"The Real Cost" campaign is grounded in scientific research and uses evidence-based practices proven to reduce youth tobacco use.

FDA’s youth tobacco prevention campaign, “The Real Cost,” is based on a robust body of evidence that supports the use of mass media campaigns to prevent and reduce youth tobacco use. Some of this evidence is derived from state and national youth tobacco prevention campaigns as well as youth-focused health campaigns on topics other than tobacco. Campaign efforts are informed by recognized best practices for mass media campaigns, lessons learned from previous efforts to educate the public about tobacco, and FDA’s own research.

**Formative Research**

The agency conducted extensive research to develop effective outreach strategies and messaging to reach our at-risk youth target audience, including youth aged 12-17 who are open to smoking or already experimenting with cigarettes. These efforts included:

- Extensive literature review and target audience analysis to identify and develop promising messages;
- Consultation with experts in tobacco public health education, marketing, and campaign development;
- Focus groups with members of the target audience to assess their perceptions of draft advertising concepts; and
- Testing of near-final TV advertisements with 1,600 members of the target audience to measure perceived effectiveness, levels of engagement, and message comprehension.

**Campaign Evaluation**

FDA’s campaign goal is to reduce the number of youth cigarette smokers aged 12–17.

To assess our success achieving this goal, “The Real Cost” campaign will be evaluated through a multi-year, nationwide study. Baseline data collection for the evaluation began in November 2013 and consists of in-person, nationally representative data collection in 75 media markets across the country. The study design is longitudinal, meaning the evaluators will attempt to follow the same youth over two years to measure changes in tobacco-related attitudes and behaviors before and after the campaign launch.