



*North Carolina Heart Disease & Stroke Prevention Task Force*

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## Challenges in Communication Campaigns

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# Objectives

- 1. Making the Transition – Public Awareness to Social Marketing**
- 2. Social Marketing – Five Steps**
- 3. North Carolina’s Campaigns – Start With Your Heart (SWYH) and Strike Out Stroke (SOS)**

# Public Awareness Goal

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- **Raise Awareness of Issues and Subjects that Should Be of Concern to the Public**
- **Example: Call 911 if you are having symptoms of stroke or heart attack**

# Social Marketing Goal

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- **Achieve a Specific Behavior Change in a Key Audience**
- **Includes Formative Research to Develop an Effective Message to Ensure You Reach Your Target Audience and Effect a Change in Behavior**
- **Example: African Americans in Wake County, NC will know what blood pressure number means and will take action to get it in good control**

# **Social Marketing Mantra**

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**“There is NO  
Such Thing as  
Targeting the  
General Public!”**

**Essence: Research and Target Your  
Audience to Create Behavior Change**



# 1. Planning

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- **Formative Research**
- **Analysis**
- **Segmenting the Target Audience**
- **Strategy Development**

## 2. Message and Materials Development

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- **Identify Appropriate Channels**
- **Develop Effective Messages**
- **Produce Creative Executions**

## 3. Pretesting

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- **Principles: Comprehension, Interpretation, Mistake Avoidance, Best Selection Among Choices**
- **How To: Focus Groups, Interviews, Exposure, etc.**
- **Result Usage: Correct, Change, Finalize**

## 4. Implementation

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- **Develop Plan**
- **Purchase Media Outlet**
- **Monitor**

## 5. Evaluation

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- **Process, Outcome and Impact**
- **Design – existing data, pre/post test, standard comparison, control groups, indicators**
- **Method – survey, observation, qualitative (focus groups, etc.)**

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Start  WITH  
YOUR Heart<sup>®</sup>

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Social Marketing Campaigns, FY's 2004 & 2005

# A Brief Review

- 1995 - NC HDSP Task Force established and charged with raising awareness of the burden and preventability of CVD in NC.
- 1997 - HDSP Task Force gets state appropriation of \$170,500 a year for Public Awareness.
- Public Awareness Committee of Task Force decides on strategic social marketing approach.

# Review, continued....

- FY 1998-2002, SWYH campaign focused on branding, and simple messages re physical activity and nutrition.
- Greatly leveraged through public-private partnerships (Subway, NCNN, Lowes' Foods)
- 1999 - additional funding of \$100,000 (NR) for "Strike Out Stroke" - targeting African Americans re HTN and the warning signs of stroke.
- FY 2004 - new contractor, new direction - "Know Your Numbers" for BP and Cholesterol.

# 1. Planning

## SWYH Marketing Objectives

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- Deliver simple **SWYH** messages in multiple media about:
  - Importance of controlling blood pressure
  - Importance of controlling cholesterol (in FY 2005)
- In order to:
  - Increase numbers in target audience taking steps to get BP and cholesterol to goal

# 1. Planning (continued)

## SOS Marketing Objectives

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- Print and radio **SOS** ads re:
  - Importance of controlling blood pressure.
  - Recognizing and acting on warning signs of stroke.
- In order to:
  - Increase awareness in target audience of need to have BP checked; to know what numbers mean; and to take steps to control it.
  - Know to call 911 in the presence of warning signs for stroke.

# 1. Planning (continued)

## Formative Research

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- **Analysis of Past Campaigns and Earlier Research**
- **PRIZM Analysis of Targets in 62 Counties**
- **New Phone Survey of 400 People in 62 Counties**
  - **36% of respondents African American**

# 1. Planning (continued)

## Target Audience

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- **SWYH and SOS Focused on:**
  - Adults 35 – 65
  - Emphasis on those most at risk for heart disease and stroke (Smokers, Sedentary)
- Emphasis on communities identified as high-risk (62 counties with highest CVD death rates)
- **SOS Focused on African Americans**

## 2. Message and Materials Development

### “The Creative Messages”

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- For SWYH
  - Focus on increasing **understanding of blood pressure**, including why it’s important to control it and what number is goal (Cholesterol planned for Sept. 2005).
  - While a large percentage of people reported knowing the meaning of BP numbers, only **61% reported knowing *their* numbers**. This despite data indicating that **96.2% of people reported being checked** in the previous two years (BRFSS)
  - BRFSS data and our survey suggested that for BP, more screening was not the answer; but **better *understanding of screenings*** already being done was needed.

## 2. Message and Materials Development (continued) “Shaping the Creative”

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- For **SOS**
  - The target audience (African Americans in the 62 county area) were much less confident that they understood what a stroke was or how to recognize it than were other ethnic groups.
  - This was particularly true for three symptoms of stroke. **While sudden numbness or weakness on one side and trouble speaking were fairly well understood as stroke symptoms (aided awareness of 78%), three other symptoms had much lower understanding, particularly in the target audience.**

## 3. Pretesting

- **Focus Group**
- **Brochures** using readily available consumer focused information were developed

## 4. Implementation

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- **Segmented Budget for Maximal Impact**
- **Developed Media Plan per PRIZM analysis**

# 4. Implementation (continued)

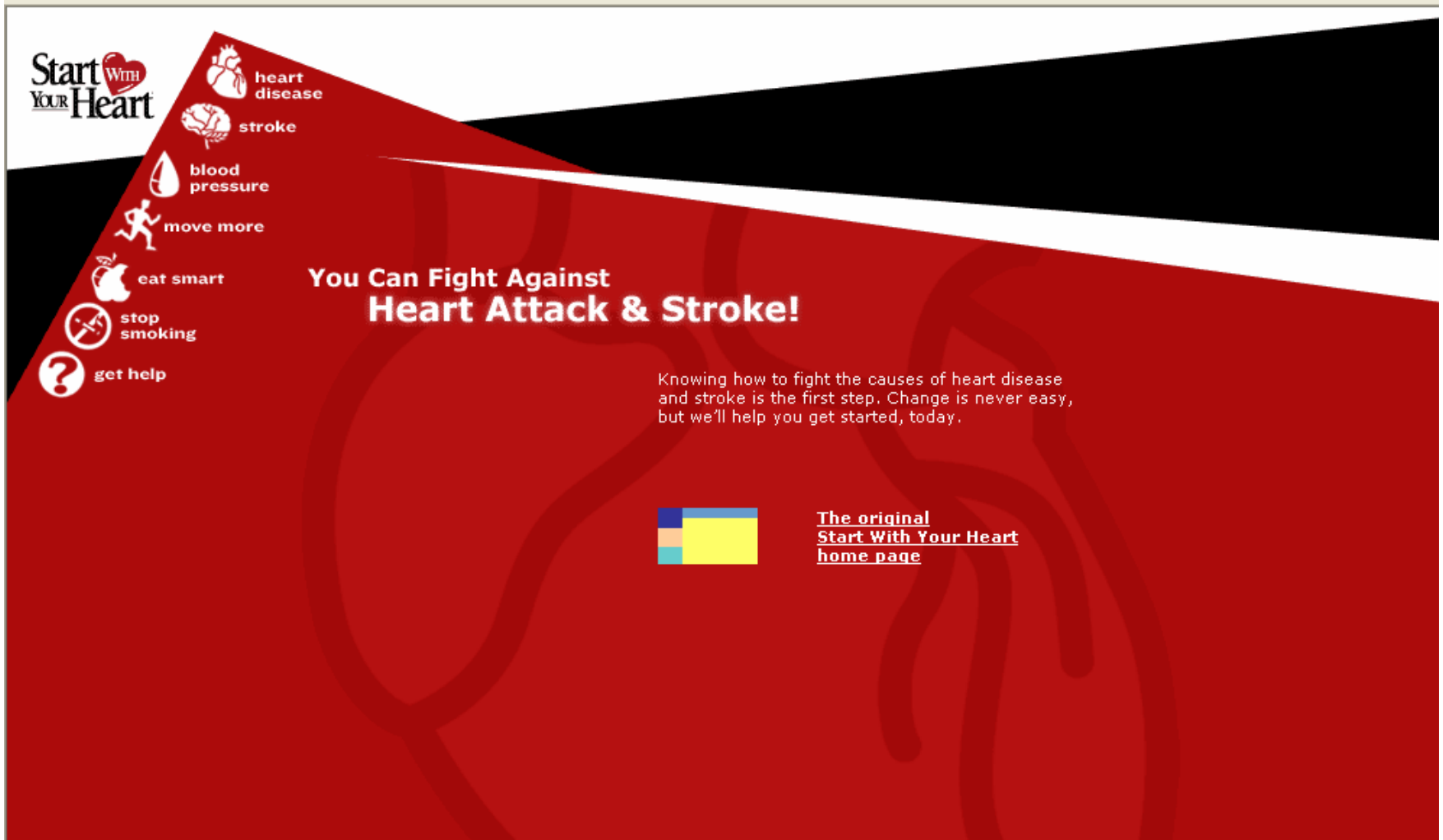
## Marketing Communication Tactics

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- **Multi-Media Campaign in May 2004**
  - Focused buying in target counties per PRIZM
  - One month blitz, TV advertising for **SWYH**
  - One month blitz, radio advertising for **SWYH**
  - One month blitz, radio advertising for **SOS**
  - Fulfillment through:
    - new consumer web site pages
    - low literacy brochures on BP and Stroke sent to those calling 800 number and for wide dissemination through state and local partner organizations

# Website Revisions



# Blood Pressure Brochure



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The brochure is divided into three vertical panels. The left panel has a blue diagonal banner with the text "What is high blood pressure?". The middle panel has a white background with a faint heart outline. The right panel has a red background with a blood pressure gauge and the text "Need help translating & understanding your blood pressure numbers?".

**Start With YOUR Heart**  
North Carolina Heart Disease & Stroke Prevention Task Force

### What is high blood pressure?

Blood pressure measures the force with which your heart pumps blood. When your doctor takes your blood pressure, there are two numbers to look for. The top number is the force with which your heart beats (systolic pressure). The bottom number is your heart at rest (diastolic pressure).

Normal blood pressure is 120/80, read as 120 over 80, or less. High blood pressure (sometimes called "hypertension") in an adult is 140/90 or higher.

### Now that I understand, what does all this mean?

It's clear. You need to know your blood pressure numbers. Get checked regularly and pay attention. Don't hesitate to ask your doctor about your numbers.

High blood pressure increases your risk of a heart attack. It's also the single most important risk factor for stroke. Stroke is the #3 cause of death in Americans and can happen at any age.

So, you can help protect yourself from stroke and heart disease by the choices you make. By seeing your doctor regularly. And by knowing your blood pressure numbers. It all starts with your heart. If you don't take care of it, who will?

**Start With YOUR Heart**  
North Carolina Heart Disease & Stroke Prevention Task Force

For more information visit [www.startwithyourheart.com](http://www.startwithyourheart.com)

**Need help translating & understanding your blood pressure numbers?**

Here's what you need to know to fight heart disease and stroke.

50,000 copies of this public document were printed at a cost of \$1,523.75 or \$0.05 per copy. 5/04.

# Cholesterol Brochure

**Start WITH  
YOUR Heart**  
North Carolina Heart Disease & Stroke Prevention Task Force

**What is cholesterol?**

It's soft, fat-like stuff in your blood and body's cells. Everybody has it. Everybody needs it. For producing cell membranes, hormones and other body functions. It becomes a problem when there's too much of it in your blood and then you're at risk for a heart attack or stroke.

**Go to your Doctor or your Community Health Clinic to get your blood test for cholesterol so you know your numbers.**

Start with your numbers. Then visit [www.startwithyourheart.com](http://www.startwithyourheart.com) for more information

**Start WITH  
YOUR Heart**  
North Carolina Heart Disease & Stroke Prevention Task Force

**Silent but Deadly.  
Cholesterol.**

**Know your numbers.  
It could save your life.**

[www.startwithyourheart.com](http://www.startwithyourheart.com)

For more information visit [www.startwithyourheart.com](http://www.startwithyourheart.com)

100,000 copies of this public document were printed at a cost of \$0.00 or \$0.00 per copy. 0/04.

## 5. Evaluation

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- Post-campaign phone survey to match numbers and demographics of pre-survey group.
  - Measure changes in awareness of blood pressure meaning.
  - Measure changes in awareness of stroke meaning and knowledge of warning signs.

## 5. Evaluation Results

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- Post campaign surveys of target audience conducted in July 2004 (n=400) and June 2005 (n=500).
- July 2004 results showed some improvement in most areas but few were statistically significant.
- In June 2005, after expanded campaign:
  - Confidence re knowing what having a stroke means increased. **African Americans' confidence on this measure increased 15%, reducing the previous disparity to a statistically insignificant level.**
  - Respondents were more confident in correctly listing symptoms of a stroke.
  - **African American respondents showed a statistically significant increase in those knowing the goal number for BP.**

# Lessons Learned

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1. Use key messages and target carefully
2. TV is expensive, but most effective
3. Timing is important – TV costs more in Fall
4. Encourage partners to buy placement for your creative development rather than using their funds for creation/testing and having little money to effectively place messages

# Lessons Learned

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5. PRIZM data analysis of target clusters revealed that planned radio campaign for cholesterol in 2005 would not reach audience - preferred Cable TV...this was too expensive; instead greatly expanded (\$250,000) BP campaign in May 2005 and saw improved results
6. Educate before you legislate – lay groundwork rather than tie campaign to specific issue

# Conclusions

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- Various campaign elements won awards including a Telly, Addy, Webby, and an International Web Award
- **BUT: Ultimate Goal for Social Marketing (versus Public Awareness) is behavior change.**
- Even with limited resources, a carefully planned and targeted campaign can achieve measurable change in target audience understanding and awareness - need to figure out whether behavior has changed as a result.