

# Dear Me New Hampshire – Results of a Statewide Tobacco Cessation Media Campaign

State of New Hampshire, Department of Health and Human Services  
JSI Research and Training Institute, Inc.

## Introduction

*Dear Me New Hampshire* is an emotionally compelling social marketing campaign designed to increase quit attempts among New Hampshire adults who are:

- unemployed
- working in no-collar and blue-collar jobs
- the care-taker of a child
- aged 18-55
- tobacco product users (smoking or chew/dip)

The campaign encourages residents to:

- think about the reasons they have for wanting to quit tobacco
- write a *Dear Me* letter to themselves with their personal reasons for wanting to quit tobacco
- contact the services of the New Hampshire Tobacco Helpline



Figure 1. Dear Me NH ad "Patrick"

The New Hampshire (NH) Tobacco Helpline is a service of the NH Department of Health and Human Services (DHHS), Division of Public Health Services, Tobacco Prevention and Control Program (TPCP). The services of the Helpline were provided to NH residents through a contract with JSI Research and Training, Inc. through December 2014.

### Who did Dear Me New Hampshire target?

- There are currently 214,944 New Hampshire adults who smoke (2013 NHBRFSS)
- 68% of adult smokers have tried to quit at least once during the past year
- 33.5% of adults that did not graduate high school smoke
- 23.0% of adults who have a high school diploma or equivalent smoke
- 37% of adults who have either Medicaid or are uninsured are current smokers

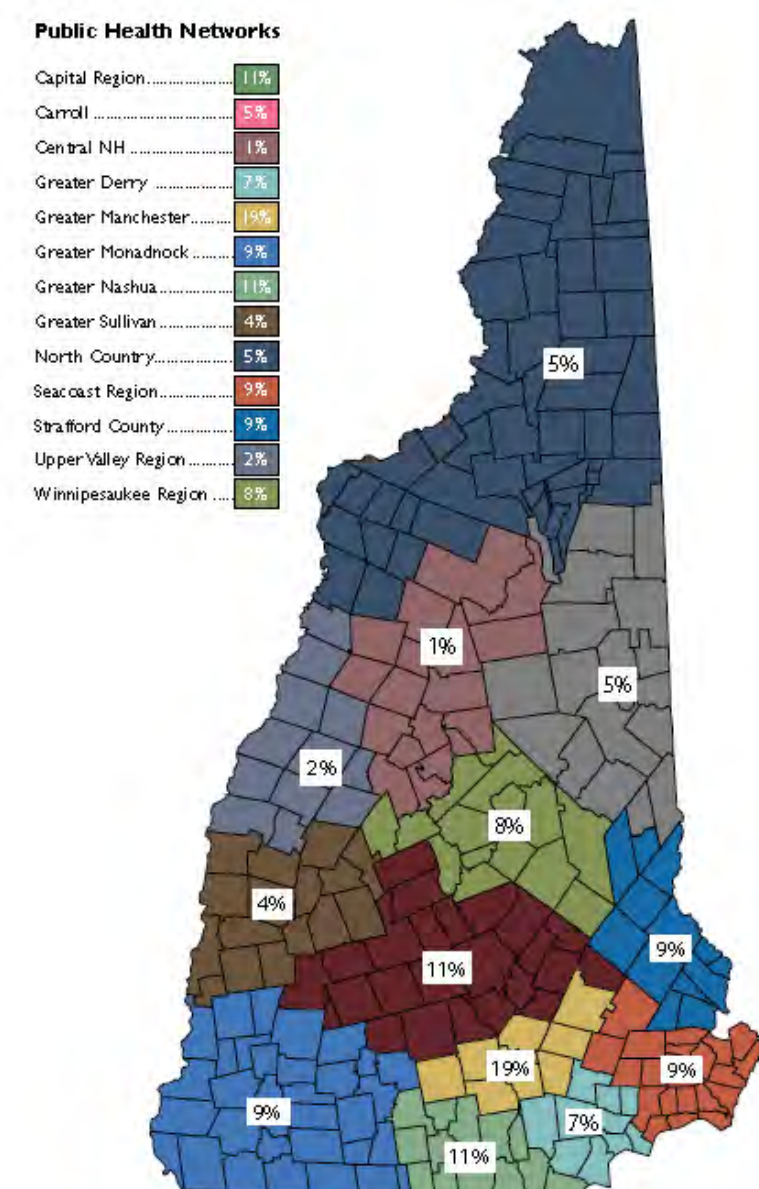


Figure 2. Map of calls to the Helpline by NH Regional Public Health Networks

### Who did we reach?

- During the campaign (December 1, 2013 – March 28, 2014) the Helpline received statewide calls
- The most populated Regional Public Health Networks contributed 41% of the calls:
  - Greater Manchester (19%)
  - Capital Area (11%)
  - Greater Nashua (11%)
- 57% of callers had a high school diploma/GED or less
- More females (55%) called for services vs. males (44%)
- Almost 50% of callers had Medicaid (22%) or were uninsured (27%)

## Methods

The *Dear Me New Hampshire* multi-media campaign was based on the award winning *Dear Me* campaign developed by the Washington State Department of Health. *Dear Me New Hampshire* 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.

The campaign media buy was \$50,000 (Federal funding). The State of New Hampshire General Funds of \$35,500 allowed TPCP to purchase a limited supply of nicotine patches (the Centers for Disease Control and Prevention funding agreement does not allow purchase of these products).

Media was purchased from New Hampshire's largest local news channel and four radio stations to provide statewide air coverage. Advertisements were run on five video monitor displays in the Manchester-Boston Regional Airport with additional predominant positioning within the smoking lounge. Both thirty- and sixty-second commercials of Patrick and Sharon (the *Dear Me New Hampshire* featured participants) were aired on statewide TV and radio stations. Advertisements scheduled were based on media data to targeted times that economically challenged residents between 18-55 years of age typically watched or listened. During the campaign, ads aired with an average frequency of 5.7. Frequency is the number of times a viewer/listener in the target population will encounter the ad.

The local community cable access group was provided slides to run on air to promote the campaign. Paid and no-cost web advertisements ran on local news and radio websites. TPCP purchased advertisements on Google™ to display during searches for: health, hunting, cancer, quitting tobacco, sports, and more. Content was also placed on the New Hampshire DHHS website, Facebook™ and Twitter™ accounts, clicking through to the Helpline website [www.TryToStopNH.org](http://www.TryToStopNH.org). Advertisements were placed on Facebook™ driving visitors to the Dear Me NH Facebook™ page ([www.facebook.com/DearMeNH](http://www.facebook.com/DearMeNH)). All social media posts were related to the campaign vs. general tobacco posts. The *Dear Me New Hampshire* videos ([www.youtube.com/user/TryToStopTobaccoNH](http://www.youtube.com/user/TryToStopTobaccoNH)) had 245 views during the campaign period. An estimated 236 minutes of video time was watched. Every opportunity was researched to leverage in-kind, no-cost and earned media.



Figure 3. Dear Me NH ad "Sharon"

## Results

The impact on call volume to the NH Tobacco Helpline and demand for services from *Dear Me New Hampshire* highlighted throughout this poster compares the 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.

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 1-800-QUIT-NOW "rings" at the NH Tobacco 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 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).

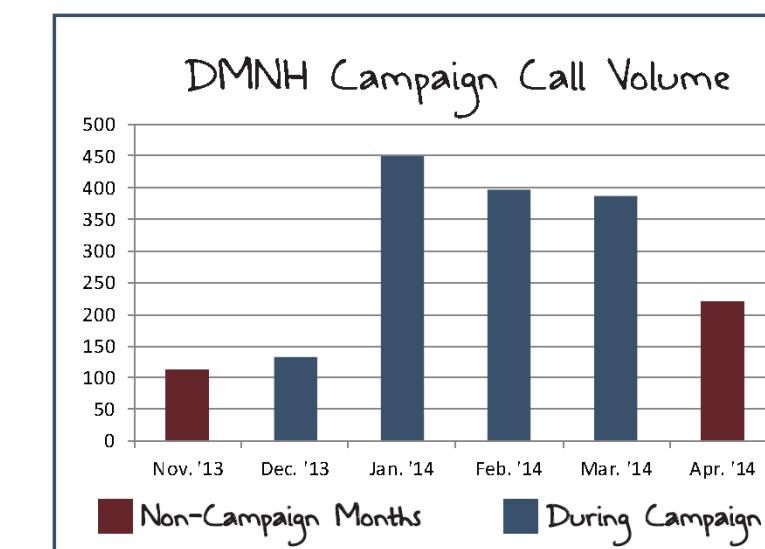


Figure 4. Call volume by month

During the 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. Scientific evidence points out the benefit of combining medication with counseling to increase quit rates. Determining if the 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 here 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." Callers during the campaign were more likely to attempt quitting than callers during the comparison period (83% vs. 79%). Individuals who came in during the campaign who used NRT 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%). Shown below.

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, before and during the campaign

\*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.

## Conclusions

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.<sup>1</sup> Investment in smoking cessation leads to improved health outcomes, resulting in lower health care costs and more affordable health insurance premiums.<sup>2</sup> 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.

### Data Highlights Based on Projections From the Seven-Month Evaluation of Callers During the Dear Me New Hampshire 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 media campaign, per New Hampshire resident who uses tobacco, was approximately 23¢. The projected cost per campaign caller quit attempt was approximately \$44. The projected cost per LY saved is approximately \$24. The overall, projected cost saving due to the 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.

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.<sup>3</sup> *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. The 15 weeks of advertisements promoting the services of the New Hampshire Tobacco Helpline increased call volume to the Helpline overall by 60.5% and 527% at the campaign's peak week. This poster 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.

## Credits & Bibliography

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