Mass-Reach Health Communication Interventions

Mass-reach health communication interventions can prevent initiation, promote cessation, and shape social norms about tobacco use. These interventions are effective in countering pro-tobacco advertising and promotion, especially among youth and young adults.

State programs can boost efficiency by using existing resources, such as CDC’s Media Campaign Resource Center, to find effective, existing advertisements. New advertising should only be developed when a campaign objective is unique enough that existing ads may not address it or when it needs to publicize a local event.

Mass-reach health communication interventions should include:

• Graphic, emotional anti-tobacco ads
• Ad buys with sufficient reach, frequency, and duration to encourage—and sustain—behavior change
• Audience insight research and concept testing if developing new material
• Surveillance to understand messaging, placement, and marketing
• Local media support and community collaboration to increase awareness and reinforce social norms
• Digital technologies for further dissemination, as appropriate
• Promotion of cessation services to support tobacco user who want to quit
• Process and outcome evaluation

Considerations for Funding Levels for Mass-Reach Health Communication Interventions include:

• Television ad buys
• Cost of Gross Rating Points (a measure of audience reach and frequency) by state and audience

Major Content Areas for Mass-reach Health Communication Messaging:

• Motivate tobacco users to try to quit
• Protect people from the harms of secondhand smoke
• Transform social norms to prevent tobacco use initiation

The 2014 Best Practices formula only considers television media placement in the mass-reach health communication intervention component.

However, there are other costs, such as ad development, but these will vary significantly by state. Also, new media, such as social media approaches, have great potential, but more evidence is needed to understand costs and impact.