

Kick the habit: a social marketing campaign by Aboriginal communities in NSW

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Abstract. Tackling smoking is an integral component of efforts to improve health outcomes in Aboriginal communities. Social marketing is an effective strategy for promoting healthy attitudes and influencing behaviours; however, there is little evidence for its success in reducing smoking rates in Aboriginal communities. This paper outlines the development, implementation and evaluation of Kick the Habit Phase 2, an innovative tobacco control social marketing campaign in Aboriginal communities in New South Wales (NSW). The Aboriginal Health & Medical Research Council worked with three Aboriginal communities and a creative agency to develop locally tailored, culturally relevant social marketing campaigns. Each community determined the target audience and main messages, and identified appropriate local champions and marketing tools. Mixed methods were used to evaluate the campaign, including surveys and interviews with community members and Aboriginal Community Controlled Health Service staff. Community survey participants demonstrated high recall of smoking cessation messages, particularly for messages and images specific to the Kick the Habit campaign. Staff participating in interviews reported an increased level of interest from community members in smoking cessation programs, as well as increased confidence and skills in developing further social marketing campaigns. Aboriginal community-driven social marketing campaigns in tobacco control can build capacity, are culturally relevant and lead to high rates of recall in Aboriginal communities.

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Introduction

Smoking is a leading cause of the burden of disease experienced by Aboriginal peoples and is responsible for one in five deaths in Aboriginal communities (MacRae *et al.* 2013). In 2012–13, 41% of Aboriginal people aged 15 years and over smoked on a daily basis (Australian Bureau of Statistics 2013). In recent years there has been increasing attention on reducing smoking prevalence as a key strategy in addressing the gap in health outcomes between Aboriginal and non-Aboriginal people, including through the *National Partnership Agreement on Closing the Gap in Indigenous Health Outcomes* (Council of Australian Governments 2009).

Although there is good evidence for what works to reduce smoking in the general Australian community, including brief interventions, pharmacotherapy and media campaigns, there is less evidence supporting the effectiveness of these strategies in Aboriginal communities (Ivers 2011). Some studies suggest that mainstream health promotion campaigns achieve similar recall rates for Aboriginal and non-Aboriginal people (Stewart *et al.* 2011). However, Aboriginal people consistently identify a preference for locally based strategies that include community members in their design and delivery (National Tobacco Campaign 1999; Ivers 2011).

Social marketing is a relatively new strategy for delivering health promotion messages. In Australia, the Aboriginal

community controlled health sector has been at the forefront of using social marketing strategies, including social media, for advocacy, health promotion and community development (Sweet 2013). There is good evidence that localised and Aboriginal-specific campaigns are more acceptable to Aboriginal people than general campaigns (Johnston and Thomas 2010). However, there is little published literature on appropriate strategies for developing and implementing social marketing campaigns for Aboriginal communities.

Herein we describe the design, implementation and brief evaluation of a smoking cessation social marketing campaign by and for Aboriginal communities in New South Wales (NSW).

Methods

Context

The Aboriginal Health and Medical Research Council of NSW (AH&MRC) is the peak body and voice of Aboriginal communities on health in NSW and represents more than 50 Aboriginal Community Controlled Health Services (ACCHSs) and health-related services. The ACCHSs provide comprehensive, culturally appropriate primary health care, including smoking cessation and other tobacco control activities (Couzos and Murray 2008). The AH&MRC and its member services have a long-standing interest and experience

What is known about the topic?

- Social marketing has been identified as an important action in reducing smoking prevalence; however, there is little evidence on the appropriate application and success of social marketing strategies in Aboriginal communities.

What does this paper add?

- This paper describes a community approach to smoking cessation social marketing campaigns. Findings suggest the campaign was acceptable to the community, effective in disseminating smoking cessation messages and encouraged engagement with local health services.

in tobacco resistance and control. The AH&MRC supports ACCHSs in this area through the AH&MRC Tobacco Resistance and Control (A-TRAC) program, which aims to reduce the impact of tobacco-related harm in Aboriginal communities in NSW. The program involves a broad range of activities that include developing culturally appropriate health promotion resources, supporting the ACCHS tobacco control workforce and working with member services and their communities to strengthen capacity to undertake local tobacco control activities.

Campaign

The Kick the Habit Phase 2 Social Marketing Campaign was an Aboriginal-specific smoking cessation social marketing campaign led and supported by the A-TRAC team between January 2011 and August 2012. The campaign was informed by earlier work undertaken by the AH&MRC, including Kick the Habit Phase 1. Phase 1 was a smaller-scale project in which the AH&MRC worked with six ACCHSs to develop health promotion resources (posters, brochures and a short film) to increase community awareness of the harms of tobacco. Key health messages and the use of local role models were set before engagement with local communities. Kick the Habit Phase 2 built on this work and took a more community-driven approach to developing a comprehensive social marketing campaign led by the local community. Phase 2 aimed to increase awareness of smoking cessation options and quit attempts among Aboriginal community members, de-normalise smoking within the community and increase the capacity of ACCHSs and communities to develop and run localised social marketing campaigns.

A request for expression of interest in participating in the campaign was sent to all AH&MRC member ACCHSs. Three ACCHSs met the selection criteria (ability to participate in the required time frame, availability of one staff member to lead the campaign locally and agreeing to participate in the evaluation) and were invited to participate in the campaign. These three ACCHSs had experience in health promotion activities, including in tobacco control; however, they had not previously developed or implemented a social marketing

campaign. Each local ACCHS and community was supported to develop a film and accompanying resources, as well as an implementation plan, to address local smoking-related issues.

Social marketing workshops were held at each site and involved ACCHS staff, community representatives, A-TRAC staff and a creative agency. At the workshops, ACCHS staff and community members identified a specific audience they felt particularly needed smoking cessation support, as well as locally appropriate messages and strategies for disseminating messages. After each workshop, the A-TRAC team and creative agency worked with the community to develop a localised campaign comprising a short film starring a local role model. Local role models were identified as a key strategy in Phase 2 focus groups and this is consistent with the literature that Aboriginal communities want to know the person in health promotion material (National Tobacco Campaign 1999). Films were broadcast in ACCHS waiting rooms, at community events and on the Internet, including the AH&MRC website (www.ahmrc.org.au, verified 14 January 2014). ACCHSs also sought out opportunities for free television and local cinema broadcasts. Supporting resources for all three sites included banners, posters, stickers and radio advertising materials. Each site also selected a range of resources specifically for their target audience, including temporary tattoos, drink bottles, T-shirts and footballs. The A-TRAC team developed a media tool kit to assist the ACCHSs with launching and promoting their campaigns.

Participating ACCHSs emphasised in workshops the importance of focusing on a particular community population they felt needed smoking cessation support. Site 1 developed a campaign titled 'It's never too late'. This campaign targeted community members aged 40 years and older and aimed to encourage daily smokers to consider quitting and talk to staff at their local ACCHS about quitting support. Site 2 developed a campaign titled 'Smoking ain't cool no more', which targeted young people in an effort to de-normalise a local culture of young adults smoking. Site 3 targeted young parents with their 'Make our kids proud' campaign that presented local parents who had quit smoking as 'heroes' for their kids and emphasised the positive impacts of quitting on the whole family. Campaign materials referred community members to the local ACCHS to receive support to quit. Examples of some of the posters produced as part of the campaigns are provided in Figs 1–3.

Sites were supported by A-TRAC staff and the creative agency to undertake a local launch of their campaign and use their resources as part of other community events and programs. The campaigns were promoted formally using local newspapers and radio and posters in appropriate community locations and events, as well as informally through word of mouth. In addition, the A-TRAC team revised and promoted a Kick the Habit Facebook page (<https://www.facebook.com/pages/Kick-the-Habit/303274051400>, verified 14 January 2014), initially developed as part of Phase 1, to support communication and information sharing between the three Kick the Habit sites and promote the campaign more broadly. With the consent of each site, the resources were modified (individual service logos were removed and viewers were referred to their local ACCHS rather than specific ACCHSs involved in the campaign) and



Fig. 1. Poster from site 1 campaign 'It's never too late'.

made available to all ACCHSs in NSW, as well as promoted at AH&MRC events through to World No Tobacco Day in May 2013.

A small-scale evaluation was developed to evaluate the campaign. The evaluation focused on aspects of two of the campaign objectives: (1) to increase awareness of smoking cessation options among Aboriginal community members; and (2) to increase the capacity of ACCHSs and communities to develop and run localised social marketing campaigns.

Community awareness of smoking cessation options was evaluated using recall of campaign messages in surveys with community members. Community members aged 16 years and over and attending the local ACCHS were approached by A-TRAC team members and invited to participate in a short survey during a 1-week period for each site. Surveys were administered using hand-held electronic devices. Survey questions were based on questions asked in the 2011 and 2012 evaluations of the National Tobacco Campaign (Myers and



Fig. 2. Poster from site 2 campaign 'Smoking ain't cool no more'.

Blackmore 2012) to allow comparison between the two campaigns. A-TRAC team members undertook quantitative analysis of the surveys. Other questions in the surveys addressed past experiences with smoking cessation and support. This information was collected to inform the broader work of the A-TRAC team and is not reported in this paper.

Community and ACCHS capacity to run social marketing tobacco control campaigns was evaluated using staff perceptions of the local impact and strengths of the campaign

during semistructured telephone interviews with staff and community members involved in the campaigns. Data for staff and community members have been combined because numbers were small and findings between the two groups were similar. A-TRAC team members generated a list of themes based on interview questions and findings. Data were coded, analysed and discussed by the A-TRAC team before being reviewed by senior AH&MRC staff. The evaluation received approval from the AH&MRC Ethics Committee.



"Do Our Kids Proud" and visit your local Aboriginal Medical Service or Health Clinic

www.ahmrc.org.au



Fig. 3. Poster from site 3 campaign 'Make our kids proud'.

Results and discussion

In all, 95 community members were surveyed across the three sites during the post-campaign evaluation. Participation at each site varied from 23 to 43 people; however, rates of recall were similar across the three sites and are presented together. Eighty-

one of the 95 survey respondents (85%) recalled seeing or hearing Aboriginal-specific campaigns at some point in time. For the 56% of survey respondents who identified as being a current smoker (a person who smokes daily, weekly or more than monthly), unprompted recall was slightly higher (93%).

Recall of the Kick the Habit campaign was high when survey respondents were asked to describe actual photographs, images and messages they remembered from an Aboriginal-specific campaign. Respondents were not asked to identify in which medium messages and images were seen (posters, film or other materials). Seventy-six per cent of survey respondents recalled messages from the campaign in their community and 71% remembered photographs or images. Intention to quit and quit rates were not evaluated.

Unprompted recall of Kick the Habit campaign messages and images is high compared with recall of other tobacco media campaigns. Evaluation of the 2011 and 2012 National Tobacco Campaigns found that unprompted recall of campaign messages was between 25% and 57% (Myers and Blackmore 2012). The Kick the Habit campaign evaluation targeted ACCHS clients rather than sampling more broadly from the Aboriginal community, and this is likely to have increased recall rates. However, unprompted recall for other Aboriginal-specific campaigns, such as Break the Chain, which had run in recent months (Australian Government 2012), was also recorded in the Kick the Habit campaign and recall was found to be only 15.2%. The difference in unprompted recall rates is likely to reflect the localised and targeted approach of each community campaign.

The high recall found in community surveys was supported by findings from the eight semistructured interviews conducted with ACCHS staff and community members. Interview participants reported that they thought the high recall of campaign messages and images was due to the campaign being localised and involving known and respected community members as faces of the campaign:

Aboriginal people know Aboriginal people and what they need.

The local context and content of the film and message were appealing. The way they talked [in the film] is the way we usually talk.

I think that it does make a difference having local people. That means the community members here...can relate to the information because it is about someone they know.

ACCHS staff and community members interviewed reported that the campaigns had contributed to an increase in community members presenting to the ACCHS to discuss quitting, and this was felt to be primarily among those who were part of the target audience at each site:

I have got 40 people on the waiting list now. Before the campaign we had eight people on the list...That is a result of the campaign.

In addition to increased engagement between community members who smoke and the ACCHS, those interviewed stated that the campaign had contributed to strengthened capacity within the service to tackle tobacco. ACCHS staff stated that the campaign had led to increased discussions within the service about tobacco control activities and that staff felt better positioned to develop and deliver local social marketing campaigns in the future. Two of the three sites expressed intent to extend their work in social marketing on smoking cessation

and other health issues. The third site stated that this may occur in the future provided there is organisational capacity to do so.

Interview participants were also asked how the campaigns could have been improved. Participants consistently stated that the campaigns increased staff workload and having dedicated staff would have increased their capacity to plan and implement the campaign. Participants stated that campaigns of longer duration that are integrated with other tobacco control initiatives, including regional tobacco teams, would strengthen their tobacco control efforts.

Conclusion

This article contributes to the evidence that the ACCHS sector is successful in implementing social marketing campaigns that have an impact on local communities and ACCHSs. The AH&MRC is in a unique position to support ACCHSs to undertake social marketing because of strong relationships with member services and experience in delivering campaigns. At the local level, ACCHSs are ideally placed to develop localised social marketing campaigns because they are owned and operated by the local Aboriginal community.

The Kick the Habit Phase 2 campaign illustrates that community-driven social marketing campaigns can lead to high rates of recall in Aboriginal communities, increased engagement between community members who smoke and ACCHSs, and strengthened capacity among ACCHSs and communities to undertake tobacco control activities. Social marketing is one important strategy for addressing tobacco-related harm among Aboriginal people and campaigns will be most effective if they are owned, developed and implemented by Aboriginal communities.

Conflicts of interest

None declared.

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