

History of Advertising Trust

Analysing an Advertising Campaign “Watch Your Own Heart Attack”

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This introductory course is designed to provide teachers with a clear understanding of what an advertising campaign is and how best to communicate this in the classroom. It uses an existing campaign to illustrate how a marketing strategy goes from initial brief to successful execution in different media and explains how to construct an advertising campaign that matches form and content to intended audience.

Learning from existing campaigns

The History of Advertising Trust holds archives of some of the most successful advertising campaigns in the UK. In many cases the archives include comprehensive data and analysis of their effectiveness by the agencies that produced them. In order to understand and create a successful campaign it is important to first study how other successful campaigns have been designed, the strategies they've adopted and the ways in which they have measured their success. With this in mind this section covers:

- How different audiences dictate different processes
- How messages, ideas and associations are communicated
- How campaign success can be measured

In the following sections you will be able to look at extracts from some of the material submitted for the Institute of Practitioners in Advertising Effectiveness Awards by the top advertising agencies. These prestigious annual awards 'reward campaigns that have proved the commercial power of their ideas and demonstrated their marketing payback'.

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1. Planning for Success

The main reason for evaluating the performance of an advertising campaign is to ensure that the objectives have been met and that the strategy has been effective.

When preparing a campaign plan it is important to set out:

- What needs to be achieved (advertising objectives)
- What needs to be said (advertising message)
- How to say it (advertising proposition)
- To whom (target market)
- When and where (media schedule)
- At what cost (advertising budget)
- The desired result of the campaign (consumer response)
- Criteria included in any of the above must be measureable and analysed before and after the campaign programme.

Activity

Taking the planning bullet point list above, consider how you might introduce the concept of planning to your students.

- What are the key points you want to make sure that your students take account of when setting out how to monitor their campaign at the planning stage?
- What methods might you want to introduce to the students in order to make sure monitoring and evaluation takes place through the campaign?

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2. Market Research

A market is a structure or system which allows the exchange of goods or services between sellers and buyers, usually for money. A market does not necessarily exist in a single location, or even a physical location – products can be bought and sold online.

Market research is a way of discovering consumers' wants, needs and beliefs, and how they act, involving the capture and analysis of consumer, competitor and market trend data. It's a way for companies to gain insight into what the public, ie their customers or potential customers, think of their ideas and products. The principal role of market research, therefore, is to provide a business with a comprehensive view of consumers in order to develop products and services that satisfy their needs better than the competition. This research can be then used to determine how a product could be marketed.

Market research is a key factor in maintaining competitiveness. It provides important information to identify and analyse the market need, market size and performance. It can inform a business about who the key competitors are, what they are doing, and their market share.

Market research has a vital part to play in the development of advertising campaigns in providing meaningful and measurable criteria. It is important to establish measures of success of the campaign at the beginning to ensure that, the effect can be measured at the end of the campaign. Market research companies gather and publish data sourced from businesses and customers across many markets. In practice, most organisations continually research their own performance and that of their competitors, using a mix of internal information sources, published information sources and commissioned market research.

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Analysing the market

The better the understanding of the client's requirements and the dynamics of the marketplace, the more likely it is that the advertising campaign will be a success.

For example, understanding the following will provide a sound base on which to plan and develop an advertising campaign:

- Information concerning what the client has to offer, in terms of product or service features that might differentiate it from its competitors
- Any unique qualities that the client or company may have that sets them apart from others
- The target market (age, sex, race, income, lifestyle, geographic distribution or concentration, attitude and behavioural characteristics)
- The competitive, legal, social and political frameworks

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3. Analysing a Campaign: British Heart Foundation – Watch your own Heart Attack

In 2008, the advertising agency Grey London ran a [campaign for the British Heart Foundation](#). Its aim was to raise awareness of the range of heart attack symptoms, thereby reducing the time it takes people to call 999 and saving lives as a result. This is how the agency went about it:

- Researching the background
- Scoping the task
- Identifying the challenge
- Deciding on the approach
- The solution



RESEARCHING THE BACKGROUND

Background: the high cost of waiting

94,000 people die of a heart attack every year in the UK.¹ For those trying to reduce that number, a key area of focus is patient delay, measured through 'pain to call time':

The key factor in terms of survival and quality of life is the total time from onset of myocardial infarction (heart attack) to reperfusion (thrombolysis {drugs}) or angioplasty (balloon in artery) of which pain to call time is a part. As the NHS has improved the call to reperfusion times and services in recent years, much of the delay is now down to the time taken by the patient or carer calling the NHS (ideally the ambulance service).²

Patient delay in seeking treatment for acute coronary syndrome ... is the major factor limiting delivery of definitive treatment.³

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Patient delay is important because speed of treatment directly impacts on both survival and quality of life after a heart attack. This is a given in the British medical community; but a US metastudy quantified its importance:

- Survival rates are improved by up to 50% if drugs are administered within 1 hour of symptom onset
- Delaying treatment by 30 minutes can reduce average life expectancy by 1 year

For every 15 minutes that the start of angioplasty (routine treatment for heart attack) is delayed, the odds of death increase 1.6 times⁴

And it isn't just about survival. From the minute symptoms start, heart muscle starts to die, irrevocably, hampering the heart's ability to function.⁵ So patient delay also reduces quality of life, including ability to work and exercise. Waiting to call 999 can kill.

Waiting to call 999 can leave you disabled. 90% of people know that.⁶ And yet for some reason, people don't call immediately. Why?

Deadly Ignorance

The key reason is ignorance. A study conducted in Glasgow found that three quarters of people delay more than an hour. And 'in all cases where delay was more than one hour⁷ the main reasons for the delay were thinking that symptoms would go away or that they were not serious.'⁸

Everyone thinks they know a heart attack when they see one. Sudden chest pain. Collapse. Death. This is the 'Hollywood heart attack'.

In reality, every heart attack is different. And yet awareness of the range of symptoms varies hugely.

The result of this ignorance is tragic but inevitable. With heart attacks, every minute counts, and yet people wait hours before calling the emergency services. It isn't because they don't know they should call. Very often, it's because they don't realise they're having a heart attack.

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1. British Heart Foundation (2008), Coronary Heart Disease Statistics 2008, p12 – Figure given is for Coronary Heart Disease Mortality but in effect this figure stands for Heart Attack mortality nearly all deaths from CHD are caused by heart attack.
2. Colin Elding, BHF Chest Pain Programme Manager
3. Moser et al, 'Reducing Delay in Seeking Treatment by Patients With Acute Coronary Syndrome and Stroke' (<http://circ.ahajournals.org/cgi/reprint/114/2/168>)
4. Koren G, Weiss AT, Hasin Y, Appelbaum D, Welber S, Rozenman Y, Lotan C, Mosseri M, Sapoznikov D, Luria MH, et al. (1985) 'Prevention of myocardial damage in acute myocardial ischemia by early treatment with intravenous streptokinase', New England Journal of Medicine 1985;313: 1384–1389.
5. Ibid.
6. Hall and Partners pre-wave tracking: % of target would call 999 immediately with heart attack = 90%; 92% of nationally representative audience.
7. In the MINAP dataset (see footnote 29), median pain-to-call time hovers just below an hour, suggesting at least half of people call within the hour. However, because of the way it is collected, MINAP data tends to cover only the most acute heart attacks. As these attacks tend to present with the most intense and familiar symptoms, it is thought they cause people to call more quickly – meaning MINAP is likely to underestimate pain-to-call time.
8. Leslie WS, Urie A, Hooper J, Morrison CE (2000), 'Delay in calling for help during myocardial infarction: reasons for the delay and subsequent pattern of accessing care', Heart (BMJ Publishing Group; <http://heart.bmj.com/cgi/content/abstract/84/2/137>)

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SCOPING THE TASK: DEFINING A ROLE FOR COMMUNICATIONS

Patient delay is a tough problem to solve. The NHS, the ambulance service, and research organisations have done a terrific job in making care as fast and effective as possible, from the minute the patient calls 999.

But until they do, the 146,000 people who have a heart attack every year¹ are beyond the reach of the health service. There are an estimated 2.4m people at risk of heart attack in the UK right now² – men and women, middle-aged to elderly. Just over one in twenty of these people will have a heart attack in any 12-month period³. Even with individual medical screening, it's extremely difficult to tell who they are, or where they are.

This large audience, very difficult to communicate to on an individual basis, makes marketing communications a vital part of efforts to reduce patient delay.

The British Heart Foundation has been running its 'Doubt Kills' campaign since 2006. It aimed to reduce pain-to-call time by raising awareness of chest pain as a symptom, using the device of an invisible belt around a man's chest. But by 2008 awareness of symptoms other than chest pain was still 'extremely low'⁴.

This called for a new campaign. The overall objective remained the same: To save lives and improve the quality of life amongst those experiencing Heart Attacks by reducing the pain to call time.

But now range was a key part of the communications objectives:

- Increase awareness, knowledge and understanding of the range of heart attack symptoms
- Highlight the relevance of heart attacks (and hence this knowledge) to the target audience
- Motivate people to take action to learn more about heart attack symptoms from the British Heart Foundation

The logic was simple: people were waiting to call because they weren't aware of the symptoms. Communicating the range, therefore, should drive a reduction in patient delay.

1. British Heart Foundation, p43
2. There are 2.4m people suffering from cardiovascular disease; according to BHF research 'nearly all deaths from CHD [coronary heart disease] are because of a heart attack' (<http://www.heartstat.org>)
3. Incidence of heart attack among the adult population is below 0.5% (various sources, quoted in BHF metastudy available at www.heartstat.org); alternatively, 227,000 heart attacks per annum is roughly one-tenth of the number of people with Coronary Heart Disease (CHD). While not everyone who suffers a heart attack has CHD, the vast majority do; and almost all deaths from CHD are caused by heart attack.
4. British Heart Foundation (2008), 'Chest Pains Creative Brief'

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IDENTIFYING THE CHALLENGE

The Communications Challenge

Simple logic, but five factors made the problem difficult to solve:

1. Complexity

We needed to communicate a range of eight symptoms, and tell people they needed to call immediately if they were experiencing any of them. This meant our audience had to understand and remember a complicated message.

2. Broad target audience

Because there is no way to predict who will have a heart attack, we needed to communicate to the broadest possible audience. 45+, C1C2D men are most at risk, and represented the best chance to communicate to the right people cost-effectively.

3. Denial and resistance among the audience

Time and time again, research has demonstrated that those likely to suffer a heart attack simply don't see themselves as 'at risk'.¹ This means they're unlikely to listen as a matter of course to messages, and unlikely to call 999 unless they're certain they're having an attack.

4. Limited Budget

Despite a complex message and a tough broadcast audience, we had a budget of only £1.35m. So many of the obvious media options for delivering a complex, hard-hitting message to large numbers of people were unavailable.

5. No clear recipe for success

Research has shown that there is 'little evidence that media/public education interventions reduced delay'. And even taking into account non-communications interventions, there are few clear 'rules' for success: 'Studies that were effective in reducing delay appeared similar to those that were ineffective.'²

1. Sources vary, but most recently: Grey Qualitative research, April 2008; BHF/Grey qualitative research, August 2008; PHD qualitative research, Spring 2008; and Abigail K. Mansfield, Michael E. Addis, James R. Mahalik, International Journal of Men's Health (May 2003), 'Why Won't He Go To The Doctor: The Psychology of Men's Help Seeking'

2. 'Systematic Review of Interventions to Reduce Delay in patients with suspected heart attack', A Kainth, A Hewitt, A Sowden, S Duffy, J Pattenden, R Lewin, I Watt and D Thompson, Emerg. Med. J. 2004;21;506-508

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DECIDING ON THE APPROACH

The Communications Approach

The strategy that solved these problems was based on two insights from qualitative research:

People who have had a heart attack before are more likely to know when they're having one and take immediate action.¹

And

It's often the partner of a victim that prompts or makes the 999 call.²

Furthermore, the first four problems outlined above gave us several channel and creative imperatives:

- Complexity of message meant that the communications had to be richly detailed.
- The broad target audience meant that we had to use a broadcast medium.
- Denial and resistance meant two things: first, that creative had to be visceral and compelling (rather than simply informative); second, that we'd have to ensure communications were seen in a shared environment so that partners could take action where sufferers would not.
- Given the above, TV was rapidly emerging as the optimum channel; however, the limited budget meant that we couldn't use it in the tradition way (repeating executions that were long enough to carry a complex message)



1. Grey Qualitative Research, April 2008
2. PHD Qualitative research, Spring 2008

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THE SOLUTION

The idea was to give our audience a 'dry-run' heart attack, together.

Communications would simulate, rather than inform, to ensure the resistance audience would internalise our message.

The simulation itself was a two-minute film, aired on ITV, advertised through announcement media, to ensure large numbers of the right people watched together.¹⁸ It was subsequently made available online so people could recommend it or watch it again.

As such the campaign had three distinct phases: invitation, event, and repeat.

THE COMMUNICATIONS MODEL

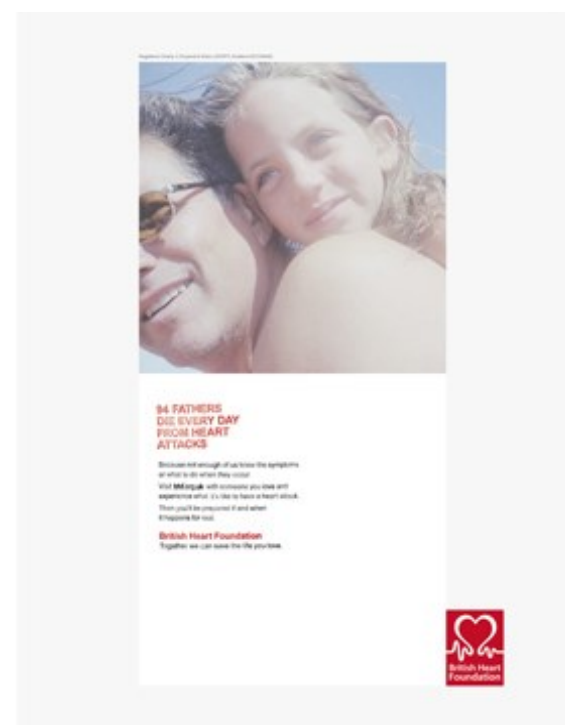
Invitation	Event	Repeat
Announcement of date and time + celebrity endorsement; washroom posters (pubs cinemas, shopping malls); national press; radio; online; ITV trailers; email and Facebook reminders Objective: to deliver as many engaged viewers as possible - watching together Dates: 28th July - 10th August	Two minute film Objective: to simulate the range of symptoms of a heart attack for those watching Date: 10th August	Film made available to public online, and to health organisations in various forms Objective: to maximise the educational effects of the film Dates: 28th July - present

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The invitation phase invited people to watch 'the most important two minutes of TV you'll ever see'. Posters were simple announcements; in film and radio, celebrities like David Cameron and Chris Tarrant lent a sense of scale. People could also request reminders through Facebook and via email.

<http://www.bhf.org.uk/heart-health/conditions/heart-attack.aspx>



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Activity

Analysing the strategy

- How was the key message of the campaign determined?
- What sort of audience strategies did the agency deploy to ensure the campaign was effective?
- If you were in charge of this campaign, what evidence might you look for to measure the success of this campaign?

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MEASURING THE SUCCESS OF THE CAMPAIGN

Grey London employed a number of techniques to measure the success of the campaign. There were two key areas that they needed to measure in order to determine whether it was successful.

1. Whether the communications model worked. Did people watch the film? And more importantly, did they remember it?
2. Was patient delay reduced?
Explore some of the evidence by which Grey evaluated the success of the campaign.

MEASURING THE SUCCESS OF THE COMMUNICATIONS MODEL

Grey London commissioned the Broadcasters' Audience Research Board (BARB) to monitor the different phases of the campaign.

Minute-by-minute BARB data indicates that 6.07m people (or about 13% of the adult population) watched the film.¹ Tracking data indicates 17% recall among all adults.²

This suggests that everyone who saw it remembered it – including an estimated 3.2m of our 45+ C1C2D target audience.³

Furthermore, our invitation phase played a part in delivering that audience. Tracking data shows that 38% of viewers in the target audience had planned to watch the ad.

In addition, 10,000 requested email or text reminders from 2minutes.org.uk. And to date, the film has been watched 370,000 times on 2minutes.org.uk and 75,000 times on YouTube.

1. BARB, minute-to-minute data for all adults watching ITV1 between 9.16pm and 9.18pm
2. Hall and Partners Healthcare, Understanding the effectiveness of the BHF Chest Pains Campaign 2008, PostWave 1 debrief (September 2008)
3. Based on number of 45+ C1C2D adults in TGI

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This suggests that all three phases of the communications model worked as intended.

Invitation	Event	Repeat
Announcement of date and time + celebrity endorsement; washroom posters (pubs cinemas, shopping malls); national press; radio; online; ITV trailers; email and Facebook reminders Objective: to deliver as many engaged viewers as possible - watching together Dates: 28th July - 10th August	Two minute film Objective: to simulate the range of symptoms of a heart attack for those watching Date: 10th August	Film made available to public online, and to health organisations in various forms Objective: to maximise the educational effects of the film Dates: 28th July - present
Results: 6m viewers; 38% had planned to watch event; 10,000 reminders requested	Results: 17% awareness (21% of target audience); awareness of <i>range</i> of symptoms improved; relevance and understanding improved	Results: 370,000 viewings on 2minutes.org.uk; 75,000 on YouTube; film used by 5000 HeartStart community groups, 20 first aid trainers, London Ambulance service

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Was the patient delay reduced? - Immediate measures

The aim was to reduce the delay between patients having a heart attack and an ambulance being called. The marketing agency identified three immediate objectives to measure this and commissioned Hall and Partners Healthcare to measure the effectiveness of the campaign among a national audience and the target audience (C1C2D Adults aged 45+).

Immediate objectives:

- Awareness, Knowledge and Understanding
- Relevance
- Motivate People to Take Action

Activity

Examine some of the data produced by Hall and Partners using various tools. While using them think about how these tools use different learning techniques and how you could apply them to the learning objectives you might be setting for your students. When might it be appropriate to use them and in what circumstances?

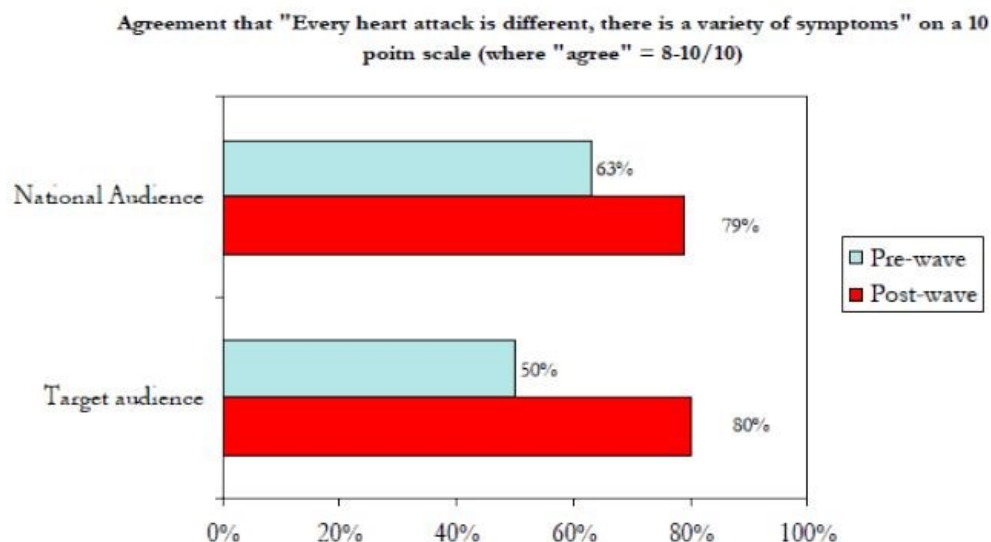
This activity uses a questionnaire to determine understanding of information drawn from the data. A questionnaire enables you to collect responses at anytime and does not allow students to communicate while completing the activity. Most questionnaire tools will give the option to allow students to view the responses given individually or by the group or not.

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Questionnaire: Awareness, Knowledge and Understanding

1. The audience were asked on a 10 point scale (where 8 to 10 = agreement) whether they agreed with the statement, "Every heart attack is different, there are a variety symptoms".



Looking at the graph, which of these statements would you say was true?

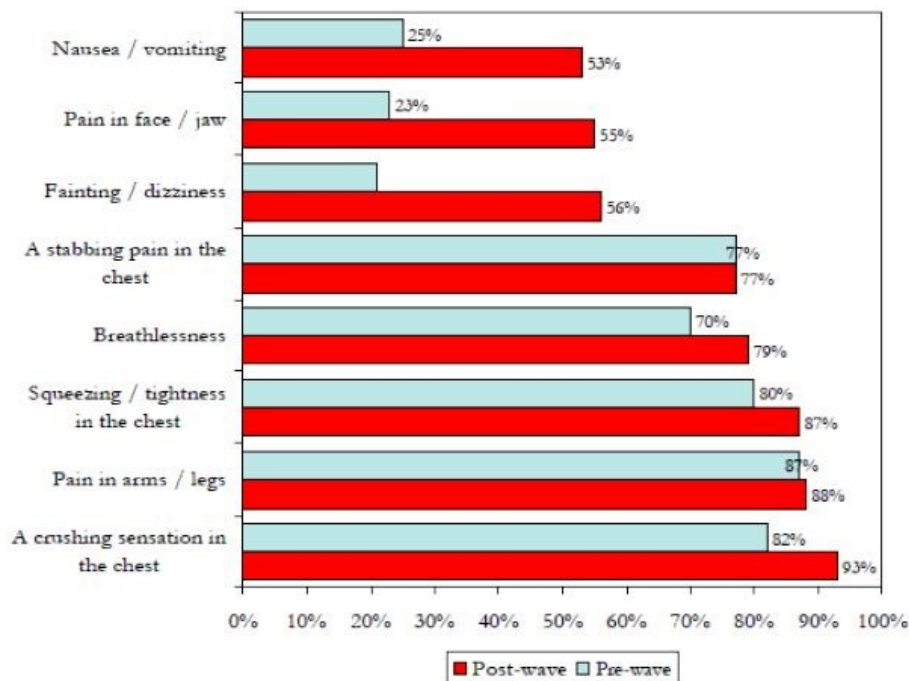
- 1 out of 5 of those who saw the film understood there's more to heart attacks than just chest pains
- 2 out of 5 of those who saw the film understood there's more to heart attacks than just chest pains
- 3 out of 5 of those who saw the film understood there's more to heart attacks than just chest pains
- 4 out of 5 of those who saw the film understood there's more to heart attacks than just chest pains
- 5 out of 5 of those who saw the film understood there's more to heart attacks than just chest pains

No answer

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2. This graph shows pre and post wave awareness and knowledge by the audience of the various symptoms of a heart attack shown in the film.



What conclusions do you draw from about the effectiveness of the film in contributing to the audience's awareness, knowledge and understanding of the symptoms of a heart attack as a result of watching the film?

Did the campaign have an actual effect on reducing the patient delay?

The film clearly achieved its communications objectives, but did this strategy reduce patient delay, and achieve the primary objective? That of saving lives and improving the quality of life amongst those experiencing heart attacks by reducing the pain to call time.

The effectiveness of a campaign can only really be measured in terms of producing change for the client. The agency needed to gather data on any potential affect, and whether they could attribute this to their campaign.

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RESULTS: PATIENT DELAY

MINAP data for Q3 2008 shows that pain-to-call time fell to 53 minutes, its lowest level since 2005 during the campaign, and was two and a half minutes lower for the second half of 2008 than for the average of previous years.¹

Furthermore, those slowest to call delayed even less. This is important because these sufferers are often the ones experiencing the 'less acute' (though no less dangerous) symptoms of which awareness was lowest.

	Average for all cases	Average for slowest quartile
Average national pain-to-call time, 2006 - Q2 2008	57 minutes	129.5 minutes
Average pain-to-call time since campaign (H2 2008)	54.5 minutes	125 minutes
Drop in pain-to-call time after campaign	2.5 minutes	4.5 minutes

Two-and-a-half minutes doesn't sound much. But as we will show, every minute saved is vital.

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ATTRIBUTING REDUCED PATIENT DELAY TO OUR CAMPAIGN

MINAP data offers us no way of explicitly demonstrating causality; for example by asking whether advertising caused them to know they were having a heart attack.

But based on research so far, we can logically conclude that our campaign is likely to have played a major part in the reduction of pain-to-call time:

1. We know that 'in almost all cases', patient delay is caused by lack of understanding of heart attack symptoms – by patients thinking symptoms 'would go away or ... were not serious'
2. We know that our campaign caused a significant and sustained uplift in awareness and understanding of the range of symptoms in specific terms.
3. We also know that our campaign caused an uplift in people finding out more information about heart attacks
4. We would therefore expect our campaign to have reduced patient delay
5. We know that, at the same time as the increase in awareness and understanding caused by our campaign, there was a decrease in patient delay as people called 999 faster.

We also know that there was no other activity that was likely to have caused this decrease. There were:

- no other concurrent communications campaigns
- no high-profile deaths from heart attack, either fictional or real
- no uplifts in news coverage of heart attacks¹

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4. Moving Forward Classroom Activity

Using the resources provided in this course and any other relevant resources you may identify, draw up a plan to introduce the concept of a Campaign to your students.

Think about:

- What type of campaign, awareness raising (British Heart Foundation) or product related (Lynx), would best engage your students?
- How you are going to introduce the topic eg. which media might you use?
- How you are going to get over key ideas with regard to a campaign?
- What sort of learning styles will you be encouraging?
- What sort of resources will you need, eg. will you try online tools and provide guidance and structure using your school's VLE / Learning Platform?
- What sort of learning activities might you set for your students both in school and out of school?

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Links

The images and commercials used in this resource have been selected to illustrate the main points of the text.

Digital advertising images and TV commercial footage can be supplied by HAT on almost any theme at reasonable prices. You may wish to browse through HAT's [online catalogue](#) for more ideas and inspiration.

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