



Campbell-Ewald Pumps Awareness into The American Heart Association

>Abstract

You wouldn't think that an organization that does as much good as the American Heart Association would have low awareness, but at the start of the described research program its unaided awareness level was just 16 percent. For a company reliant on contributions, low awareness is a major problem. This case profiles the research behind the American Heart Association's first-ever paid advertising campaign. www.campbell-ewald.com; www.americanheart.org

>The Scenario

The American Heart Association (AHA),¹ the premier voluntary health organization fighting cardiovascular diseases (including heart disease and stroke) had an unaided awareness² of 16 percent.³ For a non-profit that depends on donations to support its mission, low awareness and unclear brand identity can translate to lower revenue.

Traditionally non-profits rely on public service announcements (PSA), campaigns that run on donated broadcast time or print media space. Historically, rather than help people understand how the American Heart Association impacts individual lives, such PSA campaigns were more likely to focus on (1) acute events—like a heart attack or a stroke—and what to do in such an emergency or (2) risk factors—like smoking, high-cholesterol diets, high-stress lifestyles—and encourage people to know and reduce these risk factors in their lives. To more fully meet their mission—of reducing cardiovascular diseases and the risk of these diseases by 25 percent by 2010—AHA decided to venture into its first-ever paid advertising campaign. The \$36 million effort is planned to span three years, starting in 2004.⁴

Campbell-Ewald (C-E), a two-time winner of *AdWeek's* Agency of the Year award and a unit of Interpublic Group of Companies, Inc.⁵ since 1972, was one of the six advertising firms visited by members of the American Heart Association's agency selection committee. Each of these firms was asked to complete a questionnaire that detailed their capabilities. At the time of the visit, each agency was given a statement of the strategic problem. Ultimately the list of six was reduced to four finalists, who were each invited to "pitch" their ideas for a campaign to the creative subcommittee of the communications and marketing group of AHA.⁶ AHA provided each finalist with a 3-inch thick fact book. This compilation provided data from two omnibus studies (conducted two years apart) and other materials.

"We wanted to go in with a full understanding of the American Heart

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Association, what it stood for, what it does, as well as an enhanced understanding of heart disease,” shared C-E’s executive vice president and director of strategic planning Arthur Mitchell.⁷ “We also needed to understand why people give to charities.” Campbell-Ewald’s AHA team first called on in-house librarian Susan Stepek, who compiled from public sources a breadth of information about heart disease and charity giving. From their research the team perceived that a person’s interest in cardiovascular diseases and their prevention is a matter of perceived risk. So, the team interviewed an authority on overcoming and communicating risk, John Paling.⁸ He identified for C-E several characteristics which determine a person’s perception of risk, including predictability, control, and short-term and long-term effects. The highest perceived risks are those exhibiting the following characteristics.

- The event is unexpected.
- The event is catastrophic.
- Nothing can be done to prevent the event.
- The event is deadly.

Combining the results of their secondary data (see Exhibits AHA-1, AHA-2, and AHA-3) with their new insights on risk, C-E’s AHA team concluded the following often faulty perceptions existed:

- Heart disease is not as risky as other diseases.
- Heart disease is not as deadly as cancer.
- Women, especially, perceive themselves at lower risk for heart disease, than for breast cancer.
- Men are more sensitive to heart disease, seeing it as their disease.
- People do not know what the American Heart Association actually does.

“Giving credit where it’s due,” confided Mitchell, “The American Cancer Society has done an exceptional job of clarifying their mission. The American Cancer Society is focused on finding the silver bullet—cure for cancer. Not as many people understood that the American Heart Association is foremost a research organization.” The fact that all that research has led to significant advances in treatment for heart disease—open heart surgery that now often keeps a person in the hospital less than a week, arterial surgery (stent implants and angioplasty) which has patients returning to everyday activities in less than a week, drugs that unclot arteries—merely reinforces that heart disease should be lower on people’s risk scale. “What we found is that people didn’t have the correct facts about heart disease,”⁹ concluded Mitchell. “The media contribute to the problem by focusing on the ‘disease d’jour.’ This week it’s West Nile; next week it will be something else. Heart disease is pervasive, but it isn’t new. So, we knew any campaign would need to help people understand the true risk of heart disease and what the American Heart Association really does.”

In preparing to sell itself as the best agency that the AHA could hire, Campbell-Ewald crafted multiple creative approaches that both elevated heart disease and stroke to their appropriate risk levels and clarified AHA’s role in addressing heart disease. Campbell-Ewald conducted four focus groups to



assess audience reaction to the different campaign approaches, two involving older adults and two with younger adults. All groups included both men and women. The focus groups confirmed the perceptions drawn from secondary research and the risk assessment, and they also indicated that any of the campaign approaches could work to achieve the campaign's goals.

Armed with its research-driven creative campaigns, Campbell-Ewald presented its pitch and won the American Heart Association account. "All of the agencies were highly capable of doing the work and had creative ideas," shared AHA's director of advertising Julie Grabarkewitz.¹⁰ Campbell-Ewald took a different approach." C-E centered its proposal on an "it's personal" theme. In some instances team members used their own personal stories about their connection with heart disease and stroke. "C-E has a history of non-profit involvement, including donations. They wanted to be involved; their fee matched their commitment."

Once chosen, Campbell-Ewald hired Diagnostic Research to pretest its various creative approaches. In mall settings participants were recruited to screen an animatic or a video of each approach. An *animatic* is a commercial facsimile usually made from art or computer-generated art and then sequenced much like a slide show or a very simplified animated film. The test animatic is placed in the middle position within a pod of five or six animatics for other products, issues, or services. Participants are measured by interview for brand recall and main-idea capture after the first exposure to the animatic or video. Each of the hypothetical AHA campaigns was tested not only against the other ads in the pod but also against the norm performance for that category of advertising i.e., non-profit). In all, more than 1000 one-on-one interviews were conducted in 17 cities. All three creative approaches performed well and comparably.

The American Heart Association thought the *personal stories* creative approach offered it the opportunity to reach numerous segments of its target audience: women, parents, African-Americans, Hispanics, those at risk for heart attack, and those at risk for stroke. "We really wanted a customer-centric approach, something that wasn't about us but about the audience—*personal stories* did this," explained Grabarkewitz. The campaign was to put a face on heart disease by featuring real people with very real and emotional stories about cardiovascular disease and to bring home the reality of the risk we all face. AHA asked its affiliates to identify families whose stories were compelling. C-E interviewed 25 prospects and chose 8 to interview on film, using a question-and-answer format, in Indianapolis and Los Angeles. Initially, C-E and AHA chose four stories to use: two in print (*Dr. Sachs* and *Kennedy-Douglas*) and three in broadcast (*Dr. Sachs*, *Gardner Twins*, and *Jan Murphy*).¹¹

As part of the overall campaign, the audience is invited to take an online "Learn and Live" quiz about heart disease or request by phone a copy of the quiz (see Exhibit AHA-4).¹² Ad effectiveness is partially measured by the numbers of people who take the quiz.

As a PSA advertiser, AHA has little say in when or where ads appeared. But as a paying advertiser, it needs to choose vehicles that will expose the ads to



the ideal target audience. C-E identified the ideal target audience as healthy individuals who are willing to take action to improve their life. Strategically, the target audience is defined as “all who might be affected by cardiovascular disease whether they are aware of the danger of the disease or not, with emphasis on adults 25-64, skewing 60% toward women.”¹³ Using syndicated research from MRI, and marrying this with data on media consumption, C-E media planners chose advertising vehicles that brought the AHA ads to the appropriate segments.

At the time of this case, the first flight of commercials is airing. Diagnostic Research is doing posttesting of ad effectiveness (Ad Tracking) with first results due in late May 2004. As of August 2004, the American Heart Association has surpassed its direct response goals for the first phase of the campaign.

You will find the ads created by Campbell-Ewald for the American Heart Association on the text website (www.mhhe.com/cooper10).

>URLs

www.americanheart.org; www.campbell-ewald.com

>Discussion

- 1 After watching the ads downloaded from the text website, take the Learn and Live quiz (<http://www.americanheart.org/presenter.jhtml?identifier=3019149>). Take a position on the tracking of individuals taking the quiz as a measure of direct response of the ads' effectiveness; defend your position.
- 2 What are the advantages and disadvantages of using secondary data in this particular case.
- 3 Discuss the role of Diagnostic Research in American Heart Association's selection of the *personal stories* creative approach.
- 4 Explain why both qualitative and quantitative research techniques were used to develop the *personal stories* campaign?

>Footnotes

¹ The American Heart Association describes itself as “a national voluntary health agency whose mission is to reduce disability and death from cardiovascular diseases and stroke.”

² Unaided recall is a means of evaluating the effectiveness of a company's recent advertising; without help from the researcher, selected participants from the target market are asked to bring to mind advertisements they have seen or heard recently. (<http://www.legamedia.net/lx/result/match/a258bb3f31fe3022a5d5d1472a41460b/index.php>)

³ Paul Herrera, American Heart Association, interviewed April 12, 2004.

⁴ Paul Herrera

⁵ Campbell-Ewald had 2001 revenues of \$2.2 billion. Interpublic is one of the world's leading organizations of advertising agencies and marketing services companies, with 2003 revenues of \$5.863 billion. Other companies in the group include Draft, Foote, Cone & Belding Worldwide; Golin/Harris International; Initiative Media; Jack Morton Worldwide; Lowe & Partners Worldwide, McCann-Erickson; Octagon; Universal McCann, and Weber Shandwick Worldwide. (http://www.corporate-ir.net/ireye/ir_site.zhtml?ticker=ipg&script=410&layout=-6&item_id=503266)

⁶ “While giving the potential client a taste for their talent, brilliant ideas and transactional efficiencies, these organizations seek to sell their services during a pitch for new work, rather than immediately meet all of the potential client's business needs. The trick is to anticipate what a client most needs and to go for it.” (<http://www3.fablusi.com/default2.asp?simID=rpsim000002900QN>)

⁷ Arthur Mitchell, executive vice president and director of strategic planning, Campbell-Ewald, interviewed April 22, 2004. Also contributing were Jill Grech and Arielle Burgess, also of Campbell-Ewald.



⁸ “John Paling,” Speakers Platform, downloaded April 22, 2004 (<http://www.speaking.com/speakers/johnpaling.html>). Pauling is a noted consultant and speaker whose “Richter Scale for Risks helps people and businesses view their major challenges in perspective and so make better informed decisions leading to their success.”

⁹ Get the most up-to-date facts on heart disease from www.americanheart.org. Just click on statistics.
¹⁰ Julie Grabarkewitz, director of advertising,, American Heart Association, interviewed on April 26, 2004 and August 2, 2004.

¹¹ Just recently, the American Heart Association has added another advertisement, *Cookbook*, to this campaign.

¹² You can find the online quiz at <http://www.americanheart.org/presenter.jhtml?identifier=3019149>.

¹³ From the campaign’s strategic brief as described by Julie Grabarkewitz on August 2, 2004.

>Sources

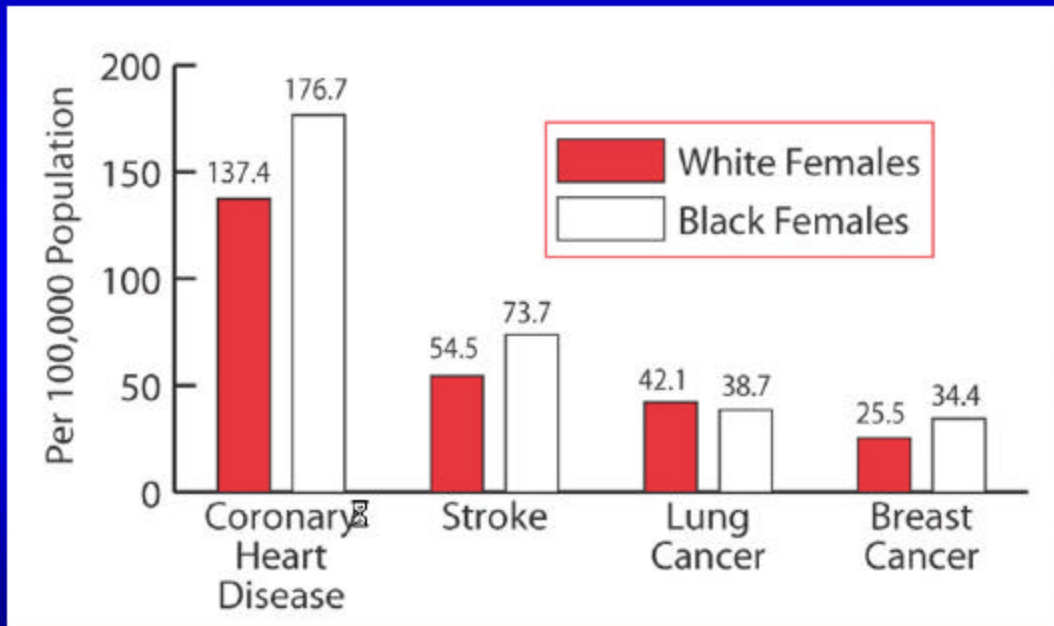
This case was developed from interviews with and material provided by principals of the American Heart Association and Campbell-Ewald. Used with permission of Pamela S. Schindler, © 2004.

Exhibit AHA-1 Age Adjusted Death Rates for Coronary Heart Disease, Stroke, and Lung and Breast Cancer for White and Black Females.

Age-Adjusted Death Rates for Coronary Heart Disease, Stroke, and Lung and Breast Cancer for White and Black Females



United States: 2001

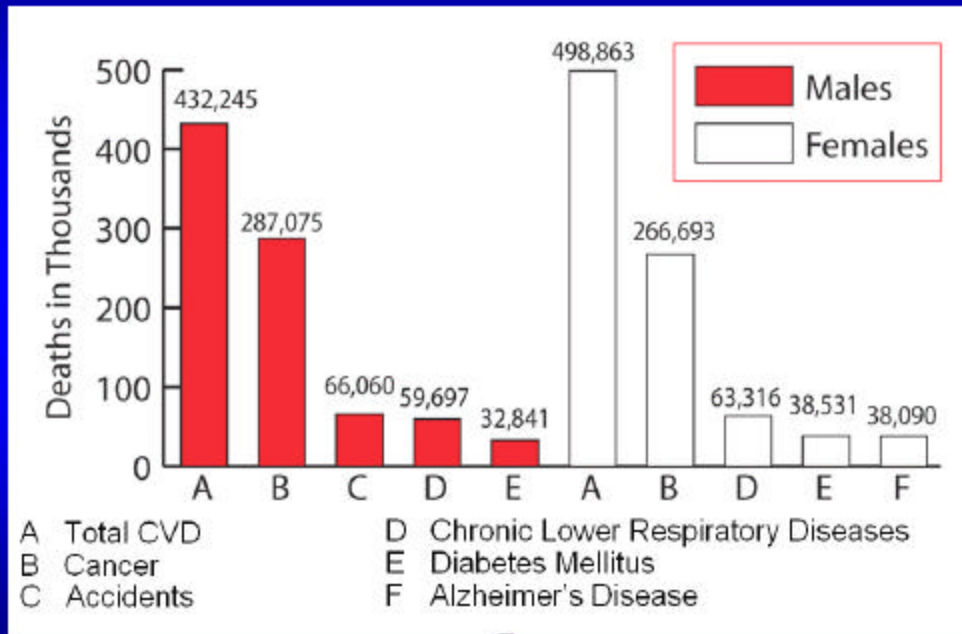


Source: CDC/NCHS.

Exhibit AHA-2 Leading Cause of Death for all Males and Females

Leading Causes of Death for All Males and Females

United States: 2001

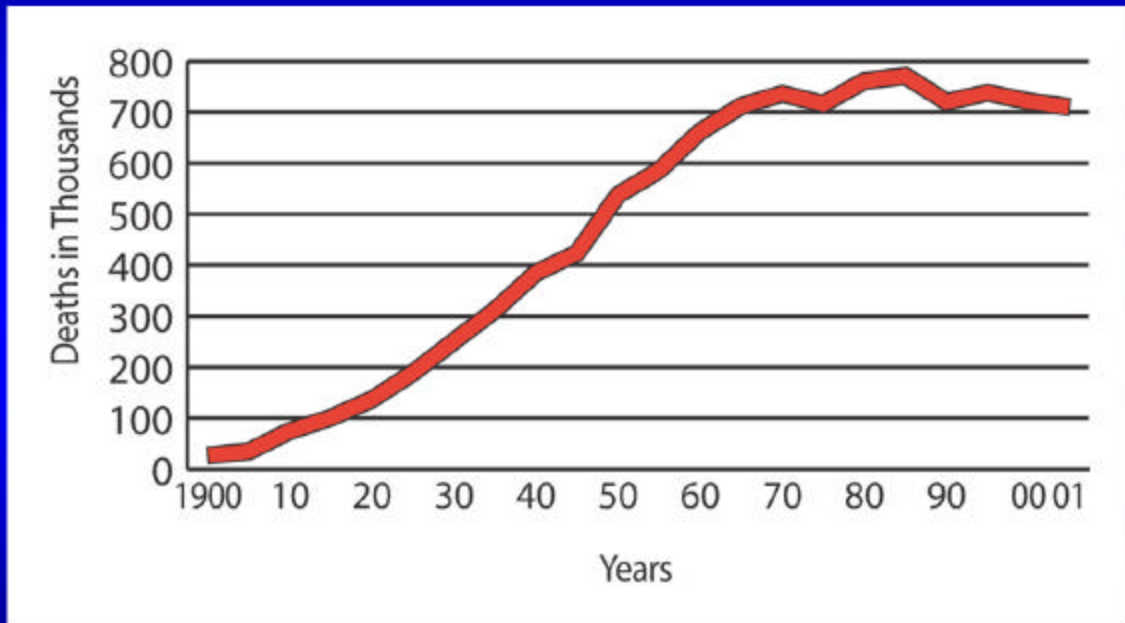


Source: CDC/NCHS.

Exhibit AHA-3 Deaths for Diseases of the Heart

Deaths From Diseases of the Heart

United States: 1900-2001



Source: CDC/NCHS.

Exhibit AHA-4 Evaluating Success: the Role of the *Learn and Live Quiz*

The screenshot shows a Microsoft Internet Explorer browser window displaying the American Heart Association website. The browser's address bar shows the URL: <http://www.americanheart.org/presenter.jhtml?identifier=1200000>. The website header includes navigation links: DONATE, HELP, CONTACT, SITE INDEX, and HOME. The date April 23, 2004, is displayed. The main content area features the heading "American Heart Association" and a prominent "Learn and Live Quiz" section. This section includes an image of a couple embracing and text explaining that heart disease is America's No. 1 killer and stroke is No. 3. It encourages users to take the free "Learn and Live Quiz" for quick and easy information. A link labeled "more" is provided. Below this, there is a section titled "Aprenda y Viva Más" (Learn and Live More) in Spanish, with a link labeled "más". To the right of the main content is a "GET LOCAL INFO" section with a search box for zip codes and a "FIND" button. Below this is a link: "Don't Know the ZIP CODE? Click Here to find by State". At the bottom right, there are three small icons: "WXY 9", "1", and "1". A left-hand navigation menu lists categories: Warning Signs, American Stroke Association, Diseases & Conditions, Children: Heart Disease & Health, CPR & ECC, En español, and Healthy Lifestyle.