

Building Consumer Demand for Tobacco-Cessation Products and Services

The National Tobacco Cessation Collaborative's Consumer Demand Roundtable

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Introduction

Of the 43.4 million current smokers in the U.S., 70% say that they want to quit, and over 40% report making at least one serious quit attempt each year.^{1,2} But most smokers who try to quit do not use the proven treatments that could double or triple their chances of succeeding.³ Unfortunately, smokers in the groups and populations with the highest smoking prevalence (Native Americans/Alaska Natives, low-income smokers, and those with limited formal education) are the most likely to try to quit, the least likely to use proven treatments, and the most likely to fail in their attempts.^{4,5} There is no better way to improve the nation's health and reduce health and healthcare disparities than to reach, with treatments that work, more of the 17 million U.S. smokers who try to quit.

Boosting smokers' success by increasing their awareness of, demand for, access to, and use of effective treatments was recently identified as a priority by the *Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guideline* and previously by the NIH State-of-the-Science Conference on Tobacco Cessation, Prevention, and Control in 2006.^{3,6} The National Tobacco Cessation Collaborative (NTCC)'s Consumer Demand Roundtable was created to focus on this priority of building greater demand for tobacco-cessation products and services. Part of the reason for the underuse of science-based treatments is that for decades the public health

community has seen smokers as "patients" who are prescribed treatments and told how to quit. With this view, treatments only have to be effective, but not necessarily appealing. But in today's consumer culture, smokers have many options, both proven and unproven. Viewing smokers instead as "consumers" involves seeing them as empowered to make treatment choices. Viewing smokers and quitters as consumers makes it clear that proven treatments must not only be effective, but also engaging and able to produce a positive consumer experience. From this perspective, if we are doing our jobs, quitters should want to use the treatments that work. The fact that treatment use remains low even when proven treatments are offered free of charge or are fully covered by health insurance indicates that we have more work to do.

The NTCC, formed in June 2005, is supported by the nation's leading funders of tobacco-control research and advocacy: the American Cancer Society, American Legacy Foundation, CDC, National Cancer Institute, National Institute on Drug Abuse, and the Robert Wood Johnson Foundation (RWJF). Aims of the NTCC are to improve the nation's health by increasing successful cessation among tobacco users in all U.S. populations through collaborative efforts and programs (www.tobacco-cessation.org). To address the challenge of building consumer demand for evidence-based treatments, the NTCC and its funders launched the Consumer Demand Roundtable in 2005 with the goals of identifying innovative strategies for substantially increasing the demand for, and use of, evidence-based tobacco-cessation products and services—particularly in underserved low-income and racial/ethnic minority populations where tobacco use is highest and treatment use is lowest. This initiative defined consumer demand as:

the degree to which smokers and other tobacco users who are motivated or activated to quit know about, expect, seek, advocate for, demand, purchase, access,

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and use tobacco-cessation products and services that have been proven to increase quitting success.⁷

Under the auspices of the NTCC, and with management direction of the Academy for Educational Development (AED), the Consumer Demand Roundtable convened three times between December 2005 and June 2006 at AED's headquarters in Washington DC. The goals of the Roundtable were to:

1. generate fresh ways of thinking about increasing demand for evidence-based tobacco-cessation products and services, and
2. identify and catalyze feasible innovations in product design, promotion, research funding, practice, and policy that could improve considerably the use, reach, and impact of current evidence-based treatments.

The NTCC Consumer Demand Roundtable members and meeting participants included leading tobacco-cessation funders, researchers, providers, practitioners, policy advocates, consumer product designers, and marketing experts. In addition to leading cessation experts, NTCC invited representatives from IDEO, the nation's leading innovative product design firm, to contribute their expert thinking. A list of Roundtable members, as well as meeting presentations, products, and the principal document can be viewed and downloaded from the NTCC website at www.tobacco-cessation.org.

Through these three NTCC Consumer Demand Roundtable meetings, members and participants identified six core strategies for building consumer demand for evidence-based tobacco-cessation products and services. These strategies, more fully described in the booklet *Innovations in Building Consumer Demand for Tobacco Cessation Products and Services* (www.tobacco-cessation.org/ini_consumer.htm), are:

1. **Viewing smokers as consumers and taking a fresh look at quitting from their perspective.** When most companies develop a product or service, they begin the process by understanding what consumers need and want. But smokers have often been viewed as passive treatment beneficiaries rather than treatment consumers. The first step in building consumer demand for proven cessation treatment products and services involves viewing smokers as consumers, and going beyond testing products for their efficacy to determining how they can best meet quitters' wants and needs.
2. **Redesigning evidence-based products and services to better meet consumers' needs and wants.** While many effective cessation products and services exist, consumers do not always have positive experiences with them. Using consumer-centered design principles

was seen as a promising strategy for making effective treatments more appealing.

3. **Marketing and promoting cessation products and services in ways that reach smokers—especially underserved smokers—where they are.** Compared to cigarettes, cessation products/services are not widely promoted. For instance, many smokers are not aware of quitline services, and many in health plans that offer and even subsidize proven treatments do not know that these treatments are available as covered benefits.^{4,5} Cessation media campaigns and direct-to-consumer marketing of quitting services and products can markedly boost quit attempts, treatment use, and population quit rates.⁸ Even barrier-free treatments like quitlines depend on adequate promotion for their use. Effective ads and promotions can be targeted to high-risk and underserved populations, including those in low-income groups and racial/ethnic groups where treatment use is most limited.⁹
4. **Seizing policy changes as opportunities for breakthrough increases in treatment use and quit rates.** There is growing evidence that excise taxes and smoke-free policies increase quit attempts, quitting, and treatment use. Pairing these public health policy changes with efforts to improve treatment access holds great promise for major breakthroughs in treatment use and quit rates.^{10,11}
5. **Systematically measuring, tracking, reporting, and studying quitting and treatment use—and their drivers and benefits—to identify opportunities and successes.** In the U.S., trends in youth and adult tobacco use are regularly monitored via a series of annual cross-sectional surveys. However, these surveys do not systematically track quit attempts, successes, and treatment use. This makes it difficult to track trends in quitting or to identify the factors that influence treatment use and success.
6. **Combining and integrating as many of these strategies as possible for maximum impact.** The best way to build consumer demand for tobacco-cessation products and services is to combine and integrate as many of these strategies as possible. When this has been achieved, real breakthroughs in treatment demand, delivery, reach, and use have occurred, leading to substantial reductions in population-level smoking prevalence.¹⁰

The three NTCC Consumer Demand Roundtable meetings culminated in a final Consumer Demand National Conference in May 2007 to examine, refine, and disseminate these strategies in ways that could help to spur breakthroughs in research, policy, and practice. The conference convened over 100 of the nation's experts in

tobacco-cessation research, practice, and policy with the ability to act on promising ideas, innovations, and action plans. Participants included tobacco-control leaders, product and service developers, marketers, policy advocates, insurers/employers, and researchers at the state and national levels. Participants discussed the ideas for expanding the work of the Consumer Demand Roundtable and suggested follow-up initiatives for the NTCC.

The NTCC's Consumer Demand Roundtable extended only from 2005 to 2007, but its efforts to generate new ways of thinking about boosting consumer demand for and use of tobacco-cessation treatments and to catalyze feasible innovations in product design, promotion, research, funding, practice, and policy continue through the ongoing work of the NTCC. After the national conference in 2007, the NTCC began the Consumer Demand Initiative (one of five NTCC initiatives) to support the confirmed application and dissemination of consumer demand strategies and approaches identified by the Consumer Demand Roundtable. Since then, NTCC and its members have conducted a number of follow-up activities, including:

1. An RWJF-funded IDEO pilot test of consumer demand strategies and design principles (see below for more information).
2. Development and web-based dissemination of a fact sheet entitled "Twelve Facts to Help Dispel the Myths about Nicotine Replacement Therapy (NRT) and Nicotine" intended for consumers, healthcare providers, pharmacists, health departments, tobacco quitline counselors, and others who help tobacco users quit, at www.tobacco-cessation.org/PDFs/NicFactSheet-09-07.pdf.
3. Development and web-based disseminations of a health literacy–assessment tool and guideline for organizations enabling them to assess and improve the readability and clarity of claims, graphics, and directions used to describe proven cessation services and products to smokers with limited formal education and reading skills.
4. Development of policy playbooks by the Center for Tobacco-Free Kids and the North American Quitline Consortium, which outlined ways to expand the promotion and staffing of quitlines in states and municipalities implementing a new clean indoor air law or tobacco tax increase, so that more of the treatment demand generated by these policies can be met (www.naquitline.net/playbook/).
5. Development of a *Consumer Reports*–style card for smokers outlining effective treatment options so they can choose appropriate methods for quitting. The card will translate the recommendations of the *PHS Clinical*

Practice Guidelines for Effective Tobacco Cessation and will create a tool that can be adapted and branded by others and then distributed through many channels, including through providers, pharmacies, events, and quitlines.

6. Incorporation of additional consumer demand–related activities into the top NTCC priorities for 2008 and beyond, including those aimed at healthcare providers. This includes the development of a microsite to give healthcare providers access to available CME-credit courses on tobacco cessation, and other resources related to quitting smoking, all in one place.
7. Presentations at several national conferences, including the 2007 and 2008 National Conference on Tobacco or Health, 2007 Social Marketing and Public Health conference, and 2007 Society for Research on Nicotine and Tobacco conference.
8. The creation of the first evidence-based quit-smoking application for the Apple iPhone. The "My QuitLine" app links users to the National Cancer Institute's quitline service where they can talk directly to a quitline coach or use the live text feature to get advice.
9. Development of the papers in this supplement^{12–24} to the *American Journal of Preventive Medicine* to explore and disseminate the core principles, major concepts, expert recommendations, and consumer insights that emerged from the roundtables and to explore the consumer perspective and document recent and potential innovations in the field to increase treatment demand and use.

As part of this final dissemination phase, IDEO identified and refined eight principles for enhancing smokers' experiences with cessation treatments—medications, counseling, or combination treatments. These consumer-centered design principles are similar to those developed for other consumer products, but geared specifically to help ensure that smokers find effective quit-smoking treatments appealing and engaging. These design principles are summarized below and in an attractive illustrated guide, *Consumer Demand Design Principles: 8 IDEO Design Principles for Redesigning Tobacco Cessation Products and Services*, which can be downloaded from the NTCC website at http://www.tobacco-cessation.org/PDFs/IDEO_ConsumerDemand_F9.pdf:

1. **Allow smokers to kick the tires.** Allowing consumers to "try before they buy" lets them experience a quitting product or service before making the full commitment to purchase or use it.
2. **Lower the bar.** Smokers may see quitting products as too expensive, they may not understand how they work, and they may not have easy access to effective products and services. Lowering the financial, psycho-

- logical, and access costs of a product or service can stimulate increased use among consumers.
3. **Make it look and feel good.** Consumers prefer products that are attractively packaged, and they relate the appeal of the packaging directly to the quality of the product. Making a product look and feel good creates a much more desirable consumer experience.
 4. **Facilitate transitions.** Ensuring that smokers get appropriate tools, as well as professional and social support, as they move from step to step through the stages of quitting can improve customers' success.
 5. **Make progress tangible.** As people work toward a goal, it is important to help them see, acknowledge, and celebrate the progress they make.
 6. **Foster community.** Many consumers are more likely to continue using a product or service when they can link to or join with others doing the same thing. Building a community, whether it is real or virtual, can help many people deepen their engagement in a product or service and enrich their experience.
 7. **Connect the dots.** Some consumers are overwhelmed with the choices they face and the processes they have to follow for many products and services. Linking many products and services into one cohesive system can help consumers maximize all of their options.
 8. **Integrate with the rest of their lives.** The most successful products and services often are those that fit seamlessly into the lives of consumers. This happens when products and services are developed in ways that can be integrated easily into people's daily living behaviors. These products and services reinforce consumers' perceptions of themselves and their lifestyles.

Following the Consumer Demand Roundtable, IDEO-led pilot projects further refined and applied the design principles to the re-design of existing cessation treatments and services. The pilot projects were selected with an emphasis on finding ways to better meet the needs of underserved, high-risk smokers. Limited in funding and scope, they focused on refining and adapting existing tobacco-cessation products and services to improve their accessibility, appeal, and delivery. One of the pilots, aimed at quitters' "helpers," is described in this issue²¹ and is now being tested in several sites. Others were conducted in Los Angeles, Alaska, and Massachusetts.

Experimental research is needed to test the degree to which treatments designed using these principles can boost treatment appeal, use, and/or demand. It is encouraging that cessation treatments with features consistent with several of these consumer design principles have produced promising results. Examples include: "lowering the bar" by offering free NRT to quitline callers²⁵; allowing smokers to "kick the tires," and "facilitating transi-

tions" by offer pre-quit use of nicotine replacement therapy (NRT) and practice quit attempts^{26,27} and by offering 6-month re-cycling treatments for smokers who relapse²⁸; "connecting the dots" by integrating multiple treatment elements into a single package²⁹; "fostering community" through online quitting support groups and chat rooms³⁰ and by drawing quitters into an online "brand community," as the Legacy Foundation Become An EX[®] cessation campaign is doing²⁴; and successfully "integrating with the rest of smokers' lives" by integrating tobacco-cessation treatment into multiple-risk interventions, including diet, physical activity, and cancer screening.³¹ Innovations that address smokers' quitting and weight concerns may be especially appealing.³² Research to test innovations like these that are consistent with IDEO's design principles may accelerate the discovery of treatments that are both effective and appealing.

Conclusion

Increasing interest in, demand for, and use of proven tobacco-cessation products and services represents an extraordinary opportunity to reduce adult tobacco use—the nation's single greatest cause of preventable death and disease, and a major source of healthcare burdens and disparities. Providing more smokers with tobacco-cessation products and services that they find both appealing and effective could lead to a considerable increase in the nation's overall quit rate and help to eliminate growing disparities in health outcomes. But it is a challenge that will require bold thinking; comprehensive, integrated changes in policy and practice; and innovations that result from taking a "consumer perspective."

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