

# Longitudinal Evaluation of the Tobacco Stops with Me Campaign

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**Introduction:** Counter-marketing in tobacco control plays an important role in increasing smoking cessation, reducing overall tobacco use, and reducing exposure to secondhand smoke.

**Purpose:** To evaluate the Tobacco Stops With Me campaign in Oklahoma by determining awareness and impact on tobacco-related attitudes, knowledge, and behavior among tobacco users and non-users.

**Methods:** A 2-year longitudinal population-based study of 4,001 Oklahomans aged 18–54 years was conducted to evaluate campaign-related changes in knowledge, attitudes, and behaviors. Baseline data were collected using landline and cellular phones in 2007 prior to the launch of the campaign, with follow-up surveys at 1 year after baseline ( $n=2,466$ ) and 2 years after baseline ( $n=2,266$ ). Data were analyzed in 2012 using methods appropriate for weighted longitudinal data.

**Results:** Overall campaign awareness was 81%. Exposure to Tobacco Stops With Me doubled quit attempts among tobacco users and increased knowledge about the harm of secondhand smoke. Tobacco non-users exposed to the campaign were 1.5 times more likely to help someone quit using tobacco than those not exposed, report that tobacco is a serious problem in Oklahoma, believe that tobacco companies should not be allowed to give away free samples or advertise at public events, and believe that smoking should be banned at public outdoor places. These findings were statistically significant after controlling for potential confounding variables.

**Conclusions:** This study demonstrates the campaign's impact on tobacco-related attitudes, knowledge, and behaviors among both tobacco users and non-users.

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## Introduction

Tobacco companies spend upward of \$8 billion annually on media campaigns promoting their products.<sup>1</sup> Campaigns include magazine, newspaper, Internet, and convenience store ads, all readily visible to adults, teens, and children. Tobacco ads contain provocative messages and product packaging is sleek, shiny, and attractive to young and older smokers alike.<sup>2,3</sup> Studies<sup>4,5</sup> have shown that marketing by tobacco

companies targets minorities, women, and youth. Although each advertisement must carry the Surgeon General's warning, these warnings represent 25-year-old first-generation tobacco packaging that is not effective.<sup>6–8</sup>

In April 2013, the Community Preventive Service Task Force revised its list of research-tested best practices for tobacco control to include a recommendation for mass-reach health communication interventions.<sup>9,10</sup> This recommendation was based on strong evidence of effectiveness, including cost effectiveness. Health communications campaigns have proven to be a successful way to improve public awareness of the danger of tobacco, reduce tobacco use, decrease the likelihood that people will begin smoking cigarettes, reduce nonsmokers' exposure to secondhand smoke (SHS), and increase both the number of quit attempts and cessation rates.<sup>11–15</sup> Campaigns are most successful when combined with other anti-tobacco measures such as state and local policy initiatives and when used with an integrated and strategic

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approach that includes multiple channels. Because anti-tobacco advertising is allowed in a large number of venues, the potential to reach a wide variety of people, including youth, is high.<sup>16,17</sup>

Oklahoma is among the states with the highest rates of tobacco use in the nation.<sup>18</sup> As part of an ongoing commitment to reduce tobacco use and alleviate the harmful health effects of SHS, the Oklahoma Tobacco Settlement Endowment Trust in partnership with the Oklahoma State Department of Health initiated a multi-phase health communications campaign to highlight how tobacco use negatively impacts individuals whether they use tobacco or not. The campaign, developed around the tagline “Tobacco Stops with Me” (TSWM) sought to raise awareness of the consequences of tobacco use and exposure to SHS smoke by portraying situations in which the negative effects of tobacco are apparent. The target audience for the campaign was the general population of adults in the state, aged 18–54 years, with messages targeting both smokers and nonsmokers. The advertising was placed on TV, radio, print, and outdoor media. Some of the ads were co-branded with the Oklahoma Tobacco Helpline. The long-term aims of the TSWM campaign were to increase smoking cessation, decrease overall tobacco use among Oklahomans, and reduce the likelihood that Oklahomans would begin smoking. Self-efficacy to either quit or not initiate tobacco use was encouraged through repetition of the brand/tagline.

This longitudinal, population-based evaluation of TSWM was designed to determine if the target audience was aware of the message and if the campaign impacted tobacco-related knowledge and attitudes among Oklahomans. Additionally, the evaluation sought to determine if the campaign impacted tobacco-related behaviors of initiation, quit attempts, tobacco cessation, helping others to quit smoking, and protection from SHS in the form of personal home bans, vehicle bans, and public activism against tobacco.

## Methods

### Sample and Procedure

In collaboration with Westat, a survey research firm located in Rockville, Maryland, the University of Oklahoma Health Sciences Center (OUHSC) evaluated this health communications campaign using a longitudinal study of tobacco users and non-users aged 18–54 years in Oklahoma, the target population for the media campaign. A cohort was established in 2007 prior to the launch of the campaign through a baseline assessment using a dual-frame sample with both landline telephone and cellular telephone numbers. In Oklahoma, 26.6% of households were using cellular phones only in 2007, one of the highest rates in the nation.<sup>19</sup> Eligibility criteria for the study included Oklahoma residence, English speaking, age 18–54 years, and verbal consent. Every

eligible cellular phone respondent, regardless of tobacco use status, was included in the sample. For the landline sample, within-household sampling procedures were used with the aim of producing approximately equal numbers of baseline interviews with people who used tobacco and those who did not.

The baseline survey, conducted between November 10 and December 30, 2007, included 4,001 Oklahomans; 47% were tobacco users, 17% were former users, and 36% were never users. Of these, 81.5% were conducted with landline phone users and 18.5% with cellular phone users. The first follow-up survey was conducted between October 27, 2008, and January 14, 2009, with landline completion rates of 60% and cell phone completion rates of 62%, for a total of 2,466 completed surveys. In the second follow-up survey, the study attempted to contact all 4,001 members of the cohort, despite non-response at the first follow-up. This third survey was completed between November 28, 2009, and February 7, 2010. Landline phone completion rates were 57% and cellular phone completion rates were 62%. The sample size at the second follow-up survey was 2,266. This study was approved by the OUHSC IRB (No. 13712).

### Tobacco Stops with Me Campaign Gross Rating Points

Gross rating points (GRPs) measure reach and frequency of advertisements. The TSWM campaign began in January 2008 with an average of 272 GRPs per week over 9 weeks, in each of the major metropolitan areas: Oklahoma City, Tulsa, and Lawton. In July 2008, the Sherman/Ada area was permanently added to better cover all portions of the state. GRPs were gradually tapered to an average of 188.5 per site per week during 2009 and ended in June 2010 with an average of 202.5 for the weeks the ads aired. CDC Best Practices<sup>20–22</sup> recommend 1,200 GRPs per quarter to ensure sufficient reach and frequency. This level of exposure was achieved during the first 15 months of the campaign. The media buy plan included both network and cable TV programming, reaching a broad audience of Oklahoma adults. Overall, the campaign comprised paid TV, radio, print and outdoor ads, as well as collateral items and online messages.

### Measures

Demographic characteristics, captured at baseline, were used to define subgroups of interest in the descriptive analyses. These measures included sex, age, level of education, race and ethnicity combined, and income (Table 1). Three items were used as measures of social context: (1) presence of a child aged  $\leq 6$  years in the household (yes, no); (2) number of household members aged 18–54 years who use tobacco; and (3) how strongly friends and family want the tobacco user to quit (not at all, a little, somewhat, very much).

Campaign exposure was self-reported awareness and recall, and measured in two ways.<sup>10,20,21</sup> The first measure, general exposure, was dichotomous and occurred when respondents spontaneously recalled TSWM as an anti-tobacco ad campaign, recognized the TSWM tagline when asked directly, or described a TSWM ad. The second measure, level of exposure, included three ordered categories and was determined by identifying what level of exposure was present in each respondent. Respondents who were able to describe a TSWM ad demonstrated “ad recall,” the highest level

**Table 1.** Awareness of Tobacco Stops with Me advertising among Oklahomans, by selected characteristics: 2009–2010 (n=2,266), % (95% CI)

Characteristic	General exposure		Level of exposure to TSWM	
	Exposed	No exposure	Brand recall	Ad recall
Total	80.8 (78.6, 83.1)	19.2 (16.9, 21.4)	24.1 (22.1, 26.1)	56.7 (54.2, 59.3)
<b>Gender</b>				
Male	79.2 (76.0, 82.5)	20.8 (17.5, 24.0)	26.9 (23.4, 30.4)	52.4 (48.6, 56.1)
Female	82.4 (79.2, 85.6)	17.6 (14.4, 20.8)	21.4 (18.9, 24.0)	61.0 (57.2, 64.8)
<b>Age (baseline)</b>				
18–24	77.6 (71.0, 84.1)	22.4 (15.9, 29.0)	19.3 (13.9, 24.7)	58.3 (51.2, 65.4)
25–34	83.9 (78.6, 89.1)	16.1 (10.9, 21.4)	27.1 (22.3, 31.9)	56.8 (51.3, 62.3)
35–44	80.2 (75.1, 85.2)	19.8 (14.8, 24.9)	22.0 (17.7, 26.4)	58.1 (52.5, 63.8)
45–54	80.9 (77.1, 84.6)	19.1 (15.4, 22.9)	26.5 (23.0, 30.0)	54.3 (50.1, 58.6)
<b>Tobacco use status at second follow-up</b>				
Current user	77.9 (73.7, 82.1)	22.1 (17.9, 26.3)	24.1 (20.0, 28.2)	53.8 (49.2, 58.4)
Former user	81.2 (77.3, 85.1)	18.8 (14.9, 22.7)	21.8 (17.2, 26.4)	59.4 (54.2, 64.5)
Never user	83.3 (80.0, 86.6)	16.7 (13.4, 20.0)	25.5 (21.8, 29.1)	57.8 (53.7, 61.9)
<b>Race</b>				
White	83.2 (80.9, 85.5)	16.8 (14.5, 19.1)	24.5 (22.1, 27.0)	58.7 (55.8, 61.6)
African American	76.3 (64.8, 87.9)	23.7 (12.1, 35.2)	27.6 (16.6, 38.7)	48.7 (36.4, 60.9)
Hispanic	70.9 (59.7, 82.1)	29.1 (17.9, 40.3)	16.1 (7.9, 24.3)	54.8 (43.8, 65.8)
Native American	75.9 (67.8, 83.9)	24.1 (16.1, 32.2)	21.2 (14.6, 27.8)	54.7 (46.2, 63.2)
Other	78.9 (64.1, 93.7)	21.1 (6.3, 35.9)	38.3 (18.9, 57.8)	40.6 (22.6, 58.6)
<b>Education (baseline)</b>				
< High school	67.5 (57.7, 77.3)	32.5 (22.7, 42.3)	18.6 (11.9, 25.4)	48.9 (38.5, 59.2)
High school/technical	80.6 (76.7, 84.5)	19.4 (15.5, 23.3)	24.1 (21.2, 27.0)	56.5 (51.7, 61.3)
Some college	83.4 (79.4, 87.4)	16.6 (12.6, 20.6)	25.1 (20.7, 29.5)	58.3 (53.8, 62.8)
College degree	85.8 (82.4, 89.3)	14.2 (10.7, 17.6)	23.4 (19.0, 27.8)	62.4 (57.7, 67.2)
Postgraduate/professional degree	86.7 (81.3, 92.0)	13.3 (8.0, 18.7)	33.8 (25.3, 42.3)	52.8 (44.0, 61.6)
<b>Income (\$)</b>				
≥ 25,000	76.5 (70.2, 82.7)	23.5 (17.3, 29.8)	22.6 (17.8, 27.4)	53.9 (47.4, 60.4)
25,001–50,000	82.5 (78.2, 86.9)	17.5 (13.1, 21.8)	24.3 (19.7, 28.9)	58.2 (53.3, 63.2)
50,001–75,000	83.5 (78.8, 88.3)	16.5 (11.7, 21.2)	27.7 (23.2, 32.1)	55.9 (51.0, 60.8)
≥ 75,001	80.9 (76.4, 85.4)	19.1 (14.6, 23.6)	22.2 (18.3, 26.0)	58.7 (53.5, 63.9)

TSWM, Tobacco Stops with Me.

of exposure. Respondents with “brand recall” had the ability to remember the name of the TSWM tagline, even though they could not describe a specific ad and were classified at the second level of exposure. Respondents who neither remembered the campaign tagline nor any ad were classified as unexposed, the third level of exposure.<sup>12,23</sup>

Respondents were asked about lifetime and current tobacco use, including any of the following: cigarette smoking, smokeless tobacco use, and pipe and cigar smoking. Respondents were initially classified as current, former, or never tobacco users at baseline. Among current tobacco users, daily and non-daily use was distinguished for some analyses. Tobacco use outcomes

included quitting tobacco use between baseline and the first and second follow-up surveys, quit attempts, defined as attempting to quit tobacco use for at least 24 hours in the previous 12 months, and initiation of tobacco use between baseline and follow-up.

Respondents were asked a battery of attitudinal items related to limiting tobacco in their personal lives and in their community, and a small number of knowledge questions about the effects of SHS. Clusters of these attitudinal and knowledge measures were identified and combined to form outcome scales. Scales were constructed using item response theory (IRT).<sup>24</sup> The advantage of using scales in this study was to reduce the number of items for analysis, and that scales are generally more sensitive to change or effects than individual items.<sup>25</sup> Three sets of items were found to reliably represent a latent trait. These constructs included: curb tobacco (reliability, 0.79); harm from SHS (reliability, 0.69); and protection from SHS (reliability, 0.79).

The harm from SHS construct included three survey questions: (1) *Do you think breathing smoke from other people's cigarettes is very harmful, somewhat harmful, not very harmful, or not harmful at all?* (2) *Does breathing secondhand smoke cause sudden infant death syndrome?* (3) *Does breathing secondhand smoke cause heart disease in adults?* The protection from SHS construct included the following survey questions: (1) *Should smoking in bars be allowed indoors and outdoors, outdoors only, or not at all?* (2) *How likely would you be to ask someone not to smoke in your presence?* (3) *What rules do you have about smoking inside your own home and vehicle?* The curb tobacco construct included level of agreement to four survey statements: (1) *Tobacco companies should not be allowed to give away free samples.* (2) *Smoking should be banned at public outdoor places.* (3) *Tobacco advertising should be banned at public events.* (4) *Tobacco use is a serious problem in Oklahoma.*

Two survey questions did not cohere with any of the constructs and were analyzed as individual, binary outcomes: *Secondhand smoke causes ear infections in children*, and *I tried to help someone quit tobacco in the previous 12 months*. Additionally, used only in the 2009–2010 survey were two items modeled as individual, binary outcomes. These included the following: *Breathing secondhand smoke causes asthma*, and *Are you aware of a phone number or website where people can get help to quit smoking or quit smokeless tobacco?*

## Statistical Analysis

Data, analyzed in 2012, were weighted to adjust for non-response and sources of undercoverage, and composite weights were calibrated using age by sex, race/ethnicity, and education for 18–54-year-olds in Oklahoma based on the 2006 American Community Survey.<sup>26</sup> When missing responses occurred, full item imputation was performed to ensure that each partial survey was complete. The statistical program SUDAAN was used to analyze data using longitudinal procedures appropriate for weighted data. The three scaled constructs were analyzed using linear regression. Categorical outcomes were treated as binary variables by dichotomizing and analyzing them using ordinary logistic regression. Because interactions were present between campaign exposure and tobacco use status, some models were stratified by daily and non-daily tobacco use status or by tobacco users and non-users.

## Results

Exposure to the TSWM campaign at the second follow-up survey was reported by 81% of Oklahomans in 2009–2010 (Table 1). Nearly 57% could describe a TSWM ad, and

24% were only aware of the tagline. Oklahomans with less than a high school education (68%) were less likely to report exposure to the campaign than those with a higher education. Reported exposure to the campaign was similar across groups defined by race/ethnicity, income level, sex, and age.

Exposure to the TSWM campaign did not have a significant effect on tobacco use initiation among non-users of tobacco or quitting tobacco among daily and non-daily users of tobacco during the follow-up (Table 2). However, daily users of tobacco who were exposed to the TSWM campaign were twice as likely to make a quit attempt as compared to those not exposed to the campaign.

Exposure to the TSWM campaign increased knowledge about the harm of SHS. Both tobacco users (OR=1.91) and non-users (OR=1.51) exposed to TSWM were more likely to correctly identify SHS as a cause of ear infections in children as compared to those who were not exposed to TSWM. Non-users exposed to the campaign were also 77% more likely to correctly identify the relationship between SHS and asthma compared to non-users not exposed to the campaign. These findings were consistent for both methods of exposure measurement, general and by level of exposure. Exposure to the TSWM campaign was also associated with a nearly 50% increase in the odds of a nonsmoker trying to help someone quit tobacco use in the previous 12 months. Most importantly, there was a highly statistically significant effect of TSWM campaign exposure on awareness of a helpline or website for quitting tobacco use. Those with general exposure who used tobacco at baseline had 2.42 times higher odds of knowing about the helpline compared to those who were unexposed. Those who did not use tobacco at baseline had a similar OR of 2.35 (Table 3).

There was no significant effect of reported campaign exposure at the second follow-up on the two constructs related to SHS, harm, and protection (Table 4). There were significant effects of campaign exposure ( $p < 0.0001$ ) on the curb tobacco construct among tobacco non-users at baseline, for both the general exposure measure and when comparing the three levels of exposure. These findings suggest that exposure to the TSWM campaign had a significant impact on tobacco non-users' desire to curb tobacco use and its advertising.

## Discussion

Effectively reaching the intended audience is an essential first step in progression toward attitudinal and behavior change—the desired outcomes of a health communication

**Table 2.** Tobacco Stops With Me campaign effects for tobacco use behavior outcomes, by exposure measure (n=2,266)

	Level of exposure <sup>a</sup>				
	General exposure <sup>a</sup>		Brand recall	Ad recall	p-value
	OR (95% CI)	p-value	OR (95% CI)	OR (95% CI)	
Initiation of tobacco use (among non-tobacco users at F1)	0.73 (0.34, 1.54)	0.40	0.91 (0.62, 1.32)	0.82 (0.56, 1.19)	0.62
<b>Quit tobacco use</b>					
Daily user at F1	0.74 (0.34, 1.63)	0.46	0.80 (0.53, 1.19)	0.63 (0.42, 0.95)	0.28
Non-daily user at F1	1.02 (0.09, 11.7)	0.99	1.28 (0.36, 4.45)	1.62 (0.46, 5.65)	0.70
<b>Quit attempt in last 12 months</b>					
Daily user at F1	2.02 (1.09, 3.73)	<b>0.03</b>	1.36 (0.99, 1.88)	1.86 (1.35, 2.57)	0.07
Non-daily user at F1	0.54 (0.10, 2.91)	0.48	0.59 (0.26, 1.34)	0.35 (0.15, 0.79)	0.21

Note: Adjusted for age, race/ethnicity, children in the home, number of household members who use tobacco, how much friends and family want smoker to quit, gender, education, and income. Boldface indicates statistical significance ( $p < 0.05$ ).

<sup>a</sup>No exposure, in which neither the campaign name nor an ad was recalled, is the comparison group.

F1, first follow-up.

campaign.<sup>27,28</sup> After 2 years, TSWM met one of its key objectives, to capture the attention of its target audience. This is noteworthy, considering that the GRPs for the campaign decreased over time, with a quarterly average of around 900 during the last year of the study period. Additionally, the campaign was successful at reaching a variety of audiences as exposure did not differ significantly by race/ethnicity, income, sex, or age.

Similar to results found by Vallone and colleagues<sup>13,14</sup> in their evaluation of the EX campaign, TSWM had a positive impact on attempting to quit among people who were daily tobacco users at first follow-up: the odds for attempting to quit were double for tobacco users who were aware of the campaign compared to those not aware of the campaign. The TSWM campaign raised awareness that tobacco is a serious problem in Oklahoma. In addition, the campaign resulted in attitude shifts about tobacco companies being allowed to give away free samples, smoking bans at public outdoor places, and tobacco advertising bans at public events. Previous studies have demonstrated that this form of change in attitudes and awareness can have a long-term impact on tobacco use behaviors.<sup>29,30</sup>

The TSWM campaign had a positive impact on Oklahomans who do not use tobacco. The campaign increased awareness in this group as evidenced by nonsmokers attempting to try to help others quit tobacco use. Specifically, the odds of trying to help someone quit were approximately 1.5 times higher for

those aware of the TSWM campaign compared to those not aware of the campaign. These results indicate the campaign's continuing impact on Oklahomans who are not tobacco users, particularly in terms of inspiring social support to combat tobacco use. Previous research<sup>31</sup> has shown that campaign information and messages must be presented both frequently and over a long period of time to have a positive impact on changing attitudes and behaviors.

Several aspects of health communication campaigns related to content and delivery of messages may influence their effectiveness. These include the type of target behavior; the message itself (including focusing messages on specific population subgroups); the channel through which it is delivered; the source of the message; and the receptivity of the audience.<sup>32–34</sup> This descriptive analysis revealed less recall of the campaign among the least educated (high school/technical training or less), a finding that might be linked to the message content of the TSWM ads. For example, recent research<sup>28,29</sup> has found that smoking-cessation media campaign messages appear to be less effective in increasing the number of quit attempts among less-educated populations. Therefore, there may be a general need to explore and develop messages that more effectively target less-educated smokers, particularly the group of smokers who have not achieved high school graduation.

This study is one of few that have incorporated a longitudinal design, an oversample of tobacco users, and a cellular phone sample to evaluate the impact of a

**Table 3.** Campaign effects for tobacco-related knowledge, attitudes, and behaviors by baseline tobacco use status (n=2,266)

	General exposure <sup>a</sup>		Level of exposure <sup>a</sup>		
	OR (95% CI)	p-value	Brand recall	Ad recall	p-value
			OR (95% CI)	OR (95% CI)	
<b>Secondhand smoke causes ear infections in children</b>					
Used tobacco at baseline	1.91 (1.06, 3.45)	<b>0.03</b>	1.44 (1.08, 1.90)	2.05 (1.55, 2.72)	<b>0.014</b>
Did not use tobacco at baseline	1.51 (1.13, 2.01)	<b>0.007</b>	1.18 (1.00, 1.38)	1.38 (1.17, 1.61)	<b>0.046</b>
<b>Secondhand smoke causes asthma in children</b>					
Used tobacco at baseline	1.06 (0.60, 1.87)	0.84	1.00 (0.76, 1.32)	1.00 (0.76, 1.32)	0.98
Did not use tobacco at baseline	1.77 (1.08, 2.90)	<b>0.027</b>	1.33 (1.06, 1.68)	1.79 (1.42, 2.25)	<b>0.02</b>
<b>Tried to help someone quit tobacco use in past 12 months</b>					
Used tobacco at baseline	1.35 (0.76, 2.40)	0.303	1.21 (0.90, 1.62)	1.46 (1.09, 1.95)	0.205
Did not use tobacco at baseline	1.47 (1.02, 2.13)	<b>0.042</b>	1.17 (0.97, 1.41)	1.38 (1.14, 1.66)	0.095
<b>Awareness of helpline/website for quitting tobacco use</b>					
Used tobacco at baseline	2.42 (1.29, 4.49)	<b>0.007</b>	1.60 (1.18, 2.18)	2.56 (1.88, 3.48)	<b>0.004</b>
Did not use tobacco at baseline	2.35 (1.48, 3.70)	<b>0.0001</b>	1.49 (1.21, 1.84)	2.23 (1.80, 2.75)	<b>0.0001</b>

Note: Adjusted for age, race/ethnicity, children in the home, number of household members who use tobacco, how much friends and family want smoker to quit, gender, education, and income. Boldface indicates statistical significance (p < 0.05).

<sup>a</sup>No exposure, in which neither the campaign name nor an ad was recalled, is the comparison group.

statewide tobacco counter marketing campaign. Based on only 2 years of exposure to TSWM, the findings of this evaluation study are noteworthy, yet consistent with

evidence from other states regarding the effectiveness of tobacco counter-marketing campaigns. Sustained investment in TSWM, as one component of Oklahoma's

**Table 4.** Campaign effects for tobacco-related knowledge and attitude constructs, by baseline tobacco use status (n=2,266)

Construct	General exposure <sup>a</sup>		Level of exposure <sup>a</sup>	
	Regression coefficient	p-value	Regression coefficient	p-value
<b>Harm from secondhand smoke</b>				
Used tobacco at baseline	-8.88	0.09	-5.07	0.06
Did not use tobacco at baseline	6.19	0.16	2.72	0.18
<b>Protection from secondhand smoke</b>				
Used tobacco at baseline	-4.50	0.30	-1.50	0.48
Did not use tobacco at baseline	2.42	0.50	1.04	0.56
<b>Curb tobacco</b>				
Used tobacco at baseline	0.05	0.988	0.51	0.780
Did not use tobacco at baseline	13.75	<b>&lt; 0.0001</b>	8.80	<b>&lt; 0.0001</b>

Note: Adjusted for age, race/ethnicity, children in the home, number of household members who use tobacco, how much friends and family want smoker to quit, gender, education, and income. Boldface indicates statistical significance (p < 0.05).

<sup>a</sup>No exposure, in which neither the campaign name nor an ad was recalled, is the comparison group.

overall tobacco control program, will continue to change social norms for tobacco, thus reducing smoking and other forms of tobacco use.

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