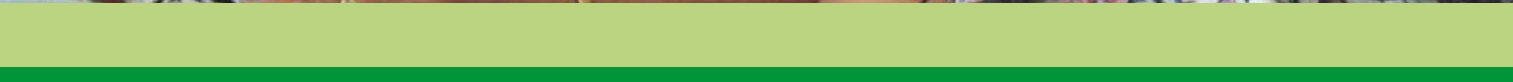




**Quitline**  
ME MUTU

ANNUAL REVIEW 2014/2015







The Quit Group (which operates as Quitline) is an incorporated charitable trust which was established in 1999. We are committed to helping all New Zealanders quit smoking, with a particular focus on Māori, Pacific people – because of the high smoking prevalence among these populations – and pregnant women. Our free services are funded through a service delivery contract with the Ministry of Health.



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## PUBLICATION FLIPSIDE

Celebrating 16 years of Quitline

### OUR VISION:

A Smokefree Aotearoa by 2025

### KAUPAPA/MISSION:

To provide a collaborative national support service that enables all New Zealand smokers to quit and stay quit and to drive towards less than 5% smoking prevalence by 2025.

### WHAKATAUKI:

Me mutu, hei oranga mo te whānau  
Let's quit, for the wellbeing of the family.

# CHAIR'S REPORT

*From 1 November, Quitline will have a new future in the National Telehealth Service, operated by Homecare Medical Limited. The Quit Group Trust is proud to say that it has set a high standard. In 2014–2015, 34% of clients had successfully quit smoking at 4 weeks (of the 74% who could be contacted) and Māori and Pacific people had comparable quit rates to the whole population of clients. 20.3% of clients were Māori and they had a 97% satisfaction rate with Quitline's service. Our website had 142,000 unique visitors and we made more than 100,000 support phone calls to clients. There were nearly 11,000 referrals from the health sector and 48% of people referred signed up to a Quitline cessation programme. 96% of stakeholders surveyed considered Quitline was contributing significantly to the Smokefree Aotearoa 2025 goal. We will watch with interest to see things grow and improve from this base.*

2015 is a significant year because it marks The Quit Group Trust's sixteenth year of operating the Quitline, and regrettably it is also our final year. From November 2015, the National Telehealth Service will operate the national smoking cessation service. It will not be the end of the Quitline brand or the kaupapa, however, as we intend to pass the baton to the new provider.

With our support, more than 118,000 New Zealanders have quit tobacco smoking – a figure that those quitters, and our telephone Quitline Advisors, can be rightly proud of. Our quit rates are the highest reported in the world for a quit line, and the outcome and economic analyses consistently demonstrate the effectiveness and efficiency of our services – another example of New Zealand performing well above its weight. So it is with considerable sadness that we cease provision of the Quitline, but in equal measure we proudly celebrate the successes we have supported, shared and enjoyed.

I pay particular tribute to my fellow Trustees, both present and past, and also to our Chief Executive, our management team and our Quitline staff. And I thank them all for the uncertainty they have borne for the last two-and-a-half years, professionally and diligently in the face of closure.

We have enjoyed and respected the support of many people over time. Our patron, the Governor General His Excellency The Right Honourable Sir Jerry Mateparae, successive MPs and ministers starting at the outset with The Right Honourable Helen Clark and finishing with The Honourable Dame Tariana Turia. We have been lucky to have had only two Chief Executives – both 'wonder women' – in Helen Glasgow and Paula Snowden. And I have had the honour of being only the second chair, following the capable Annette Milligan who was founding chair for the first 12 years. Andrew Jackson, a founding trustee, and Jan Pearson have provided strong governance expertise during our final period, and all of our past trustees are acknowledged in this report together with our many staff.

The goal of a Smokefree Aotearoa is still our vision. Tobacco smoking remains the single most avoidable cause of morbidity and mortality, particularly for Māori and Pasifika, and our only regret in our closure is that the goal has not yet been realised.

I wish all of our staff well in their next endeavours. I know they will continue to be Quitliners for life. Ngā manaakitanga o te Atua ki a koutou.



**Professor Chris Cunningham**  
Chair of the Quit Group Trust



Smokers in New Zealand are not the problem. Smokers are the victim of a long, strategic and dedicated campaign to get and keep as many people addicted to smoking tobacco as is possible. And, for one single reason – profit. For every person who dies from a smoking related illness, the tobacco industry has made a profit of \$7,000. This appalling statistic was calculated by the World Lung Foundation and the American Cancer Society. That profit comes directly from the pockets of New Zealanders, smokers and non-smokers alike, who also pay in avoidable health care costs, lost productivity, illness and death.

The global tobacco industry cannot be allowed to continue unchecked profiting from the disease and death of New Zealanders. It brings home the importance of government and the tobacco control sector together continuing to do all they can to constrain the tobacco industry with strong price, promotion and supply policies and effective and accessible smoking cessation support, marketed in ways that inspire and give confidence that quitting works.

In 2014–2015 I am proud of the work we did to ensure our service works for people living in high deprivation areas where smoking rates are highest. We first commissioned market research, which provided vital insight into how the Quitline service was perceived among these communities, where Māori and Pacific people are over-represented.

This research informed the development of the Crayons advertising campaign. This campaign focused on what people said was their most powerful motivator to quit – their children. The campaign created an instant **30.7%** increase in Quit Programme registrations the month it launched. I was especially pleased that the spike was even higher for Māori with a **35%** increase in Quit Programme registrations.

The market research also inspired a Client Experience Project, which reviewed all points of engagement clients have with our service including; phone conversations, web pages,

letters, voice messages, texts, emails and information resources. Enhancements were made to ensure that every interaction people have with Quitline is as inspiring as possible, natural and authentic. The right kind of support has the potential to help people break the power tobacco has over them.

The results of the Client Experience Project paid off. In our annual client satisfaction survey, **95.6%** of clients said they were satisfied with the service they had received. An even better result was achieved for Māori clients, **97.1%** of whom were satisfied and for Pacific clients, **95.8%** of whom were satisfied.

Another noteworthy trend has been the number of clients using multiple service channels – from the choice of phone, web, blog, email and text. In 2014–2015, **87.5%** of clients used two or more services (up from 80% in 2013–2014) and almost **50%** used three or more services (up from 32% in 2013–2014). Research shows that the more services a person uses, the greater their chance of successfully quitting. In the last year our clients' four-week quit success rate was **32.6%** (up from 30.7% in 2013–2014).

All of these figures reflect a team effort. From the Advisors on our phones keeping conversations fresh and authentic, to the communications team driving demand for our service, to the business support, IT, quality and finance teams who provide the infrastructure for us all to do our jobs well.

In the past year, we have been working with the knowledge that as of 1 November, the Quitline service will no longer be delivered by our organisation. Homecare Medical Limited has won the contract to deliver the Ministry of Health's new National Telehealth Service, which includes Quitline.

I have been proud to lead this organisation since 2009 and the highlights have been many. The greatest is knowing that every day we make a difference to somebody's life – that is a privilege. Last year it was also an

honour to be at the 16th World Conference on Tobacco or Health in Abu Dhabi in March, where The Honourable Dame Tariana Turia received the Luther L Terry Award for exemplary leadership in tobacco control.

The single biggest difference we can make to the wellbeing of New Zealanders is to do more of the things that the World Health Organisation has identified as being effective in reducing uptake of smoking and getting more people to quit. These include implementing plain packaging, introducing smokefree cars and providing excellent, free smoking cessation support that is designed for the needs of populations where prevalence is highest. We must continue to make cigarettes and tobacco harder to get and even more expensive to buy.

In the last 16 years, I believe Quitline has set the bar high for smoking cessation. I am certainly keen to see this continue in the future. I wish the National Telehealth Service and all those working in smoking cessation and tobacco control all the best as work continues to make Aotearoa smokefree by 2025.





# QUITLINE'S RESULTS 2014/2015

*The four-week quit rate for clients that Quitline was able to contact was 43.8%.*

*The four-week quit rate for the whole client group was 32.6% (up from 30.7% in 2013/2014)*

## DEMAND FOR QUITLINE'S SERVICES

As New Zealand's national smoking cessation service, Quitline continued to help high volumes of people to quit in 2014–2015. **46,012** attempts to quit smoking were supported by Quitline's services (up 2.2% from 2013–2014).

A Quit Attempt is recorded when a person who wants to quit smoking registers with Quitline's three-month programme by phone or online. The three-month Quit Programme

features: a minimum of four follow-up contacts; access to subsidised nicotine replacement therapies; a registration pack with written resources; and support via phone, website, blog, email and/or text, depending on the client's preferences.

Quitline's priority populations are Māori and Pacific people, who have the highest rates of smoking in New Zealand. It was pleasing to note in 2014–2015, quit attempts by Māori increased by **5.3%** and quit attempts by Pacific people increased by **3.9%**.

Another positive trend is that clients are making use of the multiple Quitline services available to them and using a combination of phone, online and text support. In 2014–2015, **87.5%** of clients used two or more services (up from 80% in 2013–2014) and almost **50%** used three or more services (up from 32% in 2013–2014). Quitline has actively encouraged this trend as research indicates that clients who use more services are more likely to successfully quit<sup>1</sup>.

The overall percentage of the New Zealand smoking population engaging with Quitline's support is **10%**. This is a very favourable rate compared to Quitlines in other

jurisdictions. For example, in the state of Victoria, Australia, **2.2%** of the smoking population use their Quitline<sup>2</sup> and in the United States the average rate is just 1%<sup>3</sup>.



## PHONE RESULTS 0800 778 778

- » **71%** of clients used the phone channel<sup>4,5</sup>.
- » There were **46,375** inbound phone calls made to Quitline.
- » There were **100,756** outbound phone calls made by Quitline.

## ONLINE RESULTS [www.quit.org.nz](http://www.quit.org.nz)

- » **55%** of clients used the online channel<sup>4</sup>.
- » There were **75,193** logins into the Quitline website.
- » There were **106,426** blogs and comments on blogs on the Quitline website.
- » There were **142,008** unique visitors to the Quitline website.

## TEXT RESULTS Txt QUIT to 3111

- » **56%** of clients used the text channel<sup>4</sup>.





## QUITTING SUCCESS RATES

Quit smoking success rates are the most important measure for a smoking cessation service. Quitline monitors the smoking status of clients at four weeks after their quit date and is able to obtain the smoking status for nearly 75% of its clients. Results for 2014–2015:

The four-week quit rate for clients that Quitline was able to contact was **43.8%**.

The four-week quit rate for the whole client group was **32.6%** (up from 30.7% in 2013–2014). This includes those who were unable to be contacted and must be counted as 'still smoking', even though their smoking status is unconfirmed.

As the success rate for people who quit without support is estimated to be just **4%**, Quitline's services substantially increase clients' likelihood of successfully quitting.

## CLIENT SATISFACTION

In 2014–2015, Quitline continued to rate highly in terms of client satisfaction. In April – May, a survey of more than 600 Quitline clients was conducted by Gravitas Research and Strategy Limited. The survey showed:

- » **95.6%** of clients surveyed were satisfied with the service they had received.
- » **97.1%** of Māori clients surveyed were satisfied with the service they had received.
- » **95.8%** of Pacific clients surveyed were satisfied with the service they had received.
- » **99.1%** of clients surveyed found Quitline advisers to be friendly.
- » **96%** of clients surveyed said they would consider using Quitline services again in the future.

The sample was spread across users of different service channels offered by Quitline and by ethnicity (**27%** of the sample were Māori and **7%** were Pacific Peoples). While the overall satisfaction levels were high, it was particularly good news that Quitline's priority populations reported the highest satisfaction levels.

1 Gravitas Research and Strategy Limited (2015). Quitline Service Client Satisfaction Survey.

2 Data provided in 2013 by Quit Victoria

3 Cummins, Bailey, Campbell, Koon-Kirby, Zhu (2007). Tobacco cessation quit lines in North America: a descriptive study. *Tobacco Control*, 16, pp. 9–15.

4 Gravitas Research and Strategy Limited (2015). Quitline Service Client Satisfaction Survey

5 The rates of service use for phone, online and text equate to more than 100% as most clients use more than one service channel.

# COLLABORATION AND SERVICE DEVELOPMENTS



## LANGUAGE LINE

Since January, Quitline callers can use the Language Line service to get support to quit smoking in their preferred language. Forty four languages are covered including, Samoan, Cook Island Māori, Tuvaluan, Tongan, Tokelauan, Mandarin and Hindi. The service is available from Monday to Friday 9am – 6pm. When a client requests Language Line, Quitline contacts an interpreter and the normal Quitline support call begins.

## SMOKING AND QUITTING IN PERSONS WITH MENTAL ILLNESS

In 2014–2015 Quitline’s in-house researcher undertook analysis of selected literature to find out more about how people with mental illness can successfully be supported to quit smoking. The full report is available on Quitline’s website. Key findings were:

- » Smoking prevalence is 50% higher among people with mental illness than for the general population (32% vs 21% in New Zealand 2003–04)
- » Smokers are more likely to have been diagnosed with a mental illness (20.2%) compared to non-smokers (11.5%)
- » Life expectancy for people with mental illness is 25 years less than for the general population, with smoking being a major contributor
- » Around one-third of tobacco consumed in New Zealand is by people with mental illness
- » The relationship between smoking and mental illness appears to be bi-directional with smoking contributing to mental illness, and mental illness contributing to smoking behaviour
- » People who start smoking at an early age experienced earlier onset of anxiety and/or depression disorders compared to those who started smoking later
- » Successful cessation is associated with reduced depression, anxiety and stress, and improved positive mood and quality of life
- » People with mental illness want to quit and these smokers attempt to quit at similar rates to the general smoking population
- » Stopping smoking can impact on the metabolism of a number of drugs used to treat mental illness and specialist care is needed to ensure that quitting does not adversely affect the treatment of these clients.

## CLIENT EXPERIENCE PROJECT

Ensuring Quitline’s service meets the needs of high deprivation populations – where the 2013 Census indicated smoking prevalence is greatest – was the impetus for the Client Experience Project in 2014.

Quitline commissioned market research which provided vital insight into how the Quitline brand was perceived among high deprivation communities. Māori and Pacific people are over-represented in these communities. While there was a desire to quit smoking, there were real impediments to quitting and these people did not necessarily feel that the Quitline service was ‘for them’.

The project reviewed all points of engagement clients have with Quitline’s service, including phone conversations, web pages, letters, voice messages, texts, emails and information resources.

As a result, parts of the Quitline service were enhanced to improve the overall client experience. These included the script and style of phone conversations Advisors have with clients, the quality assurance approach, how quit smoking status is gathered from clients and ensuring that all client contact points reflected an inspiring Quitline brand position.

Quitline’s 2014–2015 Crayons advertising campaign (see marketing and communications section) was created drawing on the market research. Changes were also made to the website including a wider range of motivating factors on the homepage as well as improvements to the imagery across the site.



## SHARED CARE TRIAL

In May, Quitline launched a Shared Care trial, which saw closer collaboration with face-to-face cessation providers and a more seamless service experience for clients.

The trial was being undertaken with Wellington-based cessation services Kokiri Marae (Seaview) and Pacific Health Services (Porirua). Currently, Quitline offers all clients referrals to face-to-face cessation providers and equally encourages face-to-face cessation providers to refer to the Quitline service.

The Shared Care trial took this a step further by facilitating ongoing updates between Quitline and the face-to-face cessation provider around the quit journey of an individual client. The aim was that the client received a more intensive, wraparound service and that both organisations were kept fully informed of the client's progress.

40 clients using both Quitline and the face-to-face service were tracked to see if the Shared Care model led to better quit smoking results. For Māori participants, 42% were quit at four weeks. For Pacific participants, 18% were quit at four weeks. A full report is available on Quitline's website.

## STAKEHOLDER SURVEY

The results of Quitline's 2015 Stakeholder Survey reflected the ongoing effort being invested by Quitline in stakeholder relationships. Key results included:

- » 96% of all respondents consider that Quitline is contributing significantly to the Smokefree Aotearoa 2025 goal
- » 90% of all respondents agree that Quitline is engaging effectively with their organisation

Comments from stakeholders included:

*"It is my firm belief that the last 5–6 years has seen a massive increase in the relevance of Quitline to our communities who smoke. The willingness to re-evaluate their approach each year to suit people who smoke has been incredible. So much more than just a phone line and actively supporting people to reconsider their smoking status."*

*"From what I can see Quitline represents the most value for Government investment in smoking cessation. Its model is proven to work and it is very, very clear what Quitline's role is in reaching Smokefree 2025."*

## REFERRALS

One of the successes of 2014–2015 has been a continued strong flow of referrals from the health sector.

Quitline received a total of **10,787** referrals (an 80% increase from 2012–2013). These referrals came from DHBs, PHOs, midwives, Plunket nurses and other providers. Quitline makes three attempts to contact referred clients and was able to contact **66%**. Of those who were contacted, **41%** agreed to begin a Quit Programme.

Quitline also stepped up its efforts to ensure all clients are offered a referral to a face-to-face provider. A total of **1,796** Quitline clients were referred on to face-to-face providers for supplementary support.

Quitline provides reports on the progress of referred patients to DHBs, midwives and Plunket. For primary care, in addition to the automated referrals to Quitline through the Medtech Practice Management System, as of March practices using the myPractice Practice Management System can also refer patients directly to Quitline. For both of the systems, key information pre-populates from the patient's record and read codes will be automatically updated. Feedback on the patient's smoking status is also sent.



# WHAT OUR CLIENTS SAY

## Client testimonials

### GOODBYE

Every time i have left you,we both knew i would come back. Well this time its different i fell in love with breathing easy, smelling nice and the gloriou freedom. You can torment my days and invade my nights with memories of us having coffee together each morning, drinking wine together on the beach watching the sun go down. But this time its over for good my coffee tastes better without you, my car is nice and warm and the fish and chips are really good watching the sunset. So listen carefully its over for good i no longer love you or want you in my life and my hope is you never find anyone else.

To freedom happy quitting everyone.

**grammy – Mar 2015**

### THESE ARE A FEW OF MY FAVOURITE THINGS...

Lying in bed in the mornings enjoying cuddles with my children vs getting up as soon as I wake for a smoke

Staying inside in the evenings while the rain and wind blow vs going outside to huddle in a corner for a smoke

Smelling delightful as opposed to stinking of smoke

Enjoying the company of my smokefree friends as opposed to sneaking out for a smoke when I could or thinking about it

**Fairydusternz**

### DAY 93

Today I have officially completed my quit programme ... I can't believe where the time has gone. It has happened so fast.... my journey has been recorded on here from day one. I have revisit some of what I've blogged at times to remind me how far I've come.... I've not had a cigarette, not even a puff from one. I don't do things by halves, all or nothing and that has worked well for me.

Gone are the days where I was an inactive, tired smoker who lacked energy, and hid behind a cigarette to deal and celebrate everything.

This site has enabled me to share my journey, inspire others, reaffirm things for myself. I love being a non-smoker, I love having the money in the bank, I love life more, and my energy levels are high... I still deal with alot of stress workwise and have ample deadlines to meet, however I take it in my stride... I know and fully understand, lighting up a ciggy didn't make the stress go away... never did and never will.....

To those of you who are struggling, it will pass, its only temporary... hang tough... use the NRT if you need it, apply the 4D's and blog out as much as you need. There are so many wonderful people on this site that empathize with you.... remember this, you are NOT alone, we are with you and in together.

\*hums because I'm happyyyyyyyyyyy\*

\*shakes her groove thing\*

**Cheekyhua**



## 730 DAYS SMOKEFREE

730 days = 2 years. Not one single puff for two years!

For the newbies who don't know my story, this time two years ago I was at the start of day one after 45 years of smoking. I'd had a winter virus and the cough and chest infection was lingering, but the diagnosis of Emphysema I received that day was terrifying. Previously, I'd had no desire to give up smoking, but the thought of being unable to breathe was so dreadful that I quit, cold turkey, that very day.

A smoke to me was a comfort/treat/reward in many situations and the thought of being unable to have one ever again left me grief-stricken! I knew I couldn't smoke any more, but wasn't at all sure I could manage without them, so I joined the "quit family" here and found a wonderfully supportive group of fellow-quitters, without whom I'm sure I wouldn't have succeeded.

Although the GP says my lungs are damaged, my breathing has recovered much to my relief. Only very occasionally do I feel symptoms and I haven't needed to use inhalers I was given for a long time.

I want to say a heartfelt thank you to everyone for sharing your struggles and successes and for the unconditional support so generously given

**Saffron**

## SMOKEFREE DAYS: 365 DAYS

Cigarettes NOT smoked: 10220

Total savings: \$9,309.30

These are things I have seen. They are about me, not everyone else so take them as my experience, not judgement on yours :)

A few things I was afraid of with hind sight...

1. "I don't want to get fat" – I used this excuse for 10 years not to quit. Too bad, some days it was eat or smoke. I've lost some now, 6kgs above my quit weight. I should have started running/walking from day dot. I didn't know just how much it helped with detox. Smoking does help with weight loss... one lung at a time...
2. "What do I do when I go out, can I drink?" – Nope, I had to hide from the world for nearly 2 months. I had to hide from everyone.
3. "How do I be social with my smoking friends?" – I hardly see my best friend now. She stopped visiting. Sad, but shows a few truths. Some friends tried to get me to smoke. Poo-poo'd my quit as silly. I got rid of them. They weren't friends. I now have friends that I hardly saw, turns out they didn't like the smell, or want their kids near it. I can't blame them.
4. "What do I do when the cravings hit" – I cleaned. I cleaned and I cleaned. I scrubbed out cupboards, I got a toothpick and scraped out the ridges in the fridge seal, I vacuumed out the washing machine. I kept busy till it hurt.
5. "Why am I bothering, it's too hard?" – Because my baby girl who had 2 surgeries before the age of 3 for glue ear and had to have adenoids removed (I should have listened to her doc about my smoking) picked up a stick and pretended to smoke at the age of 4. That made me a bad mother in my book.

I never took the risks seriously when I smoked. It's not until the addiction is gone that I see what I have done. I am so so scared of how sick I may still get as a result of the stupid choice I made. I am so happy that I won't be making my daughter sick, yet I feel horribly guilty that 26 years of heavy smoking may still see her without a mother.

1 year down. I still have cravings, usually from a memory or stress. They don't last long.

It really is worth it. Everything is better and I have a savings account! Not 9k but it's a start...

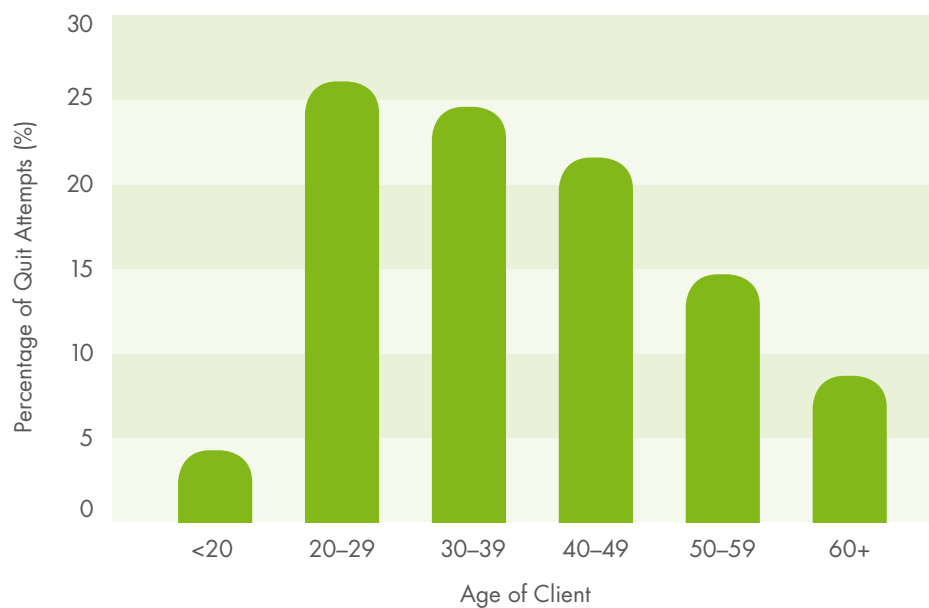
**Banana – May 2015**

# WHO QUITLINE HELPS

## Client Demographics

### AGE PROFILE OF CLIENTS

The majority of Quitline clients in 2014–2015 were aged between 20 and 49 years old (72%). This matches the age profile of the majority of New Zealand smokers.



### PRIORITY POPULATIONS: MĀORI AND PACIFIC

Given the high smoking prevalence amongst Māori and Pacific Peoples, reducing smoking rates in these communities is a high priority for Quitline. While the prevalence of smoking amongst the general population is 15.1%, for Māori it is 32.7% and for Pacific Peoples it is 23.2% (2013 Census).

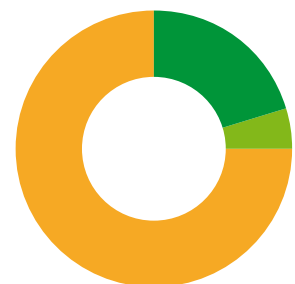
#### MĀORI

- » In 2014–2015 Māori clients made **9,348** Quit Attempts with Quitline, an increase of **5.3%** from last year.
- » Māori quit attempts represent **20.3%** of total Quit Attempts.
- » Māori clients were predominately female (**62%**).
- » The quit smoking rate for Māori clients who Quitline was able to contact at four weeks was **36%**.

#### PACIFIC

- » In 2013–2014 Pacific clients made **2,127** Quit Attempts with Quitline, an increase of **3.9%** from last year.
- » Pacific quit attempts represent **4.7%** of total Quit Attempts.
- » **53%** of Pacific clients were female and **47%** were male.
- » The quit smoking rate for Pacific clients who Quitline was able to contact at four weeks was **40%**.

#### CLIENT QUIT ATTEMPTS

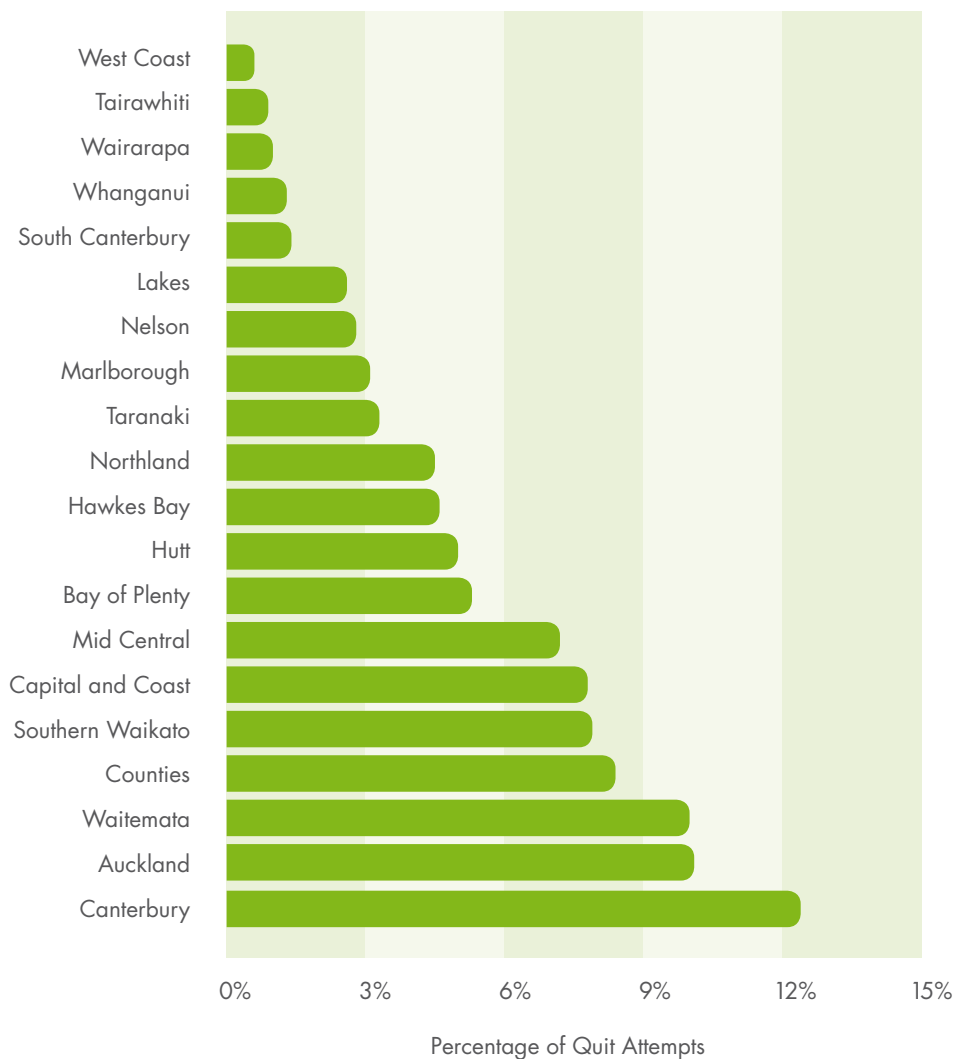


Māori clients	20.3%
Pacific Clients	4.7%
Non-Māori & Non-Pacific clients	75%



## BREAKDOWN OF QUIT ATTEMPTS BY DISTRICT HEALTH BOARD REGION

Quitline clients are recorded by the District Health Board region they belong to. In 2013–2014 the regions with the highest number of clients were Canterbury (12%), Auckland (10%), and Waitemata (10%).



## GENDER OF CLIENTS

Quit Attempts in 2014–2015 were almost evenly split between males and females.

» Males made **47%** of total Quit Attempts

» Females made **53%** of total Quit Attempts

# MARKETING & COMMUNICATIONS

## Advertising Campaigns

*Quitline's marketing approach is a combination of social marketing and commercial marketing. The goal is to inspire people to quit smoking, while at the same time encouraging them to use the Quitline service. Targeted advertising campaigns, marketing initiatives and referral promotion are essential to keep the contact centre's phones ringing and drive traffic to the website, as well as to ensure the organisation is reaching Māori, Pacific people and pregnant women who smoke.*

### CRAYONS CAMPAIGN

2014–2015 got off to an exciting start with Crayons – an innovative advertising campaign which was developed based on independent research with people in high smoking prevalence communities (as highlighted by the NZ Census 2013). This research sought to better understand attitudes to smoking, attitudes to quitting, brand perception and responsiveness to quitting messaging.

The research showed that while those in the target group are not particularly concerned about the long term effects on their health or the cost of cigarettes, they are very concerned about children taking up smoking and feel guilty that they are role-modelling this behaviour. Interestingly, this concern was felt universally regardless of whether the participant had children or not. Five different advertising concepts focusing on this theme were then developed by Māori Television and tested with the target audience. All of the advertisements tested sought to increase the desire to really want to quit. There was an overwhelming

preference for one concept called *Crayons* and in August 2014 the *Crayons* advertising campaign was launched.

The *Crayons* campaign focused on children who come from a home in which the adults around them smoke. As a result the children believe that smoking is normal, which they demonstrate by pretending to smoke their crayons. A strong call to action at the end of the advertisements challenged adults to quit smoking before their children started smoking. The campaign consisted of a series of television commercials supported by radio, online and outdoor advertisements.

The campaign was cost effective, with Quitline bypassing the traditional approach of contracting an advertising agency and instead working directly with a production company. The campaign was also one of Quitline's most effective to date and resulted in an overall increase of Quit Attempts by 30.7% for September and 17.9% for October 2014. Increases for priority populations were particularly significant with registrations from Māori clients up 35% in September and sign ups from Pacific clients up 26.8% in October 2014.

Quitline received some feedback from viewers concerned that the advertisements might encourage children to smoke. To address this concern Quitline engaged Premium Research to carry out research on the way children perceive the *Crayons* advertisements. The testing showed that while some children were concerned that two of the advertisements could encourage some children to smoke, they were clear it would not impact them personally. In general the research found that the vast majority of the children interviewed took a negative message about smoking from the advertisements. As an additional precautionary measure, Quitline reassessed the television placement of the advertisements and proactively sought to have them re-rated by the Commercial Approvals Bureau (CAB) so that they could be placed in adult programming only.





## PACIFIC CAMPAIGN

To build on the success of the *Crayons* campaign in encouraging Pacific people to quit smoking, in March 2015 we developed an advertising campaign featuring real stories from Pacific people captured at the 2015 Pasifika Festival. In the stories six different people, including TV presenter and former smoker Jason Fa'aofoi, spoke about how smoking had affected them and their families. Six of the best stories were chosen to form the online, radio and outdoor campaign. As a result of this focus on Pacific people who smoke, we ended the year with 2,181 Quit Attempts from Pacific people, a 2.5% increase on 2013–2014.

## COMMUNITY EVENTS

Quitline attended eight major events in 2014–2015 with the aim of building trust and increasing the organisation's visibility among Māori and Pacific communities. Events attended were: Te Rā O Te Raukura (Lower Hutt), Creekfest (Porirua), Pasifika (Auckland), Te Matatini (Christchurch), Pre Shears (Masterton), Ngāti Kahungunu Sports Day (Hastings), Waitangi Day Celebrations (Waitangi), Rātana Pā Celebrations (Wanganui).

At the events Quitline had a marquee and offered written resources, sign ups to the Quit Programme and free nicotine replacement therapies. Events generated 333 Quit Programme sign ups. Quitline also distributed 316 Whānau Packs containing resources for attendees to give to their families and friends who smoke.

Other promotional activities included the Smokerlyzer, which measures carbon monoxide levels in a person's breath, a tablet app that allowed people to see what they would look like in twenty years if they continued to smoke and a giant Quitline photo frame in which attendees could pose for pictures.

## QUITLINE'S WHĀNAU HAUORA MARQUEE AT RĀTANA PĀ CELEBRATIONS

In January, people attending the Rātana Pā celebrations lined up to get their *Passports to Health* stamped at Quitline's Whānau Hauora Marquee.

Since 2011, Quitline has attended the Rātana Pā celebrations to promote the organisation's services and encourage smokers to register for smoking cessation support. Rātana Pā is a faith-based community near Whanganui that celebrates their founder, Tahupātiki Wiremu Ratana's birthday every year in January. This year, Quitline decided to lead a Whānau Hauora Marquee at the event and invited other health organisations with an interest in Māori health to participate.

Twelve organisations had stands within the Whānau Hauora Marquee, offering information and advice on a range of health issues from diabetes, to medicine management, to suicide prevention. All visitors to the Marquee were issued with a *Passport to Health* card and this was stamped after they had spoken with each health service provider. To incentivise people to visit every stand within the Marquee, completed *Passport to Health* cards went into the draw to win prizes. In the two days the Whānau Hauora Marquee was open for business 340 *Passports to Health* were completed.

Quitline's Event Specialist Edie Rerekura said, "Our Hauora marquee aimed to create a non-threatening, culturally appropriate environment for Māori to enter – some of whom may



feel uncomfortable in mainstream health settings. We wanted to build a sense of trust and willingness in Māori to address their health issues".

The marquee included a kaumatua area with sofa seating and a musician playing helping to create a relaxed atmosphere. A tamariki area was set up with a colouring-in activity and supervision, freeing up their parents and caregivers to talk to health providers.

Feedback from the organisations represented in the Whānau Hauora Marquee was universally positive. "I strongly support the Hauora model and believe that the participants were in a familiar and relaxed environment and therefore were more willing to talk to us about all aspects of health," said one provider. A full report is available on Quitline's website.

# MARKETING & COMMUNICATIONS

## Resources, Social Media & Media Coverage



### RESOURCES

Quitline maintained its suite of resources to help people quit smoking including: *The Quit Book*, *Me Mutu Tātou* and *N.O.P.E* (Not One Puff Ever) wallet cards. The booklet formerly titled *Time to Quit* was significantly revised. This resource targets smokers who haven't yet made the commitment to quit. Its purpose is to prompt people to think further about quitting by highlighting the positives of being a non-smoker along with the negative consequences of continuing to smoke. In revising this booklet we drew on recent research about triggers that make people want to quit. Fear and guilt about smoking can be the catalyst that people need to think about their addiction, but this needs to be followed up with positive reasons to want to be smokefree. The new version is also less text heavy and more visual. Graphics and pull-out quotes to illustrate information, make it very easy for readers to absorb key messages.

### SOCIAL MEDIA

A Facebook page has been Quitline's primary social media channel, supported by Twitter and YouTube. We have developed a range of content for Facebook designed to motivate, inspire and engage with our online audience. Through dedicated Facebook advertising campaigns our page has reached a total of over 11,000 Likes, with individual posts reaching an average of 400 Facebook users per post.

### MEDIA COVERAGE

Media engagement is an important part of building brand recognition and sharing quit smoking stories and information about the Quitline service with all stakeholders. January was a particularly busy month for us media-wise, with journalists interested in stories about New Year resolutions to quit smoking and how another tobacco tax increase was pushing people to quit.

During 2014–2015 Quitline received coverage in 296 online articles, thirty broadcast stories and 2,255 print articles.



Time to Quit Booklet

*As at 30 June 2015, Quitline has 55.5 fulltime equivalent staff, 37.4 of whom are directly working on promoting and supporting cessation.*

## VALUE FOR MONEY

Quitline has delivered cost effective cessation services, as evidenced by the following two performance indicators. The unit cost of securing and supporting a Quit Attempt for the full year is \$202.46 (2013–14: \$206.13) and down from \$240 five years ago.

The annual return on investment (ROI) is \$63:1 (2014: \$61:1). ROI is calculated by comparing the cost savings for New Zealand of a person quitting smoking compared to the cost of the Quitline service.

## FURTHER HIGHLIGHTS

Income for the year was \$9.56 million, with the Ministry of Health providing the bulk of the funding.

Total expenditure was \$9.36 million, of which \$2.6 million was spent on advertising and promotion costs, and \$3.4 million on marketing, communications and operations staff costs – these two expenditure items have the most direct impact on increasing quit attempts and quit success rates.

An operating surplus of \$198,000 was generated during the financial year. The financial position at year-end shows a net assets balance of \$3.3 million, including a net working capital of \$3.2 million. The bulk of the working capital is held as cash reserves.

Quitline has a contract with the Ministry of Health to provide a free, national smoking cessation service to 31 October 2015.

## STATEMENT OF COMPREHENSIVE INCOME

For the year ended 30 June 2015

	2015 \$000
<b>Income</b>	
Ministry of Health	9,422
Other income	140
<b>Total Income</b>	<b>9,562</b>
<b>Expenditure</b>	
Advertising and promotion	2,558
Staff & Management costs – Marketing and Communications	725
Staff & Management costs – Operations	2,642
Staff & Management costs – Corporate Services	1,237
Information Technology	625
Office costs, depreciation and amortisation	1,326
Legal and consultancy costs	250
<b>Total expenditure</b>	<b>9,364</b>
<b>Net Surplus for the year</b>	<b>198</b>

Note: These figures provide an unaudited financial summary as at 30 June 2015

## ANALYSIS OF QUITLINE EXPENDITURE



Advertising and promotion	27%
Staff costs – Marketing and communications	8%
Staff costs – Operations	28%
Staff costs – Corporate Services	13%
Information Technology	7%
Office costs, depreciation and amortisation*	14%
Legal and consultancy costs	3%