

Second Roundtable Meeting

Innovations in Building
Consumer Demand
for Tobacco-Cessation
Products and Services

Summary Paper, February 1–2, 2006



Robert Wood Johnson Foundation

On February 1 and 2, 2006, an invited group of leading tobacco-cessation researchers, funders, policy-makers and practitioners gathered in Washington for the second Roundtable on Innovations in Building Consumer Demand for Tobacco-Cessation Products and Services. This group (see [Attachment 1](#) for participants) seeks to:

- Generate creative new ways of thinking about increasing demand for evidence-based tobacco-cessation products and services, particularly among underserved, low-income and ethnic/minority populations.
- Identify, catalyze and promote feasible innovations in research and development, product design, research funding, practice and policy with the potential to dramatically improve treatment use and national quit rates within three years.
- Identify feasible strategies for embedding these innovations into public- and private-sector tobacco-cessation efforts to achieve lasting improvements in U.S. health and health care.

First Roundtable Meeting: December 2005

The roundtable participants met for the first time in December 2005 at a session that sought primarily to build a common understanding of problems affecting the use of evidence-based tobacco-cessation products and services—that only 20 to 30 percent of smokers who want to quit use proven cessation aids.

Initial Areas Identified

At this first meeting, roundtable participants had concluded that, given the strength and growth in marketing by tobacco companies—and a concomitant marketing of unproven (and sometimes even bizarre) tobacco-cessation treatments—the tobacco-cessation community must improve its ability to:

- Respond to the latent needs of smokers; that is, the needs that people often can not articulate, but that still have a powerful influence on their behavior. One example of a latent need discussed during the first roundtable meeting was a smoker's need for control.
- Make strategic use of social marketing to promote tobacco cessation and reach underserved populations.
- Market evidence-based cessation products and services in ways that reflect and respond to the needs and interests of targeted consumers (especially the socio-economic and racial/ethnic groups where smoking is most prevalent).
- Broaden the products' appeal, reach and use, especially by incorporating lessons from other consumer products into the design, packaging, delivery and sale of tobacco-cessation treatments.
- Create a more integrated and seamless way to connect the multiple delivery systems, treatment modalities and types of products and services (e.g., face-to-face counseling both in health care environments and in the community, telephone quitlines, online support and pharmaceuticals) that make up tobacco-cessation treatments. Approaches that combine, for example, nicotine replacement and counseling have been shown to be the most effective, and innovative linkages among other treatment delivery systems (quitlines and health care provider interventions, for example) offer potential as well.

- Connect and align—intentionally, and in innovative ways—policy actions that boost quitting motivation, quit attempts and treatment use, such as clean indoor air legislation, tobacco tax increases and treatment coverage expansions, with tobacco-cessation treatment interventions.

An overall theme of the December meeting was that efforts to promote tobacco cessation must recognize that tobacco cessation is, like any treatment for a chronic illness, a journey, with identifiable stages that should be addressed in promoting the use of tobacco-cessation products and services.

Breakthrough Innovation Areas in Need of Action

In addition, in the meeting and in a follow-up Zoomerang survey, the participants highlighted the need for the tobacco-cessation community to:

- Develop a designation (akin to the “Good Housekeeping Seal of Approval”) to help consumers distinguish between proven and unproven treatments and services.
- Directly counteract the widely prevalent and increasingly well-documented consumer misconceptions about the harms of nicotine-replacement therapies.
- Create a proactive “Policy Response Network” that will identify in advance where policy changes are imminent and help to trigger and organize advance planning to both promote and expand the access to effective locally and nationally available counseling and pharmacological treatments (including health care provider interventions and quitline capacity).
- Strengthen relationships with quitters all along their “quit journey,” providing services to better engage and assist smokers in all stages of change, to sustain successful quitters and to advise smokers’ and quitters’ social support networks.
- Address major gaps in existing national epidemiological surveillance systems to better track quit attempts, quitting motivation and treatment use, and to track the effectiveness of building demand for tobacco-cessation products and services.

As a result of the December meeting, the roundtable planning group proposed a modification of the roundtable’s initial agenda and timetable. The planning group extended the time until a planned national conference (which took place in winter 2006), so that one additional working group session could be held to solidify proposals and recommendations to be presented to a wide audience of stakeholders at the national conference.

The planning group also invited roundtable members to consider whether the roundtable should build a longer-term presence—integration into the National Tobacco Cessation Collaborative is one possibility. This possibility was discussed at the third roundtable meeting to be held at Academy for Educational Development in Washington on June 7–8, 2006.

Purpose of the February Meeting

The purpose of this second roundtable meeting therefore became:

- To extend the “problem definition” phase of the first roundtable session by exploring the current status of demand for tobacco-cessation treatments and services among the “meta consumers” (health plans and employers) and identifying possible breakthrough solutions.
- To shift the focus from problem definition to problem solution (the major aim of the session)—examining in depth some of the key areas for innovation and breakthrough identified in the first roundtable meeting. These innovations included potentially high-impact and far-reaching innovations in four key areas:
 - Product and delivery system design
 - Promotion and marketing
 - Research and epidemiologic surveillance
 - Policy

To meet these aims, the roundtable planning group designed a meeting agenda that included:

- Formal panel presentations on health plan/employer demand and on the tobacco-cessation “journey.”
- A panel outlining two planned national tobacco-cessation promotional campaigns as opportunities for learning and innovation.
- “Breakthrough group” sessions for working groups to begin to design solutions to five of the top problems or needs identified at the first roundtable.
- A workshop to determine whether the design principles presented by the innovation and design firm IDEO as part of the first roundtable meeting could be productively applied to generate potentially high-impact innovations in tobacco-cessation product/systems redesign.

Finally, the planning group also hoped to engage all the participants in a discussion of the roles the roundtable members or delegates might play in preparation for the winter conference and possibly afterwards as well.

The Meeting’s Process

The proceedings of this two-day meeting are outlined below.

Day 1

Presentations on the first day of the meeting continued to define “the problem” of lack of consumer demand for tobacco-cessation products and services, this time focusing on health plans and employers as consumers—and then shifted to an exploration of some of the solutions and areas for breakthrough innovation identified in the first roundtable.

This meeting began with reflection by each participant on any actions he or she had taken since the December roundtable meeting. These actions included contemplation about such issues as:

- New approaches to product/delivery system design and to tobacco-cessation promotion/marketing strategies.

- Ways to more fully harness the demand stimulated by policy action (e.g., clean indoor air, tax increases, insurance coverage expansions), and new research questions/opportunities.

It was clear that the first session had both stimulated new ways of thinking about increasing demand for evidence-based tobacco-cessation products and services and prompted several roundtable members to explore and even implement actual innovations.

This reflection was followed by the presentation and discussion of additional areas of problem and solution definition—and a focus on ways to operationalize some of the high-priority innovations identified in the first roundtable meeting and follow-up Zoomerang survey.

The topics discussed involved:

- Forming a better understanding of what’s involved in quitting, i.e., “the smoker’s journey.”
- Building demand for tobacco-cessation products and services among employers and health plans.
- Two promising new national promotional campaigns with unprecedented capacity to increase consumer demand, especially among currently underserved blue-collar, low-income and minority populations.

The day ended with self-selected group discussions on the Five Initial Areas identified at the December meeting. Each group discussed the vision, value and purpose for that concept and began to map out feasible actions to address it. Groups were asked only to generate action plans and identify critical stakeholders. They were not expected to take action, although several groups expressed interest in doing so.

Day 2

In the second day of the meeting, roundtable participants applied the framework and principles for human-centered design developed by IDEO to identify innovations that could transform the appeal and use of tobacco-cessation products and services. The aim of this design session was to explore whether and how IDEO’s design process could be productively applied to tobacco-cessation products and services, not necessarily to launch actual redesign efforts.

IDEO’s design process begins with “inspiration,” as participants told stories of their experience with tobacco cessation, to raise understanding of the issue.

The second step is “imagination”; participants generated both a list of design challenges to be met as well as ideas to meet these challenges, driven by the stories told in the inspiration phase.

The final step in IDEO’s process is called “implementation and integration,” and involves outlining actions to be taken.

Most of the meeting’s second-day was spent applying IDEO’s process to the redesign of individual tobacco-cessation products/services and delivery systems. Finding creative ways to “connect the dots” across different systems of cessation treatment (e.g. health care, quitline, pharmacy, online) was not covered in this

brainstorming session. In it, the participants grappled with these design challenges and redesign principles:

- *Lowering the bar to receiving treatment*: making the initial quit attempt less costly (psychologically and financially), breaking the quitting process into doable chunks, and letting people “try before they buy.”
- *Facilitating transitions along the “quit journey” and maintaining an ongoing database of quitters*, helping people move from one step to the next, anticipating the challenges along the way, providing activities, tools and incentives to support a new nonsmoking lifestyle.
- *Providing appropriate information and resources*: giving quitters the information they want, not just what we think they need, as well as resources they want to use and that meet their needs.
- *Fostering a community of support for tobacco users trying to quit*: linking similar quitters and equipping social supporters with resources.
- *Making progress tangible and rewarding*: getting quitters to measure their progress, providing a big picture of the journey, providing incentives or rewards for completing each step in the process, and reducing those associated with trying and failing to quit.

At the end of Day 2, participants reflected on where the roundtable had come and what direction and form it should take in the future.

This report presents the key points raised and details of the discussion on both meeting days.

Key Points Raised and Discussion Items: Day 1

Understanding and Supporting the Smoker’s Quitting Journey

The first roundtable session had identified a need to appeal to smokers throughout their entire quitting journey—not only during the brief period of the quit attempt itself (the so-called “action stage” of active treatment—counseling, pharmacotherapy—that begins with setting a quit date and typically extends for six weeks to six months).

Roundtable Chair Carlo DiClemente, Ph.D., began the discussion of the smoker’s journey, presenting a construct for the journey that has a smoker moving from pre-contemplation, contemplation, and preparation to quit to action and then to maintenance. Presenting data from numerous studies, DiClemente explained that tobacco users are likely to move back and forth among these stages, with most users cycling through multiple quit attempts and multiple interventions.

The challenge for tobacco-cessation support is to have products and services that address the needs of the tobacco user in each of these stages, and capitalize on the past two decades of research identifying the types of intervention most likely to be of help at each stage. Tobacco-cessation support needs to involve persistent efforts and repeated contacts. It needs to focus on helping move a smoker from one stage to the next.

And it needs, especially, to create a willingness in the tobacco user to keep trying, even if (or, more likely, when) relapses occur—drawing wherever possible on evidence-based strategies developed and tested to assist smokers at various stages

of their quitting journeys. As Saul Shiffman, Ph.D., expressed it, “We don’t have a model for ‘come on in and we’ll help you on day five.’”

John Hughes, M.D., reported on his research at the University of Vermont showing that fewer than 5 percent of smokers in Vermont, a state that provides many tobacco-cessation treatment options, use any treatment when trying to quit. As he put it, “if you build it, they may not come.”

While there has been little research so far on causes for this reluctance to seek tobacco use treatment, Hughes posits that some of the barriers that keep people from seeking treatment for alcohol or drug addiction may also apply to tobacco. These barriers include:

- The stigma of seeking treatment (everyone else could quit on their own, why can’t I?)
- Disbelief in the efficacy or necessity of treatment.
- Concerns about privacy.
- Fear of being coerced or judged.
- Worry about embarrassment if the quit attempt fails.
- A lack of social validity for treatment.

Hughes added that about half of tobacco users decide to quit spontaneously, making it less likely they will seek treatment, and suggested investigating ways to get smokers to plan their quit attempts—using practice sessions, perhaps, by trying to quit for one day.

Participant David Graham raised a second option: redesigning tobacco-cessation treatments to target spontaneous quitters: “first aid kits,” for example, to have on-hand, ready to be used when needed.

For Hughes, the bottom line is that tobacco use is an addiction, a disease, and people trying to quit using tobacco need treatment. Work needs to be done to boost acceptance of the need for treatment. Hughes also presented his creative experimentation with “practice quit attempts” to bolster quitting motivation and confidence among hardcore smokers. He also highlighted the need for more creative research on the decision-making processes that lead smokers to, or away from, available proven tobacco-cessation products and services.

Myra Muramoto of the University of Arizona concluded the discussion of the smoker’s journey with a report on Project Reach, a research project exploring the potential of supporting smokers beginning the journey, or in the difficult transition from one step to the next, by educating nonhealth professionals and smokers’ significant others (family members, co-workers, friends) to provide “brief interventions” with users of tobacco. One hypothesis of the research is that these brief interventions will provide the necessary trigger to a behavior change, especially in income and cultural racial/ethnic groups where there is more limited access to primary care providers and a greater relative reliance on support from family and friends. Muramoto presented video testimonials from a range of individuals she and her colleagues have trained to serve as community-based peer cessation mentors.

Building Demand Among Employers and Health Plans: The Meta-Consumers

Two presentations dealt with concepts around generating demand for tobacco-cessation products and services among employers and health plans.

Dawn Robbins of the Tobacco-Free Coalition of Oregon presented three strategies for engaging employers and purchasers.

- The first strategy involves forming partnerships among insurers, businesses, insurance agents and the tobacco-control community, as in Oregon's *Make It Your Business Campaign*. In another example of the power of partnerships, Connie Revell of the University of California, San Francisco, described the collaboration between the national Smoking Cessation Leadership Center and the VA Health System on an upcoming promotional campaign in two regions to promote quitlines within the VA.
- The second strategy requires clarification of the true cost of tobacco use, including the costs to productivity of employees' use of tobacco. In Oregon such an effort helped drive the Public Employees Benefits Board, the State's largest health care purchaser, to offer a barrier-free tobacco-cessation benefit.
- These strategies, Robbins concluded, must be supported by a third action: public acknowledgment of the value of tobacco-cessation products and services, to help increase the demand for them—what Robbins referred to as “building the drumbeat.”

Using a compelling video example from an Oregon-based Harley Davidson dealer, Robbins underscored the power of employer-based innovations particularly to reach the low-income and blue-collar smokers who currently have the least access to, and use of, proven tobacco-cessation products and services.

Tim McAfee, M.D., M.P.H., agreed that the meta-consumers—health plans, employers and the government—should be a prime focus. Noting how successfully tobacco companies have designed a range of products for their meta-consumers (e.g., convenience stores), McAfee stressed the need to send messages about the value of tobacco-cessation products and services in ways that will meet the needs of employers (including governments) and insurers.

These messages must be simple, must capitalize on existing incentives (e.g., HEDIS's inclusion of tobacco-cessation measures), and must show a guaranteed and predictable result of offering tobacco-cessation products and services, through return on investment calculations that include estimates of productivity improvements.

McAfee also warned that health plans may expect tobacco-cessation programs to be able to identify, stratify, recruit and manage the products and services given to smokers, in the same way disease management vendors deal with illnesses such as diabetes. Noting that “we're not there yet,” McAfee set a long-term goal of integration of tobacco with this disease management approach.

One additional word of caution came from Joachim Roski, Ph.D., M.P.H., who reminded roundtable participants to be aware of changes in the insurance market as many employers opt out of the care management role and instead offer consumer-directed health plans. In these plans, providers, rather than purchasers, may be the ones held accountable for supporting health maintenance behaviors among their patients.

The bottom line from both presentations was that innovations and breakthroughs are needed to capitalize on the enormous progress made over the past decade to improve health plan and employer delivery of tobacco-cessation interventions. These meta-consumers need to be further engaged in tobacco-cessation work in order to achieve the major national breakthroughs envisioned by the roundtable.

Cessation Promotion and Marketing: Two Promising National Campaigns

The first roundtable meeting made it clear that there is a long way to go in the development and delivery of promotional campaigns to market successful quit-smoking aids and treatments, and in addressing pervasive misconceptions about nicotine-replacement therapies.

Past research has shown that such promotions can successfully boost population quit rates and treatment use, and can be tailored to target priority (high-risk and underserved) populations.

Two new cessation-promotion campaigns now under development will serve as national demonstrations and laboratories for new ways of learning about how to market effective treatments, and how best to motivate and support tobacco cessation. In addition, they may provide data to help populate a national database on the impact of different tobacco-cessation approaches.

Cheryl Heaton, Ph.D., M.P.A., president and CEO of the American Legacy Foundation, described the Foundation's initiative, "Ex-," a multi-component cessation program designed to reach smokers, particularly low-income, blue-collar smokers, who are committed to quitting, but don't know how.

Building on a foundation of extensive consumer research, "Ex-" will operate in partnership with state governments and other organizations, both not-for-profit and for-profit, and will stress quitting as a process—"fighting against cold turkey being viewed as the only way to quit," as Heaton said.

The initiative will be piloted in Baltimore, Buffalo and one other city and will be supported jointly by the Legacy Foundation and state tobacco-control funds. Heaton described plans for a detailed evaluation during the pilot phase, especially on the content of the campaign and how, or whether, people respond to it. She issued a request for volunteers to help design the evaluation.

The National Cancer Institute (NCI) is also initiating a national marketing program that aims specifically to increase calls to 1-800-QUITNOW, targeting ready-to-quit adults ages 18–29, in states with high prevalence of smoking. It will have a special focus on members of the military, smokers of low-socioeconomic status and Spanish speakers.

Mary Ann Bright of the NCI presented the plans for this program, stressing the intent to develop baseline knowledge about 1-800-QUITNOW. Data about the use of this quitline will be stored in the database of the North American Quitline Consortium.

The participants discussed the need to coordinate these planned promotional campaigns and to make certain that there was adequate quitline capacity to respond to the increased call volume they should stimulate.

These two campaigns, along with the promotional campaigns now being piloted in the VA (described earlier in the day by Connie Revell) and other new marketing

strategies under development for tobacco-cessation pharmacotherapies, hold the potential to reach more smokers with cessation and specific treatment-related messages that ever before.

Exploring Five Breakthrough Opportunities Identified in the First Roundtable Meeting

Five “breakthrough” groups met for an hour, each one discussing feasible strategies for addressing one of the five different potential breakthrough innovations identified in December and selected as priorities for action in the follow-up Zoomerang poll.

- **Develop a designation (akin to the “Good Housekeeping Seal of Approval”) for proven treatments and services to help smokers distinguish effective and ineffective quitting treatments and aids.** The group working on this issue stressed the need to identify the appropriate entity to give this designation, beginning with whether the entity should be an existing or a new organization. The group recommended as next steps:
 - Conducting consumer research: Will such a designation in fact be viewed as useful by smokers?
 - Studying existing bodies with eye toward determining what the authorizing body should be. Organizations to be investigated include the Food and Drug Administration (FDA), ISO 9000, the Mayo Clinic, the American Medical Association (AMA) and Consumer Reports.
 - Building a better understanding of legal requirements or issues around creating and conferring such a designation.

The Office of Behavioral and Social Sciences Research of the National Institutes of Health (NIH) has expressed interest in advancing work on this idea.

- **Counteract widespread misconceptions and myths about the harms and benefits of nicotine-replacement therapy (NRT).** This group recommended building a better understanding of the efficacy and safety of nicotine pharmacotherapy among consumers. To do this, the group proposed designing and disseminating two fact sheets—one addressing widespread and increasingly well documented misconceptions and myths related to nicotine, and a second on the role of nicotine-replacement therapy and pharmacotherapy. Each would be fully consistent with current FDA evidence and guidelines for appropriate NRT use.

Their short-term next step involved drafting such fact sheets. Roundtable participants stressed the importance of testing these documents with consumers before they are disseminated and defining multiple venues for disseminating them.

- **Harness policy changes that could dramatically increase consumer demand for tobacco-cessation products and services.** The third breakout group proposed creating a proactive “Policy Change Response Network.” This network would forecast when and where tobacco-control policies would be implemented that have been shown to boost demand for tobacco-cessation products and services (e.g., clean indoor air laws, tobacco tax increases, and state Medicaid coverage expansions). This could be helpful in a number of ways:
 - This information could be used to spur planning for improved promotion of and access to proven cessation resources in these areas.

- The network could use available data/surveillance systems to assess resultant rates of treatment use and quitting in the areas with policy change.
- The network also could serve as a repository for successful case studies (e.g., New York City’s alignment of new laws and expanded treatment promotion and access).
- The network could provide information on resources and services the community should put in place (e.g., perhaps developing a generic “playbook” for states and communities).
- It also could serve as a mechanism to champion supporters, recruit new partners and support tobacco-cessation advocates at the local level.

The breakout group proposed identifying states and municipalities that could be used to replicate the success of New York City, and it proposed forming an expanded workgroup to include state health department and tobacco-control leaders to flesh out the concept for further discussion at the next roundtable meeting.

- **Establish relationships with quitters all along their “quit journey” including a database of smokers and former smokers for ongoing messaging/marketing, including post-treatment and post-cessation.** One idea proposed by this group was to create a “loyalty card” like those used by supermarkets and drugstore chains as a tool to build such a relationship with smokers who want to quit—providing a variety of products and services to help support quit attempts, including discounts on NRT products, on cosmetics and exercise gear, etc. Such strategies could help to compete with the successful “viral” marketing strategies used by the tobacco industry.

While the group recognized that many important details would need to be worked out (e.g., who the sponsor might be, where any collected data would be housed, what the rewards/incentives might be), and while other roundtable participants cautioned that the connotation associated with being an “ex-smoker” might be unattractive, the group proposed researching the concept and preparing a short white paper on it for presentation at the next roundtable meeting.

- **Improve current tracking of tobacco-cessation and treatment use at the national level, state and even local levels.** This group agreed that the long-term goal must be a longitudinal database with the ability to “track the journey” beyond current indicators of 30-day tobacco use prevalence. The group identified some databases that could provide limited proxy information in the short-term (the North American Quitline Consortium database, state-level Adults Use of Tobacco survey data, data from the National Health Interview Survey, the Behavioral Risk Factor Surveillance System and the Current Population Survey, HEDIS health plan data and state/local/national pharmaceutical sales data).

It proposed as a short-term action a phone conference call involving representatives from the Centers for Disease Control and Prevention, the NIH, the Robert Wood Johnson Foundation, appropriate pharmaceutical companies, and others, to be held before the next roundtable meeting. The purpose of this call will be to identify what data exist and to begin to talk about data elements that could be most easily/opportunistically/inexpensively added to these surveys, and to propose a feasible plan for new funding to create annual coordinated measures of quitting motivation, attempts, treatment use and actual quit rates.

Because “*what gets measured gets changed*,” an annual report card based on a composite of these measures could be helpful. This group also discussed creating an initiative (e.g., an NIH Request for Applications or Request for Proposals) to support secondary data analysis projects to evaluate the determinants of, interventions for, and population health and economic impacts of, improved treatment use.

Day 2

Innovations in Product and Delivery System Design

One of the priorities identified in the first roundtable and in the follow-up Zoomerang poll was the need to redesign existing science-based products and services to better appeal to and engage would-be quitters, especially those in the low-income and racial/ethnic minority populations who have the highest smoking rates and who are currently least well-served by proven cessation treatments.

In the first roundtable, Peter Coughlan, director of IDEO’s Transformation Group, briefly presented a set of heuristic, generative consumer product design principles and processes for developing a variety of successful consumer products and improving consumer experiences with those products. He proposed that these same principles could be applied to tobacco-cessation products and services to better meet quitters’ unmet latent needs.

Day 2 began with an abbreviated workshop, led by Peter Coughlan and Maura Shea from IDEO, to further explore how the application of IDEO’s novel approach might be productively applied to generating breakthrough innovations in tobacco-cessation product/systems redesign.

The focus of this workshop was on the redesign of individual tobacco-cessation products/services and delivery systems rather than on multi-system innovations. The aim was more to test the concepts (“kick the tires” of the IDEO approach) than to identify specific innovations that roundtable members would necessarily go on to implement.

Guided by the IDEO design experts, roundtable participants brainstormed many innovations that might address several of the key “human-centered design” principles introduced during the first roundtable. These principles are listed below.

After a short group-wide brainstorming session, participants worked in small groups to flesh out several of these ideas—outlining more detailed descriptions, raising questions that should be answered and drafting plans for possible quick experiments to investigate them. In summary, the ideas worked on for each design challenge were:

- **To lower the bar to receiving treatment—making it easier for tobacco users to achieve entry and “kick the tires”:**
 - Including 1-800-QuitNow information with every purchase of tobacco products.
 - Creating and distributing NRT starter kits—information and trial packs.
 - Arranging for “practice” (no-fail) quit attempts.
 - Selling less expensive daily doses of NRT products.
 - Pairing NRT vending machines with ATMs (especially at bars, casinos, etc.).

- Offering low-cost health professional or pharmacist counseling through new Wal-Mart type clinics.
- **To facilitate transitions along the “quit journey”:**
 - Aligning tobacco-control policy changes (e.g., clean indoor air, tobacco tax increases) with tobacco-cessation marketing/promotional campaigns and expanded access to quitlines and affordable NRT.
 - Distributing cocktail napkins with quitline referral numbers and supportive anecdotes/messages to smokers in newly smoke-free bars and restaurants.
 - Creating “Quit Ready” emergency kits—on-hand, ready to use when a decision to try to quit is made (or when someone falters in journey).
 - Offering discounts on cosmetics, gym memberships, exercise gear for new ex-smokers.
- **To provide appropriate information and resources:**
 - Promoting existing Medicaid tobacco-cessation coverage to pregnant low-income smokers enrolled in Medicaid and their providers.
 - Recruiting celebrities to discuss their quitting journey in video clips and print ads.
 - Placing constructive, instructive story lines in TV and movies.
 - Developing guides for states on how to produce and place cessation testimonials.
- **To foster a community of support for tobacco users trying to quit or stay quit:**
 - “Build Your Network”—creating family and friend networks for smokers contemplating quitting; with the aim that these networks would link to other networks to create a virtual community “tree.”
 - Educating smokers’ family and friends on how to provide support.
 - “Make it your business with friends”—combining employer policy change with social support intervention.
 - Training flight attendants to serve as quit coaches or cessation promoters during smoke-free airline flights.

A fifth principle, “*Make progress tangible and fun,*” generated many initial ideas, but none of these was picked up for further development during the small group working sessions.

While none of these quickly brainstormed “innovations” was fleshed out or evaluated in depth, the ideas and energy generated indicated that the IDEO approach could indeed be productively applied to improving the use and appeal of under-used tobacco-cessation products and services.

As a result, the roundtable planning group announced that it would develop and submit an application for funding to enable IDEO design experts to work in a consultant capacity in the field on a defined number of actual product innovations over the next 12–18 months. The aim would be to develop “prototypes” and pilot-test a diverse set of five to 10 potentially replicable high-impact product and delivery systems innovations—especially those with potential to assist underserved low-income and minority smokers.

Closing and Next Steps

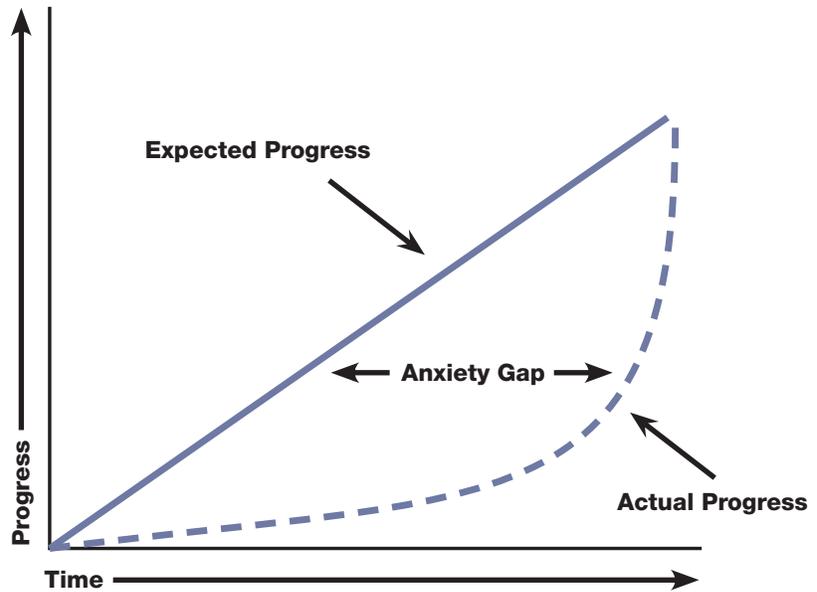
At the end of Day 2, in response to Tracy Orleans' and Carlo DiClemente's question of how the roundtable might think about redesign to enlarge its impact, participants provided a long list of ideas. The overall theme of these ideas was the need to develop a precise plan for what the roundtable should and could do to achieve its goals. Participants expressed a desire for:

- A clearer understanding of specific tasks and design projects to be undertaken.
- Ways to measure progress on these planning tasks and methods to hold each other accountable for follow-up.
- Methods to help the roundtable develop pragmatic action plans for the most promising innovations so that they would be ready to hand off by the end of the year to key stakeholders with the power to implement them (e.g., cessation thought leaders, policy-makers, research funders, pharmaceutical companies, state health departments and tobacco-control coalitions, health plans, employers).
- Clarification of the unique role of the Consumer Demand Roundtable vis-à-vis other groups and initiatives that support tobacco cessation, including the National Tobacco Cessation Collaborative and the Youth Tobacco Cessation Collaborative. As one participant put it, "What is the roundtable's 'strategic landscape'?"
- In response to these concerns, the planning group has committed, as its next task, to creating a road map to clarify the roles, activities and expected outcomes for the roundtable in the future. Orleans noted that in creating the roadmap, the planning group (working with the roundtable's funders and interested members) will have to straddle the "creative tension between the possible and the realistic," but that she had "no doubt the roundtable will make a difference. We need to define the difference we want."

[Since the meeting, and based on the success of the design sessions at the meeting, the planning group has moved forward to establish a formal consulting relationship with IDEO, to use their help in designing selected roundtable projects in time for the third roundtable meeting in June. One such project being developed, in collaboration with the Smoking Cessation Leadership Center, involves working with pharmacies and the Department of Public Health in Los Angeles County to make NRT more accessible—not locked up in glass cases, sometimes called "being in jail"—understandable, attractive and effective.]

Finally, the experts on innovation in the room were reassuring. Maura Shea of IDEO used a graphic representation of progress in innovation to show participants that their current sense of uncertainty and anxiety is, in fact, to be expected from any group focused on creating something new:

The Process of Progress Towards Innovation



IDEO's Peter Coughlan was equally reassuring, noting that the enthusiasm coming out of the first roundtable contrasted with the hard work at redesign the group encountered in this second meeting. "This (anxiety) is a natural state," he reminded participants. "What matters is the passion, because that's what carries the day."

Attachment 1

Participants in the February 2006 Roundtable Meeting

Roundtable Members

David Abrams, Ph.D.

National Institutes of Health

Linda Bailey, J.D., M.H.S.

North America Quitline Consortium

Matt Barry, M.P.A.

Campaign for Tobacco-Free Kids

Carlo DiClemente, Ph.D. (Chair)

University of Maryland

Amanda Graham, Ph.D.

Brown Medical School

Karen Gutierrez

Global Dialogue for Effective Stop Smoking Campaigns

John Hughes, M.D.

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GlaxoSmithKline Consumer Healthcare

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Free and Clear

Myra Muramoto, M.D., M.P.H.

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C. Tracy Orleans, Ph.D. (Co-Chair)

Robert Wood Johnson Foundation

Joachim Roski, Ph.D., M.P.H.

National Committee for Quality Assurance

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