



Does Digital Video Advertising Increase Population-Level Reach of Multimedia Campaigns? Evidence from the 2013 *Tips From Former Smokers™* Campaign

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What is Digital Advertising?

Advertising to people in the digital space using digital content inside digital media

Examples: Digital video ads, static or animated display banners, clickable buttons

Delivered via websites, mobile, game systems, Internet-connected SmartTVs, streaming services (YouTube, Netflix, Pandora), etc.



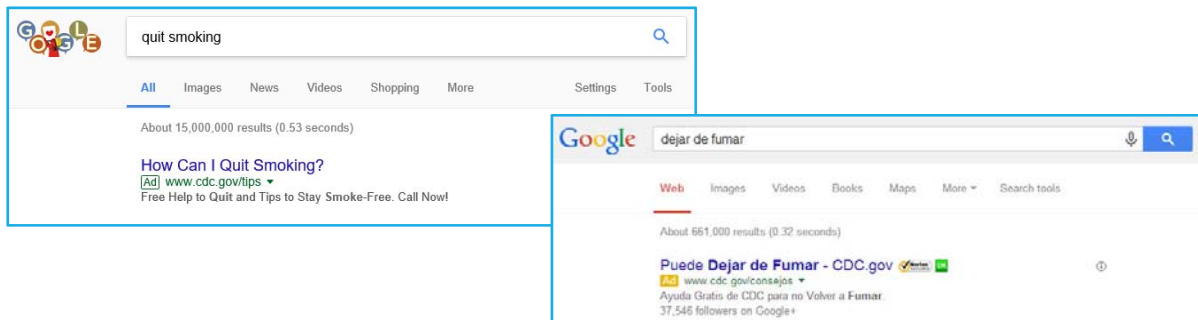
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How does Digital Advertising Relate to Public Health?

Reach people in new ways, especially right when they are seeking information or considering behavior change

Provide additional exposures to health facts and educational content



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Special Considerations for Digital Ads and Public Health

We're still learning.

- Research has mainly focused on selling products and services; research on the impact of digital on behavior change is limited.
- Knowledge gaps, such as:
 - Recommended digital exposures for population-level outreach
 - Cost efficiencies of digital vs. traditional methods



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**A TIP FROM A
FORMER
SMOKER™**

Tips From Former Smokers™

Launched in March 2012

Features real people

Many different health conditions featured

2017 marks the 6th year the campaign is on air

This research was conducted in 2013.

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Study Goals

Measure population-level effects on campaign awareness of:

- Higher doses of digital video and TV ads
- Individual ad types (digital vs. TV)

Determine cost efficiencies of TV vs. digital video



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Tips™ 2013 TV and Digital Video Higher-Dose Comparison Groups

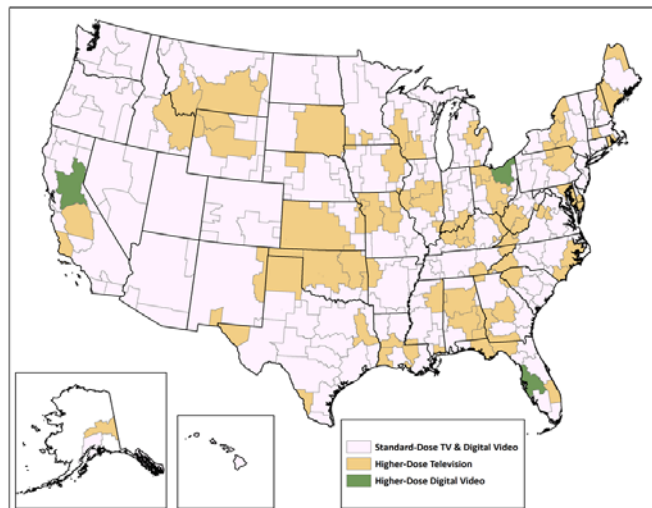
Higher-Dose Television	Higher-Dose Digital Video	Standard-Dose Television and Digital Video (Comparison)
800 National TV GRPs + 800 National Digital GRPs + 1,600 Local TV GRPs (n = 67 Markets)	800 National TV GRPs + 800 National Digital GRPs + 1,600 Local Digital GRPs (n = 3 Markets)	800 National TV GRPs + 800 National Digital Video GRPs (n = 140 Markets)

Note: Gross Ratings Points, or “GRPs” measure relative “dose” of advertising in a given market and time period

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Geographic Distribution of Tips™ Higher-Dose Media



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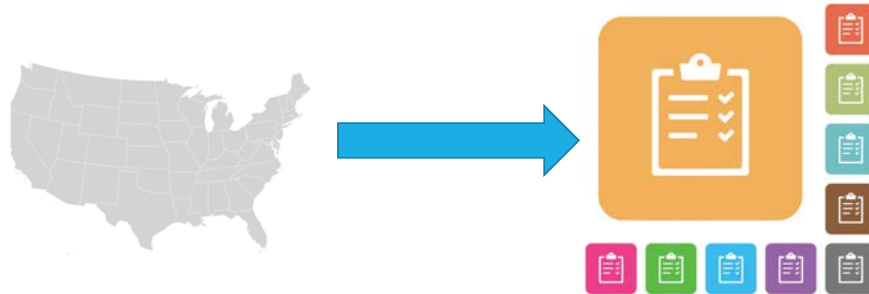
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Survey Data

National online survey of cigarette smokers (Internet-based)

Sample recruited from KnowledgePanel®, which uses address-based probability sampling

Analytic sample = 15,400 current smokers aged 18+



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Outcome Variables

Self-reported ad recognition for each media format (TV, computer/laptop, or mobile device)

- Awareness of any ad via digital channels (computer, laptop, mobile)
- Awareness of any ad via TV
- Awareness of any ad via *either* TV or digital channels
- Awareness of any ad exclusively via digital channels
- Awareness of any ad exclusively via TV
- Average frequency of ad exposure via any channel (0=never; 1=rarely; 4=very often)



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Independent Variables

Primary Independent Variables

- Higher-dose TV
- Higher-dose digital video
- Standard-dose TV and digital video (reference group)

Control Variables

- Individual-level demographics, state-level policies and taxes, market-level characteristics (size, income, education, smoking prevalence)

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Advertising Costs

Total costs of higher-dose ad buys

- Higher-dose TV: \$9.0M
- Higher-dose digital video: \$2.9M

Costs adjusted to account for differences in audience sizes across the media dose areas



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Statistical Analysis

Regression models used to examine how higher-dose digital video and TV impact ad awareness

Adjusted for control variables that differed significantly across media dose conditions

Models generate adjusted estimates of % increases in ad awareness from higher-dose TV and digital video

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Impact of Higher-Dose Media: Model Results

Higher-Dose digital video associated with greater odds of:

- Any awareness online (Odds Ratio [OR] = 1.95, $p < 0.01$)
- Awareness solely via online channels (OR = 1.26, $p < 0.01$)

Higher-Dose TV associated with higher odds of:

- Any awareness on both TV (OR = 1.87, $p < 0.01$) and online (OR = 1.12, $p < 0.04$)

Percentage change in ad awareness, by higher-dose media

- Higher-dose digital video: 6.6 percentage point increase
- Higher-dose TV: 8.6 percentage point increase

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Comparisons of Costs Between Higher-Dose Television and Digital Video

Higher-Dose Media	Cost	Increase in Awareness	Cost per Point of Increased Awareness
TV	\$9.0M	8.6%	\$1.0M
Digital	\$2.9M	6.6%	\$440K

Higher-dose TV generated an 8.6% absolute increase in overall campaign reach

- Achieved at a cost of \$1.0M per % point increase

Higher-dose digital video generated a 6.6% absolute increase in overall campaign reach

- Achieved at a cost of \$440K per % point increase

Higher-dose digital video cost roughly 56% less than higher-dose TV for same increase in reach

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Limitations

Assignment of media doses was not randomized

- Although analysis controlled for market characteristics that varied significantly across conditions, unobserved factors may be present

Smaller sample of respondents in higher-dose digital video markets may limit statistical precision

Generalizability may be limited by online survey mode

Overlap between digital video and TV ads make assessment of true digital exposure difficult

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Study Conclusions

Television advertising generated relatively higher levels of overall campaign awareness

Digital video was relatively more cost efficient for generating awareness

These results suggest that digital video may be used as a cost-efficient complement to traditional advertising modes (e.g., television), but digital video should not replace television given the relatively smaller audience size of digital video viewers.

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Implications for Future Planning

Digital video represents a cost-efficient way to enhance awareness as part of an overall plan that includes TV to maximize overall reach

- Since digital video can be more precisely targeted than TV, it may be an effective tool for reaching specific tobacco disparity groups (LGBT, African American, Low-SES)
- Digital may be considered to achieve a more nimble response, including less time to market and less costly creation and modification costs



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Questions?

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Kevin Davis (RTI): [\[Email here\]](#)

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For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



AdFest 2017

Date: Thursday, March 23

Time: 5:00-6:00pm

Where: Ballroom D



Please join us for a special viewing of available ads in the Media Campaign Resource Center, both new and old, that show the accomplishments of tobacco prevention and control organizations around the world!