Using Smartphone Apps to Reach More Smokers

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Smartphones are how we communicate in 2017.

77% have Smartphones

Source: Surveys conducted 2000–2016. Internet use figures based on pooled analysis of all surveys conducted during each calendar year.

PEW RESEARCH CENTER
Who has a smartphone (US)?

- 95% have a cell phone
- 77% have a smartphone
- 92% of those 18-29
- 74% of those 50-64
- 64% of those earning <$30K

(Almost Everyone!)
Smartphone users by group - 2016

- White
- Black
- Hispanic
- 18-29
- 30-49
- 50-64
- < high school
- Some college
- < $30K
- $30-50K
How many times a day does the average smartphone user look at their phone?

- 16 (~ 1 x hour while awake)
- 32 (~ every half hour)
- 75 (~ every 12 minutes)
- 150 (~ every 6 minutes)
People use their smartphones
- 76 - 150 sessions day
- 2-3 hrs / 2,600 touches
- Short, frequent interactions

People use smartphones for....
- Communication, scheduling
- Information, news, work
- Shopping, health
- Social & entertainment

83% of smokers say they would prefer an app than talking to a coach*

The times they are a-changin’
Why add apps to quitline offerings?

Expand reach
  • Reach smokers who don’t call quit lines

Gather data
  • Digital health provides data insights

Increase engagement
  • Provide support between calls

Integrated approach
  • Integrate with quitlines to drive calls

Stretch dollars
  • Reach more smokers for the same dollar
Smokers say they prefer apps, but do they work?

Apps
- Over 600 cessation apps
- Variety of creators

Research
- Dozens of studies (clinicaltrials.gov)
- Vary by approach, population
- Some published trials

Results
- Early data is promising but varies
Published Results for clinical trials done on SmartQuit®

Two Clinical Trials
2 clinical trials have published data. 4 more are in progress including NRT. (FHCRC)

Twice as Effective
App users are 2-3 times more likely to quit than those who try to quit on their own.

Completers=Quitters!
Those that complete the core program are much more likely to quit.

Intent to treat. 30 day PP, (not even a puff for the last 30 days) 60-70 days follow-up. Longer, larger studies in progress.
Promising… so what’s next

- Early data is promising
- Continue to improve
  - User Interface (appearance and ease of use)
  - Efficacy (program, coaching, NRT, etc.)
  - Engagement levels
  - User satisfaction
  - Approaches
- Continue to test/refine (fund research, be willing to look at data and improve)
- Offer good app-based programs in real world
What can an app do?

What should it do?

App

Plan
- Create a Quit Plan
- Customize Program
- Educate
- Motivate

Motivate
- Success Stories
- Help for slips
- Education
- Coaching
- Games
- Messages
- Incentives

Tools
- Integration
- Calculators
- Calendars
- Reminders

Track
- Cigs
- Smoke Free Days
- Money Saved
- Healthy Behaviors

Support
- Coach
- Tech Support
- Social
- Personal

Educate
- Why to quit
- How to quit
- Text, audio, video, images...

App

App
## Checklist for Cessation Apps

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Integration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Audience</td>
<td>Coaching</td>
</tr>
<tr>
<td>Approach</td>
<td>NRT/ Meds</td>
</tr>
<tr>
<td>Credibility</td>
<td>Buy/Build/User</td>
</tr>
<tr>
<td>References</td>
<td>Cost &amp; Value</td>
</tr>
<tr>
<td>Platforms</td>
<td>Maintenance</td>
</tr>
<tr>
<td>Support</td>
<td>Data Security!</td>
</tr>
<tr>
<td>Data/Reporting</td>
<td>HIPPA/Privacy!</td>
</tr>
<tr>
<td>Customizations</td>
<td>Other</td>
</tr>
</tbody>
</table>
Many Choices
Many Approaches
SmartQuit®
Case Studies
## SmartQuit Users Sample Report

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>88.9%</td>
<td>Quit Plans Completed</td>
</tr>
<tr>
<td>16.3</td>
<td>Average # of Cigarettes smoked per day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.9%</td>
<td>Age: &lt;18</td>
</tr>
<tr>
<td>39.4%</td>
<td>Age: 18 to 34</td>
</tr>
<tr>
<td>47.6%</td>
<td>Age: 35 to 54</td>
</tr>
<tr>
<td>13.1%</td>
<td>Age: 55&lt;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.4%</td>
<td>Morning Person</td>
</tr>
<tr>
<td>58.4%</td>
<td>Night Owl</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>39.4%</td>
<td>Male</td>
</tr>
<tr>
<td>59.0%</td>
<td>Female</td>
</tr>
<tr>
<td>0.6%</td>
<td>Other</td>
</tr>
</tbody>
</table>
When you think about quitting, what are your concerns?

- Stress
- Willpower
- Weight
- Social Loss
- Physical Withdrawals
- Mood
- Other
- Willpower
- Stress
- Weight
- Social Loss
- Physical Withdrawals
- Mood
- Other
Lab to Pocket

Taking an health app from concept to app store
Completion rates (>8 sessions)
- 70-85% incentivized programs
- 10-20% non-incentives programs
- 85% continue to use app after completion
Integrating apps to your offerings

1. Offer choices
2. Cross promote (phone, app, web, text)
3. Add links to “Call a Coach”
4. Add info or resource links
5. Target hard to reach groups (customized)
6. Use data to inform campaigns
7. Create benchmarks
8. API’s can share data or use dashboard
Lessons Learned

- Apps can help smokers quit
- Promotion is still key
- Some smokers who won’t call a quitline, will use an app
- Targeted content is better
- The public isn’t waiting
Q & A

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