

Dear Me New Hampshire Statewide Media Campaign

**Helping NH Residents Quit
with the NH Tobacco Helpline**



No One Can Make Me Quit But Me.

Background

Dear Me New Hampshire (DMNH) is an emotionally compelling social marketing campaign designed to increase quit attempts among unemployed and lower wage earnings adults (age 18-55) who use tobacco products. The campaign encourages those who see it to contact the services of the New Hampshire Tobacco Helpline (Helpline) for evidence-based cessation services (help quitting tobacco use). The NH Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS), Tobacco Prevention and Control Program (TPCP) utilized data from the 2013 Adult Behavioral Risk Factor Surveillance Survey (BRFSS), to identify appropriate sub-populations of residents as the DMNH target audience. There are currently 214,944 adults who smoke in New Hampshire. According to the 2013 BRFSS data, 68% of adult smokers have tried to quit at least once during the past year. The 2013 BRFSS states that 33.5% of New Hampshire adults who did not graduate from high school smoke and that 23.0% of adults who have a high school diploma or equivalent smoke. These smoking rates are higher than the overall New Hampshire adult smoking rate of 16.2%. In general, residents in lower socio-economic conditions use tobacco products at higher rates than residents with college educations or higher and who earn higher wages.

The purpose of this report is to highlight the impact of the DMNH 2013/2014 media campaign on: (1) the volume of client contacts to the New Hampshire Tobacco Helpline, and (2) on client tobacco quit status seven months after receiving tobacco treatment services from the Helpline. This report and the calculations used are not intended to serve as scientific research but rather to provide the reader with an assessment of the value of the campaign. The impact on call volume and demand for services from DMNH highlighted throughout this report compares the DMNH campaign period of December 1, 2013 through March 28, 2014 to October 1, 2012 through May 31, 2013,* a period of time which had no State media campaign or nicotine replacement therapy (NRT) offer.

The DMNH multi-media campaign was based on the award winning *Dear Me* campaign developed by the Washington State Department of Health. DMNH adopted and expanded the campaign elements to include a contest that challenged New Hampshire residents to make videos while sharing their reasons for wanting to quit using tobacco. Two videos featuring residents writing *Dear Me* letters to themselves were selected to be professionally developed into television, radio, web, and out-of-home (OOH) commercials.

*It was necessary to select a period of eight months in order to capture and compare the same number of callers as in the four-month period.

Dear Me New Hampshire Multi-Year Campaign Elements:

- ◆ TV Commercials
- ◆ Radio & Print Advertisements
- ◆ Google & Facebook Advertisements
- ◆ Interactive Facebook Promotions & Contests
- ◆ Billboard Signage
- ◆ Airport Kiosks
- ◆ Media Sharing on YouTube & Blog Posts

Figure 1: DMNH Campaign Elements

An important part of any media campaign is determining if the campaign message is meaningful to the target audience. Months before launching, DMNH was tested for target audience receptivity with key informant interviews (KII) and focus groups. The DMNH tagline is, “No one can make me quit but me.” It is a message that speaks to the tobacco user’s control over deciding when to quit and for what reasons.

DMNH ran for 15 consecutive weeks from December 1, 2013 to March 28, 2014 and featured Patrick (a chew tobacco and cigarette user) and Sharon (a cigarette user) reading their *Dear Me* letters. The campaign had two messages: (1) an empowering and motivational message from peers to write down reasons for wanting to quit tobacco; and (2) an educational message about the New Hampshire Tobacco Helpline, a no-cost and confidential resource to help New Hampshire residents quit using tobacco with NRT in the form of patches and counseling services. Media is a powerful influence on knowledge, attitudes and beliefs. The U.S. Centers for Disease Control and Prevention (CDC) recommends in *Best Practices for Comprehensive Tobacco Control Programs 2014* that state tobacco control programs spend a minimum of \$2.12 per capita annually on mass-reach media campaigns. A campaign is expected to run at least 3 to 6 months to achieve awareness of the issue, 6 to 12 months to influence attitudes, and 12 to 18 months to influence behavior, although some campaigns, including CDC’s *Tips From Former Smoker’s* campaign, have influenced behavior within a 3-month time frame. Campaigns need to overcome pro-tobacco marketing influences; thus, it is important to set reasonable expectations of effectiveness. In addition, campaigns must run as continuously as possible because their impact can diminish over a relatively short time period.¹

“Dear Me, You know why you started smoking and now you are trying to figure out what it would be like to be smoke free. You have smoked since you were about 10 years old. You know your three grown children would love it if you quit. If you quit, you could have a chance at having more time with them. There are so many reasons for you to quit. Like the money you spend on cigarettes...You could spend money on a dentist and feel like you could smile again. Why can’t the reason to quit be, that you simply love yourself? Loads of love, Me.”



Figure 2: Airport Display Advertisement “Sharon”

This quote is taken from Sharon’s DMNH letter to herself describing her reasons she feels are compelling to quit tobacco. Sharon is a New Hampshire resident and mother of three who wants desperately to quit smoking. As with the thousands of New Hampshire residents who use tobacco, she needs more than the love and support of family and friends. She needs a resource for assistance to be a successful quitter. In fact, 68% of New Hampshire smokers have made a quit attempt in the past year but without assistance most will relapse due to the addictive nature of nicotine.² This behavior indicates that quitting smoking is not easy. The nicotine contained within tobacco products has a highly addictive chemical make-up.³

Figure 3 on the following page demonstrates the increases in the health and economic burden of tobacco in New Hampshire over time. These numbers will increase unless tobacco cessation treatments that are proven to be successful and approved by the CDC (evidence-based) are accessible to all tobacco users regardless of insurance status or income level.

Smoking–Attributable Mortality, Morbidity, and Economic Costs (SAMMEC)	2004	2014*
Annual New Hampshire Health Care Cost	\$729,000,000	\$919,809,672
Annual New Hampshire Productivity Lost (cost)	\$419,000,000	\$528,669,756
Total	\$1,148,000,000	\$1,448,479,428

Amounts in the table above do not include health costs caused by exposure to secondhand smoke, fires caused by improper disposal of lit cigarettes, smokeless tobacco use, or cigar and pipe smoking.
*Adjusted for inflation.

Figure 3 Smoking –Attributable Mortality, Morbidity, and Economic Cost for New Hampshire

The New Hampshire Tobacco Helpline

Every state in the US has a tobacco treatment quitline that follows the CDC’s guidance for an evidence-based resource for treating tobacco use and dependence. Quitlines are intended as a barrier-free resource for state residents to access help to quit tobacco use. The New Hampshire Tobacco Helpline offers: (1) phone access at 1-800-QUIT-NOW, (2) web access: www.TryToStopNH.org, and (3) QuitWorks-NH (www.QuitWorksNH.org), a tool for clinicians to refer patients to tobacco treatment services. During media campaigns that offer NRT, TPCP notifies New Hampshire clinicians/healthcare professionals that the Helpline is offering (for a limited time) NRT patches for patients that are ready to quit in 30 days. TPCP’s funding for services is provided through the CDC, Office on Smoking and Health Cooperative Agreement and the State of New Hampshire General Fund.

Measuring Success

To demonstrate the campaign’s results in a meaningful way, the information presented in Figure 4 shows the dramatic increase in call volume. Call volume refers to the number of times 1-800-QUIT-NOW “rings” at the Helpline call center. Callers have general inquiry questions, requests for services, or may be calling for a loved one who needs help to quit.

The Helpline saw an overall increase in call volume of 60.5% over the course of the DMNH campaign, and a 527% increase during the campaign’s peak week (compared with the same week from the previous year without a media campaign or offer of NRT).

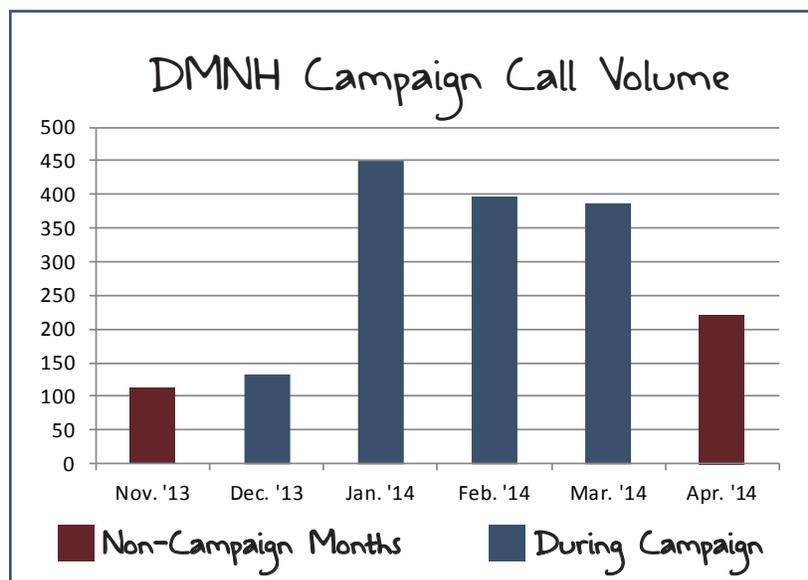


Figure 4: Call Volume by Month

Increases in call volume translate into increases in services delivered by the Helpline staff. When Helpline staff answer the phone, the caller may receive multiple services. The following list of services can soon add up so that call volume multiplied by six services translates to thousands of services.

- Intake Screening
- Mailed print self-help materials
- Up to **five** calls of telephonic counseling over three months with a Tobacco Treatment Counselor
- Medical screening for using the NRT patch
- Mailed appointment reminders when a counseling appointment is missed
- Up to three outbound calls to each fax-referred patient
- Out-reach calls seven months after starting treatment to evaluate length of time client has remained quit and satisfaction of services are made to every client

During the DMNH campaign period (December 1, 2013–March 28, 2014), the Helpline received 1,367 calls; 631 clients (46.1%) completed an Intake Screener; and 625 clients (45.7%) requested to have self-help materials mailed to them. Receiving NRT was dependent on the client accepting counseling and being ready to quit in 30 days as well as it being medically safe for them to use the nicotine patch; 510 NRT kits were mailed overall. The scientific evidence points out the benefit of combining medication with counseling to increase quit rates (explained below).

Determining if the DMNH campaign reached the targeted audience is measured in a variety of methods: (1) increased calls to the Helpline, (2) demographics of those calling into the Helpline, and (3) “Quit Rate” based on survey answers of clients seven months after accepting services. Quit rate is evaluated in this report as the percentage of clients who quit tobacco use sometime in the last seven-month period, for seven consecutive days or more. It is also referred to as “*quit attempt*.” Figure 5 demonstrates that callers during DMNH were more likely to attempt quitting than callers during the comparison period (83% vs. 79%). Individuals using NRT during DMNH had a higher rate of quit attempts than callers during the comparison period (85% vs. 77%) and compared with those who quit without NRT (76% vs. 70%).

Timeframe	Quit Attempts with nicotine replacement therapy	Quit Attempts without nicotine replacement therapy	Overall quit rate
Pre-Campaign	77%	70%	79%
DMNH Campaign Period	85%	76%	83%

Figure 5: Quit Attempts by NRT vs. no NRT

These data make evident that the use of NRT helps individuals quit and hold onto their cessation success for seven days or more, especially for those who use NRT up to six weeks. Further, this suggests an emotionally compelling mass media campaign that promotes available resources coupled with access to NRT is an effective strategy to maximize quit rates for this targeted population.

Profile of Clients Reached by Dear Me New Hampshire

During the DMNH campaign, the Helpline received calls from all over the State. Figure 6 demonstrates that the most populated Regional Public Health Networks (RPHN) together contributed 41% of the calls to the Helpline: Greater Manchester RPHN (19%), Capital Area RPHN (11%), and Greater Nashua RPHN (11%).

The demographics of people reached for the DMNH campaign are very similar to the demographics for New Hampshire residents who smoke. Fifty-seven percent of callers had a high school diploma/GED or less and according to the 2013 BRFSS; about 51% of New Hampshire residents who smoke have a high school diploma/GED or less. Almost 50% of all callers to the Helpline either had Medicaid for insurance (22%) or were uninsured (27%). Likewise, according to the 2012 BRFSS, 37% of New Hampshire adults who have either Medicaid or are uninsured are current smokers. More females (55%) called the Helpline for services verses males (44%), however, the quit rates for both females and males were about the same (58% female, 57% males). Currently in New Hampshire males and females have a similar smoking prevalence. We can infer that the campaign may have motivated residents who were ready to quit to contact the Helpline because both males and females who contacted the Helpline during the DMNH campaign quit at a higher rate (57% males, 58% females) compared with the comparison period (36% males, 47% females). This suggests that TPCP's DMNH campaign reached the intended audience.

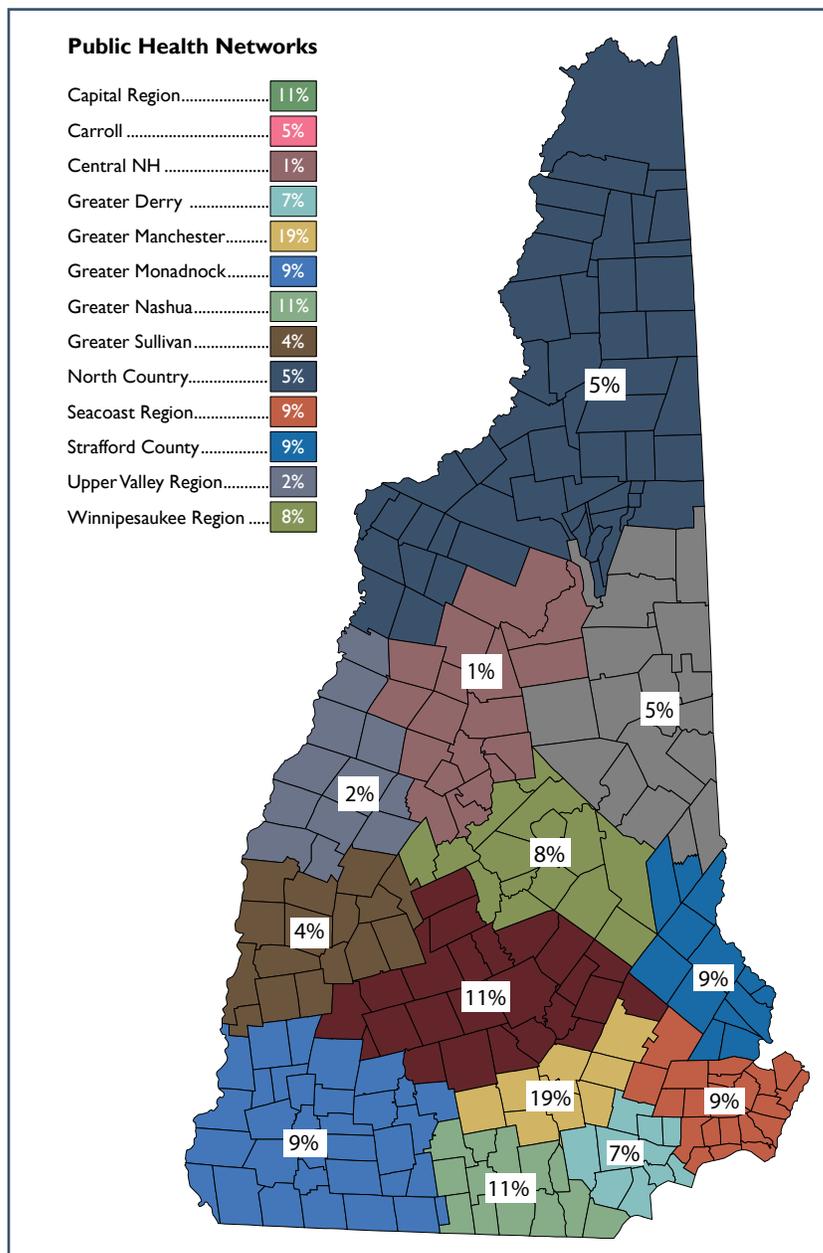


Figure 6: Map of Call Volume by Regional Public Health Network during DMNH Campaign (December 1, 2013–March 28, 2014)

Campaign Recap

Summary of Media Metrics

Television, Radio and Out-of-Home Media

TPCP purchased media from New Hampshire's largest local news channel, WMUR (\$30,075), and four radio stations: WBLM 102.9 and WHOM 94.9 (\$6,000), WGIR-FM and WGIR-AM (\$6,000). Both TV and radio reached target audiences statewide.

Advertisements were also run on five video monitor displays in the Manchester-Boston Regional Airport (Figures 2 & 7), with additional predominant positioning within the smoking lounge (\$1,200).

Both thirty- and sixty-second commercials of Patrick and Sharon were aired on statewide TV and radio stations. Advertisements scheduled were based on media data to targeted times that residents between 18–55 years typically watched or listened. Figure 8 below is a summary of the number of times DMNH commercials were aired on TV and radio. During the DMNH campaign, ads aired with an average frequency of 5.7. Frequency is the number of times a viewer/listener will encounter the ad.



Figure 7: Airport Display Advertisement "Patrick"

WMUR and ME TV Spots: 253 commercials	WBLM 102.9 and WHOM 94.9 Spots: 140 commercials	WGIR-FM and WGIR-AM Spots: 119 commercials
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Figure 8: Commercials Aired

Public Service Announcements (PSAs)

TPCP provided Concord Community TV (CCTV) with slides to run on air to promote the campaign. The radio stations matched 3:1 and 2:1 for each paid commercial, provided web radio streaming at no-cost, and WMUR gave five television spots at no cost.

Digital Media

TPCP purchased web advertisements on WMUR (\$5,000) and WGIR-FM (no additional cost), WBLM 102.9 and WHOM 94.9 (no additional cost). Also, TPCP purchased advertisements on Google™ in which a DMNH advertisement would appear when New Hampshire residents used health, hunting, and cancer during their search on Google.com. A total of \$2,547.10 was spent on Google™ ads. Content was also placed on the New Hampshire DHHS website (www.dhhs.nh.gov) clicking through to www.TryToStopNH.org. The following is a summary of the digital slider advertisements purchased with these websites.

WMUR website Ads	Google Ads	Website www.trytostophn.org
Data from 12/16/13 to 3/31/14	Data from 12/2/13 to 3/31/14	Data from 12/2/13 to 3/31/14
Impressions: 400,081	Impressions: 2,266,652	Unique Users: 4,991
Clicks: 148	Clicks: 5,348	Pages per session: 2.21
	Top Three Keywords: health, hunting and cancer	Avg. Session Duration: 00:01:32 Top 3 Referring Sites: Google Ads (70%), DHHS website (5%) and WMUR website (4%)

Figure 9: Summary of Digital Advertisements

Social Media

Facebook™

TPCP purchased advertisement space on Facebook™ as shown in the report. A total of \$400.50 was spent on Facebook™ advertisements. On the Dear Me NH Facebook™ page (www.facebook.com/DearMeNH), TPCP posted 29 comments during the campaign period. All comments were related to the campaign.

Facebook™	
Impressions:	2,116,041
Total Clicks:	783
Total Likes:	60
Total Shares:	20
Total Reach:	427,325

YouTube™

DMNH videos (www.youtube.com/user/TryToStopTobaccoNH) had 245 views during the campaign period. An estimated 236 minutes of video time was watched.

Want to Quit Smoking? Free Patches Available from NH Tobacco Helpline! Like Our Page.



Dear Me New Hampshire (No One Can Make Me Quit, But Me) Community
674 people like this.

Figure 10: Facebook Ad

Partnerships

TPCP worked with the New Hampshire DHHS Public Information Office (PIO) through press releases and the Department website, www.dhhs.state.nh.us/ to promote the DMNH campaign. José Montero, MD, MPH, Director of the NH Division of Public Health Services, appeared on WMUR Channel 9 Monthly Check Up on January 23, 2014 to promote the campaign and the Helpline as a tobacco cessation resource. The Manchester and Nashua City Health Departments promoted the campaign to their residents with local ads via internal bus transit signs and printed posters in their health care centers. The Manchester Health Department contributed \$14,114 to cover the costs of increased counseling hours needed by clients at the Helpline. Likewise, the New Hampshire Comprehensive Cancer Collaborative promoted the DMNH campaign in their newsletter (with a distribution of over 700) and contributed \$4,772 to cover the costs of increased counseling hours needed by clients. The Community Health Access Network, a Health Center Controlled Network of ten Federally Qualified Health Center members in New Hampshire, received a webex training from TPCP about the DMNH campaign and the availability of NRT. They, and other health care providers and systems, continued to refer patients to the Helpline during the campaign. Finally, the Dartmouth-Hitchcock Lebanon Hospital promoted the campaign on their many internal video monitor displays for the campaign period.

DMNH Campaign Budget

TPCP allocated \$50,000 of the Helpline budget towards the DMNH campaign media buy. The addition of State General Funds approximately \$35,500 allowed TPCP to purchase a limited supply of nicotine replacement therapy (NRT) patches, as the CDC, Office on Smoking and Health funding agreement does not allow purchase of these products. The Helpline vendor, JSI Research and Training Institute, Inc., managed the purchase of the NRT (in bulk), the services to clients for cessation counseling, and the media contract.

Money Well Spent

Tobacco use is one of the most significant public health problems facing New Hampshire. Tobacco treatment is one of the most cost-effective preventive services, providing substantial return on investment in the short and long term.⁴ Investment in smoking cessation leads to improved health outcomes, resulting in lower health care costs and more affordable health insurance premiums.⁵ Tobacco cessation treatment will become increasingly important as providers, employers, insurers, and the State look to improve the public's health and reduce the total cost of health care.

Return on investment (ROI) in health care allows an investor (state health departments) to evaluate the performance of an investment (Helpline services) and compare it with health services. A study from Massachusetts MassHealth (Medicaid) gives strong evidence that treating tobacco dependence will, within 2.5 years, show a decrease in hospitalizations for tobacco-related diseases.⁶ Decreased hospitalizations translate to decreased healthcare costs at a significant return on investment. Specifically, the study concluded that every \$1 invested in the Massachusetts Medicaid tobacco cessation program led to an average savings of \$3.12 in cardiovascular-related hospitalization expenditures. Thus, a net return on investment of \$2.12 was realized for every program dollar.⁷

Below are data highlights based on projections from the seven-month evaluation of callers during the DMNH campaign.

- Overall satisfaction with Helpline services during this period was 94.7%
- The Helpline received a total of 1,367 calls during DMNH for an average of 114 calls per week
 - There were 1,135 estimated quit attempts
 - 647 clients quit for seven or more days
 - 341 clients are estimated to be considered ‘former smokers’
 - There were 2,071 Life-Years (LY)** saved through this tobacco treatment medical intervention
- The cost of the DMNH media campaign, per New Hampshire resident who uses tobacco, was approximately 23¢. The projected cost per DMNH caller quit attempt was approximately \$44. The projected cost per LY saved is approximately \$24.
- The overall, projected cost saving due to the DMNH campaign driving callers to the Helpline and the proportion of those callers who were successful in quitting tobacco will have attributed is \$103.5 million in health care and productively costs.

Summary

Social marketing is a process that applies marketing principles and techniques to create, communicate, and deliver value in order to influence target audience behaviors that benefit society as well as the target audience.⁸ Dear Me New Hampshire can be considered a successful social marketing campaign based on the results of increased contact to the New Hampshire Tobacco Helpline during the campaign period, and consequently, increased quit attempts among the targeted audience, and the high satisfaction rating from clients who accepted services. Tobacco use is disproportionately distributed among New Hampshire residents who have low educational attainment and low wage-earning jobs. The 15 weeks of DMNH advertisements promoting the services of the New Hampshire Tobacco Helpline increased call volume to the New Hampshire Tobacco Helpline overall by 60.5% and 527% at the campaign’s peak week. The majority of callers were identified as having public health insurance (Medicaid) or no health insurance, not completing high school, having a general educational development (GED) certificate or completing high school. The Helpline’s business is to improve health outcomes over time by increasing the number of “former smokers” among this sub-population. Although \$50,000 is considered, in the media industry, a minimal amount to implement an effective social marketing campaign, DMNH implemented activities around the state that averaged about \$44 per quit attempt. From another perspective, the cost of the campaign translates to approximately 23¢ per adult smoker. Investing in evidence-based tobacco treatment through the Helpline is cost effective **IF** the New Hampshire residents are aware that there is an accessible resource available. This brief paper shows evidence that multi-media campaigns are an effective method to drive the tobacco users in New Hampshire that want to quit to the New Hampshire Tobacco Helpline resources.

**LY is a measure of the burden of disease that includes the life years saved. This measure is used when figuring out the value of a medical intervention.

Endnotes

- 1 Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs — 2014*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
- 2 *New England Journal of Medicine*. 2014;371:932-43. DOI: 10.1056/NEJMsa1405092
- 3 Joseph R. DiFranza, Robert J. Wellman in *Nicotine & Tobacco Research*, Vol. 7, No. 1, pages 9–26; February 2005.
- 4 Fiore MC, Jaen CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guidelines, Rockville, MD: US Department of Health and Human Services. Public Health Service. May 2008.
- 5 Report: Making the Business Case for Smoking Cessation Programs: 2012 Update. Leif Associates. 2012.
- 6 <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000375>
- 7 Richard P, West K, Ku L (2012) The Return on Investment of a Medicaid Tobacco Cessation Program in Massachusetts. PLoS ONE 7(1): e29665. doi:10.1371/journal.pone.0029665
- 8 Philip Kotler, Nancy Lee, and Michael Rothschild, 2006.

