campaign per year across all media. And it's usually about a \$700,000 dollar investment. So, that's one way to do ROI but we're also very committed to doing tracking studies, pre-post, and everything I'd be happy to share info too.

VICKY RIDEOUT: Great.

FEMALE SPEAKER: Hi, I'm Mirsha Matthew [misspelled?] with Connect For Kids, and I was wondering, this question's for Marian, I was wondering when you said that you were happy with your study, and its ability to address a lower socioeconomic

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population, I was wondering what it was about your study that you think was able to target that group?

MARIAN HUHMANN, PhD: We do put almost everything on cable and cable reaches, we think about 76 percent of the households in this country. But by going into schools, one of the things we looked at this last year is that among lower income groups, we had more awareness coming from schools. And so we were targeting more schools so we think that maybe one reason. Another is because we used other ethnic-specific contractors that really understood their audiences; we've actually gotten a good sense that the Hispanic and the Spanish-speaking households are one group that we're reaching, especially well. And no group is really falling below what our goal was. So that's one of the things that we're looking at is trying to understand that. One of the things is because we're pushing free time play and it's not something that we're seeing effects and that, it doesn't have the same barriers that organized activity does for low income households. And we're also reaching a lot of parents and sometimes low income parents is well and maybe that's just encouraging parents to make more opportunities available: take their kids to park or whatever, to have free time play.

VICKY RIDEOUT: Okay, thank you. We're going to wrap it up now. I do want to say if you want to hang around and talk to one another, there's coffee and cookies out in the

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lobby. Please feel free to do so. This is part of a series of functions that we're doing on social marketing, public service advertising, public education campaigns. So if you have thoughts for ideas of what you'd most like to hear about, topics you think we should cover, please let me know. A couple years ago, the Kaiser Family Foundation did a content study about public service advertising on television. We looked at the amount of time that's donated to PSA's, the amount of time dedicated to paid PSA's, corporate PSA's, the time of day they run and so on. We are currently in the field redoing that so one of these functions we will have new data to share with you on that probably next year sometime.

I want to thank my panelists, Donna Vallone, Seth Noar, and Marian Huhman so much for coming and sharing your expertise with us. Thank you. Thank you also.

[Applause]

[END RECORDING]