

**MINISTRY OF HEALTH**

**BUSINESS CASE - APPLICATION FOR FINANCIAL APPROVAL**

<b>BUSINESS GROUP:</b>	Tobacco Control Team, Public Health and Prevention		
<b>PROJECT TITLE:</b>	Public education campaign – Vaping		
<b>PROJECT EXPENDITURE</b>	<b>Up to</b> [REDACTED]	<b>ONGOING OPEX</b>	

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## 1.0 Executive Summary

This business case provides the rationale for the procurement of a vaping information campaign (the campaign) which will be provided by the Health Promotion Agency (HPA) and delivered within this financial year. This business case has been developed in partnership with HPA and Māori advisors from within the Ministry and applies kaupapa Māori concepts throughout.

The mandate for this work comes from a recent Cabinet Paper [CAB-18-MIN-0569] on vaping regulations (see attached). Minister Salesa and the Director-General of Health have discussed the need for a campaign. This was also signalled in Minister Salesa's Letter of Expectations to the HPA and the Chief Executive of HPA has provided the Minister with updates on progress.

This procurement supports the Government's goal of Smokefree 2025 and forms part of the ongoing tobacco control programme (the programme). It complements other initiatives that make up the programme eg stop smoking services, taxation.

The procurement of this campaign aligns strongly with the Government's health priorities of achieving equity and improving child wellbeing. There are significant inequalities in the rates of smoking, with Māori (particularly young Māori women) experiencing the highest rates of smoking by far. The Ministry has invested in the identification of new ideas and areas of opportunity that could positively impact the rate of smoking among young Māori women, narrow the existing age and ethnicity disparities, and halt the transference of smoking across generations.

With the increasing prevalence of vaping products, the campaign centres on:

- a behavioural change campaign that will support young Māori women to successfully switch to vaping, and
- an effective knowledge-based messaging (an information hub) for a general population base.

A successful campaign will:

- support smokers, particularly young Māori women, to successfully switch to vaping and stop smoking completely
- reduce inequalities in smoking prevalence, particularly between Māori and non-Māori and young people, particularly young Māori women
- enable health practitioners, smokers and the broader community to better understand that vaping is significantly less harmful than smoking (though not risk-free, which is why it is not for non-smokers)
- ensure non-smokers (particularly children and young people (under the age of 18) do not find the messaging appealing.

Two options are presented for your consideration ranging from \$1,210,000 to [REDACTED]. Both options contain five core components which are considered to be essential for the campaign. The second option provides for greater scale across all components to ensure the best impact.

Note on 7/12/18 the Director-General of Health instructed the Ministry to progress the Option One and to work with HPA to reduce costs.

## **2.0 The business need - why do we need this campaign?**

### **Getting to Smokefree 2025**

New Zealand has a goal of reducing smoking prevalence and tobacco availability to minimal levels, making us essentially smokefree by 2025. Achieving this will be challenging: a recent study modelled the impact of a business-as-usual approach and projected smoking rates to reduce to 8.1 percent for non-Māori and 20 percent for Māori by 2025. Māori were not projected to reach five percent until 2061.

Although the programme has had good impact on reducing the harm from tobacco for most New Zealanders, the impact for Māori, Pacific and low socioeconomic groups has been much less and inequalities are widening among young people.

The key challenge and priority for the tobacco control programme is to reduce the inequalities that are present.

The Ministry of Health (the Ministry) believes vaping products have the potential to make a contribution to the Smokefree 2025 goal and could disrupt the significant inequities that are present (as per Ministry's published position statement).

The potential of vaping products to help improve public health depends on the extent to which they can act as a route out of smoking for New Zealand's 550,000 daily smokers, particularly Māori smokers, without providing a route into smoking for children and non-smokers. We need to improve information available to people who smoke, to support them switching to significantly less harmful alternatives.

### **Support to reduce harm from tobacco by switching to vaping products**

While many people want to quit smoking, it can be very hard to do so, particularly for those who face complex challenges in their lives. Some people feel that smoking is their only pleasure, even if they want to quit, and need support beyond 'quit smoking' interventions.

There is evidence, based on recent research with Māori women, on what works to support smokers to deal with the many complex problems they face, including smoking. The emergence of vaping products, and other significantly less harmful alternatives to smoking, provides smokers with more choice. Many smokers who find it hard to quit may be able to switch to less harmful and often much cheaper alternatives.

The benefits to a smoker of switching include reducing the direct risks to their health and to their children's health from second-hand smoke, reducing the likelihood that their children will become smokers, and increasing their disposable income.

### **Evidence on the risks and benefits of vaping products**

Debates on the risks and benefits of vaping products have focused on:

- the role of vaping in reducing the harm from smoking and in helping people to stop smoking
- whether vaping acts as a gateway to tobacco smoking for children and young people
- the safety of vaping products.

#### *Harm reduction and support for smoking cessation*

The tar and toxins in tobacco smoke, rather than the nicotine, are responsible for most of the harm associated with tobacco use. Vaping products do not combust and are, therefore, highly likely to be much less harmful than smoking.

There is scientific consensus that vaping is significantly less harmful than smoking. It is likely that vaping can also help smokers to stop smoking, but the evidence for vaping as an effective stop-smoking tool is still emerging. A number of large studies are underway and more information will be available over the next year.

#### *Potential impact of vaping on children and young people*

There is concern that experimentation may lead to regular vaping and then to smoking (ie, vaping acts as a gateway to smoking). However, there is no robust evidence to support this concern.

Two major reviews have been published this year that address this issue. The National Academy of Sciences in the United States and Public Health England considered the same evidence and concluded that there is an association between ever vaping and ever smoking at a later point in time. Both reports acknowledge that the studies included in the reviews have limitations and that it is not possible to conclude that vaping causes smoking.

In 2017, the British Medical Association (BMA) concluded that current data on vaping and smoking does not support a gateway effect, noting that smoking has continued to decline over the same period that vaping has become increasingly available. This is the case in New Zealand, the United Kingdom and the United States.

The BMA also noted that the United Kingdom's laws to prevent uptake by children and young people (eg, no sales to under-18s, restrictions on advertising) are likely to have played a role. New Zealand's tobacco laws have similar protections for under-18s.

#### *Vaping product safety*

While evidence suggests it is much less harmful to vape than it is to smoke, there are inherent risks associated with the use of these products. These risks relate primarily to the toxicants present in products, however, there is also some risk with malfunctioning devices. These risks can be mitigated through product safety standards (eg, manufacturing standards, ingredients and child resistant closures).

### **Reliable information is needed – an information hub**

There is no official source of information about vaping in New Zealand and vaping and associated technology is growing rapidly. People search for information and are

directed to vaping retail sites or to other commercially driven organisations, or to international sites where the information provided may not be relevant to people living in New Zealand.

Smokers need reliable and credible information and evidence about vaping as a genuine alternative to smoking. Friends and whānau of smokers need to feel confident about recommending vaping as a real option to help smokers to quit.

Ministry funded stop smoking services, including Quitline and the primary care sector all need reliable and credible information to provide to clients who want to switch to vaping. Vape retailers and manufacturers need accurate information about the proposed safety standards, new evidence etc. Parents and schools also need a credible source of information.

Each of these audiences have a different set of requirements, but it is anticipated the information hub will satisfy all stakeholder needs. The hub will be agile and will add or change information as and when new evidence or information becomes available.

There are many myths about vaping and there is no credible New Zealand source of information to address these. Myths include “vaping is more harmful than smoking”, “vaping isn’t regulated and we don’t know what’s in them”, “vaping must be harmful as they contain nicotine”, “exposure to vapour is harmful to bystanders”, “vaping will lead young people into smoking” plus others.

New Zealand based Google searches for electronic cigarettes and vaping have grown by 73% between 2016 and 2017. Of the top twenty vaping related queries thirteen were safety related, for example, “are vapes bad for you?”, “is vape bad?”, “is vaping better than smoking” etc. At the same time Google searches for generic Quit Smoking terms have dropped by around 25%.

### 3.0 Who is the target audience of the campaign and why?

The Ministry believes vaping products have the potential to make a contribution to the Smokefree 2025 goal and could disrupt the significant inequities that are present. Vaping products are one of an increasing number of products available that provide smokers with a satisfying dose of nicotine at a fraction of the risk of smoking tobacco.

Young Māori women have the greatest rate of smoking more than any other group of the population and are therefore the target audience of the behavioural change component of the campaign. The information hub's target audience is for the general population.

#### Who are New Zealand's smokers?

Māori have the highest age-standardised smoking rate at 32.5 percent, compared with the New Zealand total rate of 13.8 percent. Māori women are more likely to smoke than Māori men. Young Māori women aged 18 to 24 had the highest smoking prevalence in 2015/16 at 42.7 percent, over four times that of non-Māori women of the same age (8.6 percent).

The table below outlines daily smoking rates by ethnicity for 2016/17.

	Percentage of smokers	Number of smokers
<b>Māori</b>	32.5	160,000
<b>Pacific</b>	21.8	51,000
<b>Asian</b>	6.5	32,000
<b>European/Other</b>	12.4	363,000

Smoking happens within the context of lives that are often complex and challenging. The Ministry of Health has been working closely with young Māori women and four providers to develop and test new models of service delivery<sup>1</sup>. All of the young Māori women in one of the groups have switched to vaping. One woman also quit vaping. The benefits to them and their families are significant. They have reduced the direct risks to their health from smoking and to their children from second-hand smoke, are modelling a smokefree lifestyle for their children, wider family and whānau, and have more disposable income to spend on other things.

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<sup>1</sup> Wehipeihana N, Were L, Goodwin D, Pipi, K. 2018. *Addressing the Challenges of Young Māori Women Who Smoke: A developmental evaluation of the phase two demonstration project. Evaluation report.* Wellington: Ministry of Health.

## 4.0 How will this project be undertaken?

### Kāupapa Māori focus

The HPA and the Ministry will take a kaupapa Māori approach and the work will prioritise the target audience. The project will begin with research and conversations conducted by Kahui Tautoko Consulting, with 100 Māori women, from across Aotearoa, to learn more about their world and experiences. The project team (refer Governance section) understands that the importance of listening, and being respectful of the information that is shared with the project will be paramount. The mana of the priority audiences' will be respected, and the project will design ways to carry the mana throughout the project so that it can inform and act as a touchstone for all decision making. For example, HPA will create opportunities to share findings, and decisions/outputs, with the 100 Māori women, so that the research is not seen as transactional, and there is a reciprocity.

HPA's Māori advisor will work on this project, as well as ensure all third party providers acknowledge and respond to the Treaty of Waitangi. When working with mainstream providers, HPA will seek commitments from them to develop and build capabilities.

We recognise that *kanohi kitea* (face to face leadership, being present and listening) is an important principle in terms of stakeholder engagement and in passing the outputs of the campaign to stakeholders to use in their communities and settings.

### Te Ao Māori view

Vaping may empower Māori to be self-determining and reclaim their right to good health. (*Tino rangatiratanga*). In addition, it is recognised there could be other potential benefits for Māori wellbeing, in that a transition from smoking tobacco to vaping may reduce waste product from smoking tobacco (notably cigarette butts) protecting Papatūānuku (Mother earth), Parawhenuamea (deity of freshwater), and Tangaroa (atua of the ocean) from environmental toxins/harm (*Kaitiakitanga*).

### Partnerships

The Ministry and HPA will deliver this work through partnerships, particularly the partners who are part of the National Tobacco Network eg Quitline, Hāpai te Hauora and the National Training Service. This will allow for the investment to be amplified through already established channels, with reach into communities beyond the Ministry's and HPA's ability.

HPA has already briefed Quitline and Hāpai te Hauora, and they are committed to leveraging this opportunity for the priority audience. Hāpai te Hauora in particular have strong links to iwi and Māori community providers.



## Governance

HPA will apply its usual internal governance arrangements, with the team using standard project management methodologies, active oversight from their Executive Management Team and regular updates to their Board.

### Expert advisory group

HPA is forming an expert advisory group to provide HPA with advice to develop this campaign, specifically on:

- engagement with Māori women
- clinical and technical matters
- campaign messaging and material
- sector stakeholder relationships.

Invited members of the group include academics with expertise in marketing, stop smoking services (telehealth and face-to-face services), tobacco control advocacy, Māori leadership, a midwife, a vaping retailer, Ministry of Health officials etc. The group will meet at regular intervals throughout the project.

HPA will also engage directly with others outside of this group as required, for example the providers involved in the Ministry stop smoking pilots.

### The voice of young Māori women

A critical success factor is having the voice of young Māori women guide the development of the campaign.

HPA's first research deliverable is working with Kahui Tautoko Consultancy, a respected Māori research partner to deliver focus groups and interviews with over 100 young Māori women around their experience with vaping. This will allow HPA to understand the motivators, barriers and challenges and inform the campaign from a Māori women's viewpoint. This will be overlaid with the existing Ministry research with Māori women, ie *Addressing the challenges of young Māori women who smoke* evaluation report.

HPA will also invite some of the young women, who have indicated their willingness to provide further support to the project. They will come together regularly to inform the projects thinking, test ideas and provide shape to the campaign. This will mean the project has a constant reference group throughout the campaign. This group will meet separately from the Expert Advisory group to maintain their independence, and ensure safe and honest conversations.

All creative elements will be tested with Māori women to make sure they resonate, are realistic and are the strongest performing options. It will be young Māori women who decide what the strongest ideas are; and what will become campaign advertising.

## **Role of the Ministry**

The Ministry will actively support the development and implementation of the campaign. This will include:

- Ministry representation on project team guidance on technical/legal/clinical aspects
- ensuring this campaign compliments the broader tobacco control programme
- sign off as required
- support HPA in risk mitigation
- keeping Ministers informed and senior management as necessary.

## 5.0 What are we purchasing?

Two options are presented for your consideration in the following section and both options have five core components that are scaled accordingly. A description of each component is provided below.

### 1 Research

HPA will commission new research, as there is a lack of qualitative evidence around Māori women and vaping. This research is required to understand the motivators and barriers to make a successful switch from smoking to vaping.

Some research is already carried out eg Youth Insight Survey and Health and Lifestyles Survey, but the sample sizes are too small to offer any real insights into this issue.

In addition HPA will ensure it comprehensively understands the data and research evidence available from the Ministry's tobacco control work to understand smoking, specifically the *Addressing the challenges of young Māori women who smoke* evaluation report.

HPA has already committed to this new research and have outsourced the data collection phase to a Māori specific research provider. This work has commenced, and data will be analysed by HPA to inform campaign development. The research will engage 100 Māori women, from a wide geographical spread, including those that vape, and those who smoke but have not taken up vaping.

Other research outputs will include:

*Concept testing* – the creative direction and messaging developed for the campaign will be thoroughly tested for impact, relevance and ability to influence the desired behaviour change. HPA will use an independent provider to do this testing.

*Testing with our unintended audience* - given the risk of the campaign to impact on our unintended audience (young non-smokers), HPA will engage an independent provider to carry out specific testing with this group.

*Evaluation* - this component also includes investment in the evaluation of the activity. This will allow us to report on the effectiveness of the campaign, as well as inform any future investment and interventions. HPA will use an independent provider to carry this out. Depending on the level of investment this could be a more robust process with the collection of both baseline and follow-up/comparative data.

### 2 A behaviour change campaign for Māori women

A behaviour change campaign will target Māori women who currently smoke; a mass media campaign will be developed to talk directly to this priority audience. The aim of the campaign will be to use advertising to trigger and support the behaviour change from smoking to vaping. Advertising that addresses the specific barriers and highlights the motivators to change have been highly effective in supporting behaviour change, particularly in driving smoking cessation.

A fundamental part of the campaign is TV advertising; Māori Women are large TV consumers; free to air TV reaches 86% of Māori each week and is the largest media channel to reach all New Zealanders regardless of age, ethnicity, location or socioeconomic status.

The TV advertising will be supported by other channels to increase its reach and frequency, including digital and social media advertising, targeted radio and out-of-home. These are all channels that are consumed, and can be targeted, to Māori women.

While the focus of the campaign is to talk directly to the Māori women audience, it will have a number of other positive effects. Mass media can change the national narrative around vaping. A Government-endorsed campaign will add legitimacy and normalcy around vaping as stop smoking support. This in turn can make it easier for those working in the community when suggesting vaping as an option. It will also reach those that have an influence on the lives of Māori women, such as employers and non-smoking friends and whānau. Ultimately it allows us to influence social norms of vaping as a stop smoking device.

Furthermore there is strong evidence that campaigns that are successful for Māori are successful to a wider audience, therefore this campaign will positively support the 446,000 non-Māori smokers.

This advertising campaign includes both the initial production of advertising and the placement of it. The placement will run across three months. In subsequent years these same creative can be used again, meaning campaign investment is around ad placement. Any future funding will be applied for through the Funding Board process.

There is a large body of evidence, both domestically and internationally, that mass media campaigns are a proven cost-effective tool to drive tobacco cessation and a key part of comprehensive tobacco control programmes internationally.

### **3 The knowledge hub**

The hub will be a centralised, credible source of information, with facts and advice on vaping within a New Zealand context for the general population. We know through Google data there is a massive unmet need of search requests for information on vaping but currently there is no credible, authoritative source in New Zealand. People must resort to sources such as vape shops, YouTube videos and overseas sites, of varying credibility and accuracy.

The intent is for the knowledge hub to apply to a range of audiences including:

- our primary audience of young Māori women who smoke and their whānau
- current smokers
- pregnant smokers
- current vapers
- non-smokers (including under 18 year olds, and their parents/caregivers),

- employers
- influencers (people who can support others to quit such as the social services sector)
- schools
- employers

Content for the hub will be developed using foundation messages, drawing from Public Health England, the Canadian government and the Ministry's key messages. Prof Hayden McRobbie (Ministry's clinical expert - vaping) will review the material to ensure accuracy and HPA will apply user experience methodology to ensure the hub is fit for purpose and customer-centric.

The hub will ensure the correct key messages goes to the correct audiences. Google word searches will be purchased to make sure the hub appears first in the search engine.

The site will be shared with key stakeholders prior to it going live to ensure that everyone knows what information is going to be presented. The hub will go live in March 2019.

### **Rationale for the hub development**

HPA scoped and assessed a range of options for hosting this Hub. HPA's digital team advice was to build a new Hub rather than connect to an existing site such as smokefree.org.nz or the 'myhealth' (consumer section) of health.govt.nz where vaping could be confused as being 'healthy' information.

We know through Google Search Data that there is a considerable amount of search traffic looking for vaping related information at the same time there is a decrease in searches looking for generic quit smoking/stop smoking information. Recent research by Professor Janet Hoek shows that the lack of credible information is linked to a perception that there is very little harm attached to vaping.

These are the main drivers behind the reason to build a single credible source of vaping information online for a range of audiences.

The key points why we believe it should be a standalone website, as opposed to attached to another (existing) site are:

- vaping search results are competing with every vape website in NZ. These sites are very consumer focused and are highly engaging, much more so than our current site options (smokefree.org.nz or moh.govt.nz). We believe our site needs to be equally as engaging as the competitors to achieve the best result
- over 70% of traffic with vaping as a keyword is from mobile phones. Our site needs to be built in a mobile-first way (not just mobile responsive). Neither of our current site options are mobile-first
- the current sites are not set up for Search Engine Optimisation (SEO) ie, ranking highly in Google when key search terms are entered. Building a new site will allow us to build in effective SEO from the start. Doing this work retrospectively to existing sites is complex and resource intensive. Similarly,

the existing sites do not have comprehensive user analytics, and require substantive work to ensure this is included

- we know that one of the key points of mis-information by the smoking, and general populations, is that vaping is perceived to be similar to smoking. To convey the key message that vaping is less harmful, we need to make sure our audiences understand that 'vaping is not smoking'. If we embed these messages within the smokefree.org.nz website we risk further confusion in our key audiences.
- the intent is to provide a site with neutral, authoritative and credible advice. The existing sites have limitations in how they meet this objective, and could be perceived as influencing the message out-take. A health.govt.nz subdomain would offer that credibility whilst maintaining a broader reach.
- the project is only partially a website build, the other half is shareable content assets to use on multiple websites and social channels.

#### **4 Influencers**

As well as research, the behaviour campaign for Māori women and the development of the hub, HPA will work with 'influencers' and 'stakeholders'.

Some research shows vaping information comes from peer to peer. Māori women in general are heavily influenced by those in their circle, and generally speaking it isn't the health sector. The best way to engage with Māori women is to talk to the people they are already talking to, and be in the places they already go - the best information source is likely to be friends and family.

A recommended output that influencers will be able to use is the development of a resource showing the benefits of being smokefree through the use of vaping. The intent is to also translate this into te reo Māori. The resource will use the results of the qualitative research with young Māori women, to ensure it is relevant for our key audience. It is expected that the resource can be used to support guided conversations, as well as act as a stand-alone resource. The reach of this resource will be distributed so that it targets Māori women. To aid messaging normalisation it will be in locations and settings that a smoker would expect to see advice. The resource will be also be housed and distributed as part of the Health Education catalogue.

#### **5 Stakeholder engagement**

Vaping as a method for stopping smoking is relatively new and the evidence for effectiveness is still growing. This is the first time New Zealand's tobacco control programme has delivered a harm reduction strategy. Vaping is a practice that has seen rapid growth in a previously unregulated environment and many people now have experience and formed opinions without access to official public health messaging that explains vaping's potential contribution to the smokefree 2025 goal.

Vaping has created an opportunity and in parallel some confusion, both for the stakeholders in the tobacco control sector and the general public, including influencers such as the media. Investment in building clear messaging and trusted information for the sector is essential. Therefore stakeholder engagement is critical

for the success of the project; to provide credibility, and to have a mechanism for expert advice. Working with stakeholders will create champions for the project, strengthen the customer voice, and prepares the ground for sustained behaviour change beyond the timeframe of the campaign activity.

Activity in this area could include: workshops with expert advisors; seminars/roadshow; a communication database and channel to ensure sector cohesion, consistent messaging; sector preparedness and educational articles in selected allied sector magazines – depending on the option chosen.

## 6.0 Options and costs

Component	Option one total cost: ██████████ Revised \$1,210,000	Option two total cost: ██████████
Research	<p><b>Formative qualitative research</b> ██████████ Understand the motivators and barriers to switching to vaping amongst Māori women</p> <p><b>Concept testing</b> \$ ██████████ Ensure the campaign elements work to drive behaviour change with the priority audience while also monitoring for unintended consequences</p> <p><b>Evaluation</b> \$ ██████████ Understand the impact of the campaign and its effect on the priority audience</p> <p style="text-align: right;">██████████ ██████████</p>	<p><b>Formative qualitative research</b> \$ ██████████ Understand the motivators and barriers to switching to vaping amongst Māori women</p> <p><b>Concept testing</b> ██████████ Making sure the campaign elements work to drive behaviour change with the priority audience while also monitoring for unintended consequences</p> <p><b>Baseline</b> ██████████ Understanding the current beliefs and attitudes of the priority audiences before the campaign goes live so we have a comparison point when we do further evaluations, this will allow effectiveness to be tracked over time</p> <p><b>Evaluation</b> ██████████ Understand the impact of the campaign and its effect on the priority audience</p> <p style="text-align: right;">██████████</p>
Behaviour change - Māori women's campaign	<p>National three month mass media campaign using a range of advertising to directly talk to Māori Women and influence behaviour change from Smoking to vaping.</p> <ul style="list-style-type: none"> <li>• Production of TV commercials, including talent ██████████</li> <li>• Production of other creative assets such as social media, out of home, digital creative ██████████</li> <li>• Production of specific te reo and Māori world view assets ██████████</li> <li>• TV advertising schedule. Six weeks of TV aimed at reaching &gt;80% of audience at least 4 times ██████████</li> <li>• Supporting media channels advertising schedule. (social, digital, out of home) ██████████</li> </ul>	<p>National 3 month mass media campaign using a range of advertising to directly talk to Māori Women and influence behaviour change from Smoking to vaping.</p> <ul style="list-style-type: none"> <li>• Production of TV commercials, including talent ██████████</li> <li>• Production of other creative assets such as social media, out of home, digital creative ██████████</li> <li>• Production of specific self-efficacy elements co-designed with young Māori women to share their voice ██████████</li> <li>• TV advertising schedule. Six weeks of TV aimed at reaching &gt;80% of audience at least 4 times ██████████</li> <li>• Supporting media channels advertising schedule. (social, digital, out of home) ██████████</li> </ul>



Component	Option one total cost: [REDACTED] Revised \$1,210,000	Option two total cost: [REDACTED]
	[REDACTED]	<ul style="list-style-type: none"> <li>Specific Media placement of co-designed self-efficacy creative \$ [REDACTED]</li> </ul>
<b>The hub</b>	<p><b>The Information Hub</b> is a website that houses the key evidence backed facts on vaping by audience (smokers, non-smokers, employers and other key audiences) This site will have all of the detail but be very simple and fact based. It will work on a mobile phone and be hosted on a MOH domain which increases its credibility. There will also be a layer of Search Engine Marketing that will make sure those looking will be given the site as an option in their search results.</p> <ul style="list-style-type: none"> <li>Entry level Information Architecture. Including audience insights [REDACTED]</li> <li>Website design and build \$ [REDACTED]</li> <li>Development of simple creative assets [REDACTED]</li> <li>6 months of search engine marketing [REDACTED]</li> </ul>	<p><b>The Information Hub</b> is a website that houses the key evidence backed facts on vaping by audience (smokers, non-smokers, employers and other key audiences) This site will have all of the detail and be designed in a way to be as appealing and engaging as the vaping industries website. It will work on a mobile phone and be hosted on a MOH domain which increases its credibility. It will include rich content that can be shared on social media to push the content further than those just looking. There will also be a layer of Search Engine Marketing that will make sure those looking will be given the site as an option in their search results.</p> <ul style="list-style-type: none"> <li>Information Architecture. Including audience insights \$ [REDACTED]</li> <li>Website design and build [REDACTED]</li> <li>Development of rich and multiple creative assets [REDACTED]</li> <li>12 months of search engine marketing [REDACTED]</li> </ul>
<b>Influencers</b>	<p>Development of one key resource in both English and te reo Māori for mass distribution. Articles in targeted newsletters and print publications.</p> <ul style="list-style-type: none"> <li>Resource design and development. In two languages [REDACTED]</li> <li>Production, print and one distribution of the new resource [REDACTED]*</li> <li>Articles written and placed in targeted newsletters and print publications eg Human resource sector, schools and ECEs (principals/boards of trustees). [REDACTED]</li> </ul> <p>*Ongoing costs of production, housing and distribution will need to be</p>	<p>Toolkit for influencers (eg. a pack for a stop smoking service to give to a pharmacy or budgeting advice centre). Production and distribution of one key resource for mass distribution, in English and a Te Reo Māori option (ie. modelled on 'Baby and Me'). Roadshows/seminars, especially for those outside of the traditional tobacco control sector. Articles in targeted newsletters and print publications.</p> <ul style="list-style-type: none"> <li>Resource design and development. In two languages [REDACTED]</li> <li>Production, print and one distribution of the new resource [REDACTED]</li> <li>Toolkit development and production [REDACTED]</li> <li>4x Roadshows in highest priority regions, including speaker costs, travel, venue hire. [REDACTED]</li> </ul>

Component	Option one total cost: ██████████ Revised \$1,210,000	Option two total cost: ██████████
	<p>covered by the Health Resources Catalogue currently co-managed by the HPA and MOH</p> <p style="text-align: right;">██████████ ██████████</p>	<ul style="list-style-type: none"> <li>Articles written and placed in targeted newsletters and print publications eg Human resource sector, schools and ECE's (principals/board of trustee's). \$ ██████████</li> </ul> <p>*Ongoing costs of production, housing and distribution will need to be covered by the Health Resources Catalogue currently co-managed by the HPA and MOH</p> <p style="text-align: right;">██████████</p>
Stakeholder engagement	<p>Mechanism for expert advice to inform our work. Ensuring the customer voice is formally built into the project design. Limited opportunities for partnerships. Campaign newsletters will ensure readiness for campaign go-live from a broader sector, build sector cohesion, and consistent messaging.</p> <ul style="list-style-type: none"> <li>Expert advisory group workshops \$ ██████████</li> <li>Engagement with Māori women \$ ██████████</li> <li>E-newsletters/pānui \$ ██████████</li> <li>Partnership opportunities \$ ██████████</li> <li>Attendance at stakeholder-owned hui \$ ██████████</li> </ul> <p style="text-align: right;">██████████ ██████████</p>	<p>Mechanism for expert advice to inform our work. Ensuring the customer voice is formally built into the project design. Broader opportunities for partnerships. Campaign newsletters will ensure readiness for campaign go-live from a broader sector, build sector cohesion, and consistent messaging.</p> <p>Partnerships built through the influencer work stream could be leveraged for campaign / message distribution.</p> <ul style="list-style-type: none"> <li>Expert advisory group workshops \$ ██████████</li> <li>Engagement with Māori women \$ ██████████</li> <li>E-newsletters/pānui \$ ██████████</li> <li>Partnership opportunities \$ ██████████</li> <li>Attendance at stakeholder hui ██████████</li> </ul> <p style="text-align: right;">██████████</p>

## Recommended option

We recommend option two.

Option two balances the need to both change the knowledge of a wide group of people who are currently looking for information on vaping with the need to actively try and support behavior change amongst an audience who suffers so disproportionately from tobacco harm, young Māori women smokers.

Option two has the largest research component which is building an evidence base for an area that simply has so many unknowns. This research will help minimise the risks of this work creating any unintended consequences.

This is the first time there has been a harm-minimisation approach to tobacco control in New Zealand. This option helps bed this new approach in a stakeholder environment that has passionate yet fragmented views on vaping and other less harmful tobacco products.

This project will be going live before any regulation exist around vaping in New Zealand; consumers and the general public currently have no peace of mind that vaping is a safe, trusted or legitimate industry that is monitored by the government.

Option two delivers the most to those who have influence in the lives of our priority population of young Māori women. Previous research conducted by the Ministry has shown how important the role of those close to this audience is when it comes to changing their smoking behaviours and attitudes.

Option two gives this project the best chance of success at a crucial time of setting up a foundation for future work that can be built on, This strong foundation will allow for future cost efficiency going forward as the set-up of marketing material and digital infrastructure will be completed.

Note on 7/12/18 the Director-General of Health instructed the Ministry to progress Option One and to work with HPA to reduce costs.

## 7.0 Media selection

### Evidence for the use of mass media

Evidence from international studies shows that mass media campaigns are effective in reducing smoking prevalence through increasing cessation and reducing initiation.

Effectiveness of mass media domestically (Wilson 2007; Wilson et al 2004) includes research directly focusing on priority populations including Māori. Mass media, led by TV, gives us a way to connect multiple times a day with an audience that is massively disconnected from health and social support networks. Māori are one of the highest media consuming groups in NZ with free to air TV reaching over 86% of Māori each week.

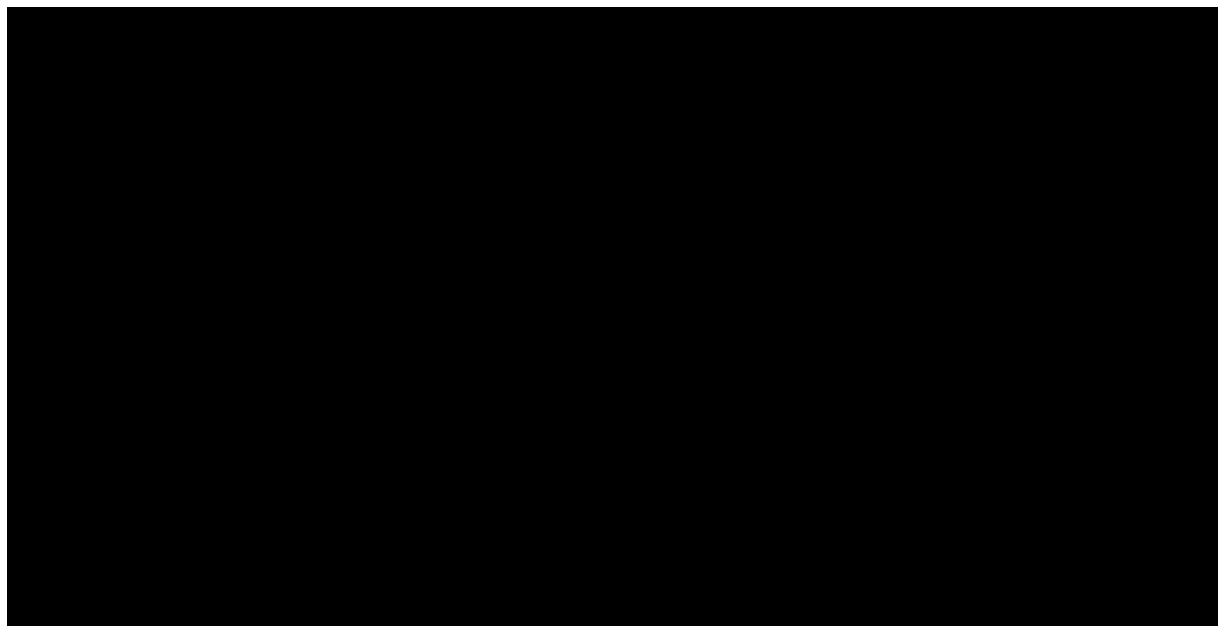
### Why is the campaign TV led?

There is a stronger body of evidence around the specific use of TV compared to other channels (such as social media) as a mass media tool for cessation particularly for our target audience.

A recent report from the Cancer Council Australia looked at digital media's ability to change attitudes or behaviours at a population level and found that while digital has some very strong benefits as a supplementary channel it lacks the reach and cut through to make a significant impact. Our approach sees TV leading the campaign and solidly backed by other media channels such as social, digital and out of home. Further may be added or changed when HPA engages a specialist media buyer.

Overall mass media has proven to add legitimacy to a message, this allows for the campaign to act as an umbrella for other activity happening such as community activations and work by Stop Smoking Services.

### Potential restrictions on the use of social media



## Other media selection considerations

HPA has considerable depth and experience in developing mass media campaigns as part of larger behaviour change initiatives. HPA has been developing and delivering many of New Zealand's tobacco control campaigns since its inception in 2013. Through this time HPA has gathered a large body of evidence in both why they are effective but also how to develop them in the most effective and cost efficient way. Previous campaigns in both tobacco control and other social marketing initiatives will inform HPA's approach with this campaign.

HPA also draws on sources such as research Neilson Media data and a recently published report that the HPA co-funded with NZ On Air that looks into the daily and weekly media habits of Māori in NZ. Highlights from the that research tells us:

- Māori are slightly heavier media consumers than general population, and they consume both a wider range of channels and those channels for longer periods of time
- free-to-air TV reaches 86% of all Māori each week, online video (Youtube and Facebook) reaches 80% and live radio reaches 78%. There are 7 other channels that reach over 50%. This fragmentation of media consumption is in line with the general population
- the biggest differentiator of Māori media consumption is age, with younger Māori consuming more digital and new media while older Māori consume more traditional
- Māori have slightly lower access to media devices than general population, however penetration is still high - 72% of all Māori have a smartphone, 71% a working TV, 64% have a personal PC or laptop
- social media has high use amongst Māori - over 70% of Māori are social media users. Rather than this being an ethnicity-driven difference it is worth noting Māori are a very young population so this high use is more likely driven by age
- media consumption across lower socio-economic NZ mirrors consumption with general public - with the exception of subscription-based media such as Sky TV or Netflix, where there is a significant lower use of paid channels by lower socio consumers.

HPA uses the Ministry of Business, Innovation and Employment All-Of-Government Advertising Agreement which locks in some of the lowest media purchasing rates available.

## 8.0 How will success be measured?

The tobacco control programme is fortunate to have a wide range of measures that enable the Ministry and HPA to monitor progress this includes generic measurements such as the New Zealand Health Survey, which includes vaping indicators, census data and annual tobacco consumption data.

### Measuring impacts

The impacts that will be measured for this particular campaign include:

- the level of knowledge lift of vaping across a broad base
- how the campaign supports early adopters into vaping behaviours
- how the campaign creates a platform for further belief and behavioural change activity for targeted segments and how it allows for the collection of insights and data to inform this activity
- how the campaign minimises the risk of promoting unhealthy activities to non-smokers
- whether the campaign moves beyond raising awareness and knowledge and allows for system level change through enabling activity
- how the campaign supports citizen engagement in legislative change processes.

### Evaluation

Performance of the project will be measured across a range of measures, from the performance of each component through to outcomes. Measures will set according to their contribution to the project. A robust evaluation plan will inform future strategy and activity.

#### *The hub website*

The website will be measured across a range of website analytics, for example, time on page, bounce rates. On-site surveys will measure visitor satisfaction and search engine marketing will be assessed and optimised as the project evolves (including high performing search terms).

#### *The campaign*

The campaign is the mechanism for changing attitudes and behaviour. This will be assessed by examining the beliefs, attitudes, knowledge and behaviours of our target audience, through a post-activity evaluation.

Depending on the level of investment this will be either as a stand-alone evaluation (Option 1) or as a comparison between a baseline survey pre-campaign and a post-activity evaluation (Option 2 recommended).

The evaluation will also measures the campaign's impact, for example, creative and message recall and relevance. All channels will be assessed against the intended performance.

## Monitors

In addition HPA will assess impact through a number of other monitors:

- NZ Smoking Monitor: this is a fortnightly monitor, run continuously since July 2011, and provides the option to assess campaign recall as well as behavioural change with a broader range of smokers who are at different points in the process of quitting smoking.
- NZ Health and Lifestyle Survey: this is a survey with a representatives of the general population, of adults over the age of 15 years. The survey is run every two years, and has had specific questions about vaping since 2012.
- Youth Insight Survey and Stop Before You Start campaign surveys: to understand the impact on young adults and youth, HPA has the ability to track this through specific questions about vaping.

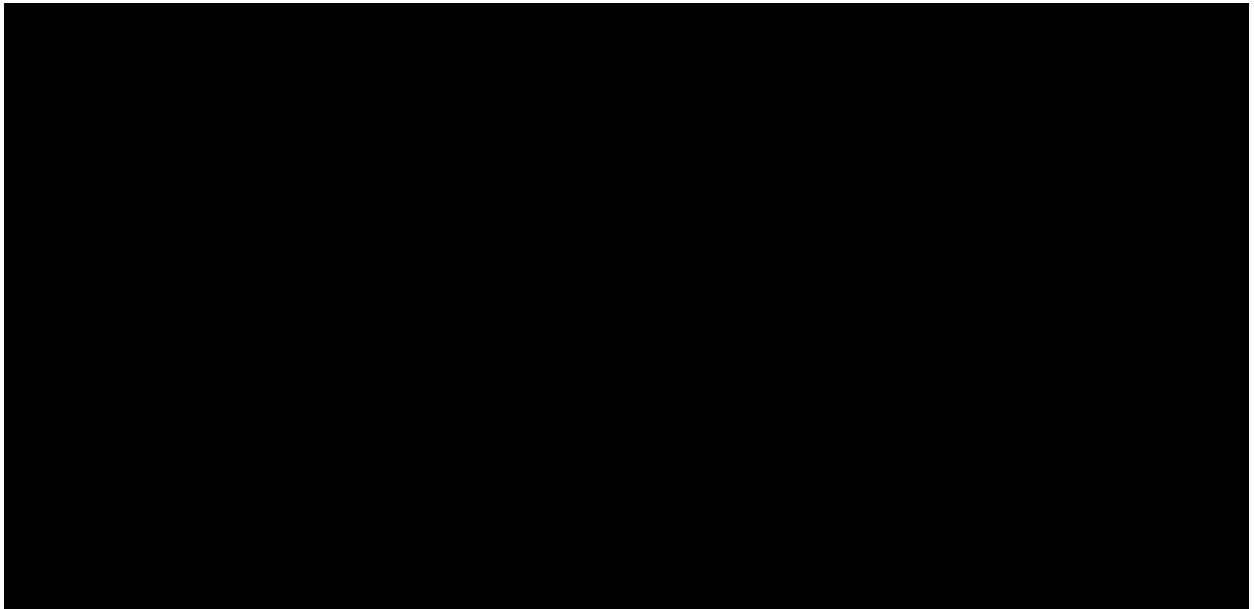
## 9.0 HPA's ability to undertake this work

### Capability

HPA has the capability, expertise and experience to undertake this campaign. They have experience delivering many health promotion campaigns across a range of issues and are the Government's mandated agency to carry out this type of work.

Minister Salesa included the development of a vaping campaign in her recent Letter of Expectation to HPA and has already received updates on the progress of the development of this campaign from HPA's Chief Executive.

### Capacity





# 10.0 Timeline

## Vaping campaign development process

Key  
NOTE: Each block is a fortnight

- HPA process
- Sign off milestones
- Research / Māori Women input

### Website/Hub development

	Time allocated	Nov 1/2	Nov 3/4	Dec 1/2	Dec wk 3		Jan 2/3/4	Feb 1/2	Feb 3/4	March 1/2	March 3/4	April 1/2	April 3/4
Foundation messaging	6w	HPA	HPA	HPA									
Sign-off key messaging with MOH	2w				Sign off								
Engage development partner	2w	HPA											
Confirm scope / budget	2w			HPA									
Write content	6w			HPA									
Develop Information Architecture & site outline	4w			HPA		Research	HPA						
Approve IA	1w						Sign off						
Technical work on back-end	7w				HPA		HPA	HPA					
Creative development for front-end	7w				HPA		Research	HPA					
Approve creative	1w								Sign off				
Approve final content	1w								Sign off				
Load content	1w									HPA			
Site testing	1w									HPA			
Site go-live											HPA		
Share with stakeholders / soft launch	2w										HPA		
Google Adwords launched / site promoted	7 mnth											ongoing	HPA

### Campaign development

	Time allocated	Nov 1/2	Nov 3/4	Dec 1/2	Dec wk 3		Jan 2/3/4	Feb 1/2	Feb 3/4	March 1/2	March 3/4	April 1/2	April 3/4	May 1/2	May 3/4	June 1/2	June 3/4	July 1/2	July 3/4
Qualitative formative research	6 w	Research	Research	Research															
Write campaign process	4 w	HPA	HPA																
Set up procurement	4 w	HPA	HPA																
Decide agencies	2 w			HPA															
Start brief	4 w		HPA	HPA															
Confirm detailed scope / budget	2 w			HPA															
Finalise brief	3 w				HPA		week 3												
Brief agencies	1 w						week 4												
Agency response to brief	5 w							HPA	HPA	HPA									
Get creative / media recs back	1 w									HPA									
Approval	4 w									Sign off	HPA								
Concept testing	6 w										Research	Research	Research						
Select concept	1 w											Sign off							
Concept iteration	2 w											HPA	HPA						
Final approvals concepts / scripts	4 w												Sign off	Sign off					
Media planning and approval	4 w													HPA	HPA				

Production	8 w																			
Production of Te Reo Māori elements	4 w																			
Final approvals / finished creative	4 w																			
Creative distribution / stakeholder share	2 w																			
Share with Māori Women from the testing/research	2 w																			
Live	3 mnth																			3 mnth

Influencers		Business case confirmed																		
		Time allocated	Nov 1/2	Nov 3/4	Dec 1/2	Dec wk 3	Jan 2/3/4	Feb 1/2	Feb 3/4	March 1/2	March 3/4	April 1/2	April 3/4	May 1/2	May 3/4	June 1/2	June 3/4	July 1/2	July 3/4	
Confirm scope / budget	3w																			
Brief for resource/s	3w																			
Write content, including translation	8w																			
Design approach	8w																			
Approve creative	2w																			
Approve final content	2w																			
Final artwork	4w																			
Print	1w																			
Share with stakeholders / soft launch	2w																			
Distribution	3w																			
Seminar approach confirmed	3w																			
Logistics and content planning	8w																			
Seminar/roadshows	6w																			

Stakeholders		Business case confirmed																		
		Time allocated	Nov 1/2	Nov 3/4	Dec 1/2	Dec wk 3	Jan 2/3/4	Feb 1/2	Feb 3/4	March 1/2	March 3/4	April 1/2	April 3/4	May 1/2	May 3/4	June 1/2	June 3/4	July 1/2	July 3/4	
Assemble expert advisory group	3w																			
Meeting	3w																			
Agree pānui/newsletter approach	8w																			
Editions	8w																			
Māori women group	6w																			

**Project Milestones**

December 2018	Initial research – underway now, delivery end of December 2018 Includes interviews with 100 Māori women, in rural and urban settings.
March 2019	Information hub will go live
July 2019	Campaign (including TV) will go live for 3 to 4 months
Sept/Oct	Evaluation
November 2019	Results

## **11.0 Risks associated with the proposal**

### **1. Emerging evidence**

Evidence on vaping (safety, risks, efficacy as a cessation tool, prevalence, etc) continues to emerge. This generates interest within the tobacco control sector and often spills over to the wider public health sector and sometimes to the public domain. Looking ahead, we will need to be agile, honest, and be able to adjust and defend our statements if required.

Mitigation – the Ministry will continue to monitor emerging evidence and inform the project team as required. The expert advisory group will also monitor evidence and advise on the development of the campaign accordingly.

### **2. At-risk audiences**

We need to carefully communicate the benefits of vaping, as well as the inherent harmfulness of the product/s. Vaping is not harmless. We cannot promote, or be perceived as promoting, a harmful product to people who will not benefit from it. This is further complicated by our key audience of young Māori women, is very close to our non-intended audience of at-risk non-smokers.

Mitigation – we need to consider and test our media choices, as well as the tone, and the messaging itself. This will be assessed through testing concepts with our at-risk audience, and use this to inform decision making.

### **3. Creating demand**

Experience tells us our campaign activity will drive activity. Some of this can be managed by our call-to-action (how explicit it is, strength of emphasis), however customers will use channels of their choice and will turn to trusted sources. We need to ensure as much as possible that channels have the capacity and competency to respond. We also acknowledge that part of this delivery is reliant on those outside of HPA/Ministry direct influence (eg vaping shops), which also creates a risk in terms of capacity and message uniformity. To manage this, new relationships may need to be formed.

Mitigation – comprehensive stakeholder planning, and good communications, will ensure the sector readiness and cohesion around messaging.

### **4. Product safety**

Currently there are no NZ safety standards for vaping products, which will impact our messaging.

Mitigation - the Government has recently announced their intention to insert into the Smoke-free Environments Act an express power to set product safety requirements for vaping and other smokeless tobacco products.

## **5. Understanding the legal parameters**

We need to understand how to build the public-facing components in respect of both the Smoke-free Environments Act, and the Medicines Act 1981, in particular any legal requirements around advertising, and how we show and represent vaping products.

Mitigation – the tobacco control team will engage with the legal team to ensure all legal parameters are understood, to inform the work.

## **6. Media decisions around the advertising of vaping restrict where and when we can advertise**

Alongside guidelines from the Advertising Standards Authority, individual media providers can make their own decisions around what categories can and can't advertise and what restrictions they may place on this advertising.

There is a risk that vaping is a category that media providers may choose to ban or restrict. Facebook is a good example in this space; their current stance is that you can advertise Anti-Smoking campaigns however you can't advertise e-cigarettes. [https://www.facebook.com/policies/ads/prohibited\\_content/tobacco#](https://www.facebook.com/policies/ads/prohibited_content/tobacco#).

It is worth noting that current positions may change over time. While we may be able to influence national media we won't be able to change the rules with these global media companies.

Mitigation – By incorporating television advertising into the media strategy, we will ensure the investment is leveraged, and reach/frequency targets are achieved.

## **7. Tupeka kore considerations**

Recognising that Aotearoa was traditionally tupeka kore (tobacco-free), the natural and original state of wellbeing for Māori existed in an environment that was tobacco and smokefree (Māori Affairs Committee Report, 2010).

For Māori, a person's hā or breath is inherently connected to their mauri (spark of life, life essence and vitality) (Hirini Moko Mead, 2011). As a result, any act that interferes with the breath of Māori must also affect one's mauri and life essence. Equally, this disturbance of mauri threatens te hā a koro mā ā kui mā and the continuation of Māori whakapapa (lineage/genealogy).

Like tobacco, vaping is an introduced device and tool that is not harmless, and therefore it presents a risk to the future hauora of Māori as tangata whenua.

Mitigation: Continued attention must be placed on the intended and unintended impact vaping will have on the future hauora of Māori.

Vaping will be considered as a harm minimisation tool in the context of the aspirations of Māori to reclaim the right to a smoke free Aotearoa, and have unrestricted access to hā that contributes to thriving mauri and oranga.

## **12.0 What will happen if we do not get the funding for this campaign?**

### **1. Progress towards Smokefree 2025**

The Ministry considers e-cigarettes to have some potential in contributing to a Smokefree 2025 as a harm reduction tool. Anecdotal evidence and small amounts of quantitative and qualitative evidence illustrate the appeal of these products to New Zealand smokers in supporting them to quit. The environment is rapidly evolving and confusion and misinformation exists. Without an official source of information and associated marketing of this information, the full potential of the contribution of e-cigarettes may not be realised for the right audiences.

### **2. Attracting young people and non-smokers**

The Ministry believes that e-cigarettes should be used for smokers only. There is the risk that without targeted key messages and information for a wide range of stakeholders and sectors that we are not doing all that is possible to prevent young people and non-smokers from taking up vaping.

### **3. Achieving equity**

The Māori Women's Smoking Project undertaken over the past year by the Ministry, coupled with other sources of anecdotal information tells us that vaping has a real appeal for Māori and is already a useful support for smokers. Clear information and targeting is needed to support every effort to reduce the equity gap that is so prevalent.

### **4. Lack of credible information for stakeholders**

Stakeholders including clinicians, stop smoking services, schools, workplaces, public etc are seeking information from the Ministry on aspects related to vaping. The continuation of no credible source of information does not maximise the opportunities that vaping does potentially provide.

### **5. Government expectations**

This campaign has already been socialised with all Government coalition partners and has been signalled and agreed by Cabinet [CAB-18-MIN-0569]. The Ministry will fail in delivering Government expectations if a vaping campaign is not supported.

## 13.0 Funding

It is proposed that this campaign will be funded from Tobacco Control NDE. The current forecasted underspend for Tobacco Control in 18/19 [REDACTED]

Current spend:	
Description	\$
345447-03: 'Better Help for Smokers to Quit' Health Target	[REDACTED]
Total Contracted spend	[REDACTED]
Budget	[REDACTED]
<b>Variance</b>	[REDACTED]

The impact on the Tobacco Team's underspend for each of the two options are:

	Option 1:	Option 2:
	\$1,210 m	[REDACTED]
Committed in contract	[REDACTED]	[REDACTED]
Proposed Commitments - Vaping Marketing	[REDACTED]	[REDACTED]
<b>Total forecasted spend</b>	[REDACTED]	[REDACTED]
Budget	[REDACTED]	[REDACTED]
<b>Variance</b>	[REDACTED]	[REDACTED]

HPA have indicated that the investment can be spread over two financial years ie 60% (\$726,000) in 2018/19 and 40% (\$484,000) in 2019/20.

### Future investment

Based on common models of behaviour change, a multi-year approach will be required to effect real change with the target audience.

Campaigns themselves have a limited life-span, and with the fast-pace of change in this particular market, it is recommended that the intervention roadmap has clear investment consideration points, to allow flexibility in our approach.

This funding request will allow us to build information and campaign assets, and have these in market for 2019. It is anticipated that there will be future funding requests, which will leverage these assets as well as respond to the priority populations' needs (for example, introduce more community-based activity, fill any information gaps). The evaluation plan will allow us to track and make adjustments as required.

## 14.0 Recommendations and approval

### Recommendations

It is recommended that you:

1.	agree	To fund a revised Option One, a public education vaping campaign to be delivered by the Health Promotion Agency in the current financial year to the value of \$1,210,000. Funding to come from the Tobacco Control Team's NDE budget.	Yes/No
2.	agree	To fund Option Two, a public education vaping campaign to be delivered by the Health Promotion Agency in the current financial year to the value <span style="background-color: black; color: red;">[REDACTED]</span> Funding to come from the Tobacco Control Team's NDE budget.	Yes/No

The project business case is recommended, and submitted for approval.

Manager Tobacco Team	Date
Group Manager Public Health	Date
Business Unit Management Accountant	Date
Deputy Director-General	Date