

## BRIDGING THE CHASM BETWEEN AWARENESS AND ACTION

Effective DTC marketing requires something more than awareness. With pharma brands, we are often asking our target audience to face their morbidity.

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FACEBOOK. FLICKR. TWITTER. FOURSQUARE. YOUTUBE. MYTUBE—HER TUBE—HIS TUBE. With all the chatter about new channels today, don't you wish someone would change the channel? While there's reason to be excited about reaching consumers through a variety of new and targeted channels, the bigger question remains how to turn awareness and education into action.

For over a decade, DTC marketers have effectively generated awareness about disease states and specific products (not a big surprise when you consider that over \$25 billion has been spent in the category against these initiatives). While awareness of prescription medications continues to climb, and brands like Lipitor, Ambien, and Viagra permeate popular culture and cocktail party conversation, action remains relatively flat for the DTC category. In fact, according to *Prevention* magazine, only about one-third of people take action as a result of seeing information about a disease state or specific product. In a category where manufacturers are offering life-altering and potentially lifesaving therapies, the big question is: What's holding them back?

Simply put: Awareness does not equal action. And new media cannot promise motivation—particularly not in this category. Effective DTC marketing requires something more.

Some time ago, I set out to better understand the disparity between awareness and action in the healthcare space and to establish a new construct for communications aimed at changing this dynamic. Toward this end, I collaborated with two prominent behaviorists: Dr. Stephen Grinstead, Senior Consultant Trainer for the Gorski-Cenaps Corporation, and John Norcross, co-developer of the well-known and widely used Norcross, Prochaska, DiClemente Six Stage Behavior Change model. Both of these experts are highly recognized for their contributions in creating effective and sustainable behavior change models and programs.

Together we reviewed countless DTC campaigns (both big and small), as well as a range of communication channels and case studies across therapeutic categories. We arrived at three critical conclusions: 1) Healthcare issues and messaging tap into a deeper, subconscious emotional layer which impacts the awareness to action ratio.

2) Many marketers are wrongly using a packaged goods approach and mentality to create and evaluate effective DTC promotion.

3) Healthcare messaging, while designed to offer life-altering and potentially lifesaving improvements, can trigger a series of automatic defense mechanisms in the unconscious mind of patients, called "resistance patterns." These patterns often overlap, and when they work together, can short-circuit the intended buying process and significantly impact pull-through conversion rates. When rolled up together, these resistance patterns lead to a phenomenon known as "magical thinking"—the little fantasies and stories that we tell ourselves to avoid dealing with a health-related problem (aka taking action). How many of us are guilty of this kind of behavior?

It seems logical that when prospects are presented with the opportunity to treat or even improve their health, they would not just walk but run toward a given solution. However, unlike most packaged goods products where the risk is low, the experience is positive, and the outcome offers some level of immediate gratification, in the case of healthcare messaging and marketing to consumers, we are often asking our target

### Some Typical Patterns



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audience to face their morbidity and mortality. For many, the marketer's unique information or product "offer" is centered around learning about a new condition and drives diagnosis for a problem that sufferers may not even be aware that they have. What's more, for those patients who are aware of their condition, our pitch is often seen as a daily reminder of a compromised quality of life. So when you consider these factors, is it surprising that while awareness may be high in the category, patients are resistant to change and action is relatively low?

### TURNING AWARENESS INTO ACTION

To succeed in the consumer space, marketers must have the ability to create real behavior change. Implementing this starts with understanding and identifying resistance patterns and addressing them to change the way people think about their healthcare problems and conditions. This is known as "cognitive reconstruction" and is rooted in a theory which operates on the premise that how we think impacts how we feel, and how we feel impacts how or whether we act.

### TURNING THEORY INTO REALITY

It's one thing to understand what behavior the communications challenge; it's another thing to fix it. When my colleagues and I delved deeper into cognitive theory and its role in creating behavior change, it became abundantly clear that we were on to something very plausible in relation to what was creating the chasm between awareness and action. We also recognized that if marketers could successfully apply the principles of cognitive reconstruction, it could lead to positive action and improved health outcomes.

### Cognitive Reconstruction Is Grounded in Five Principles

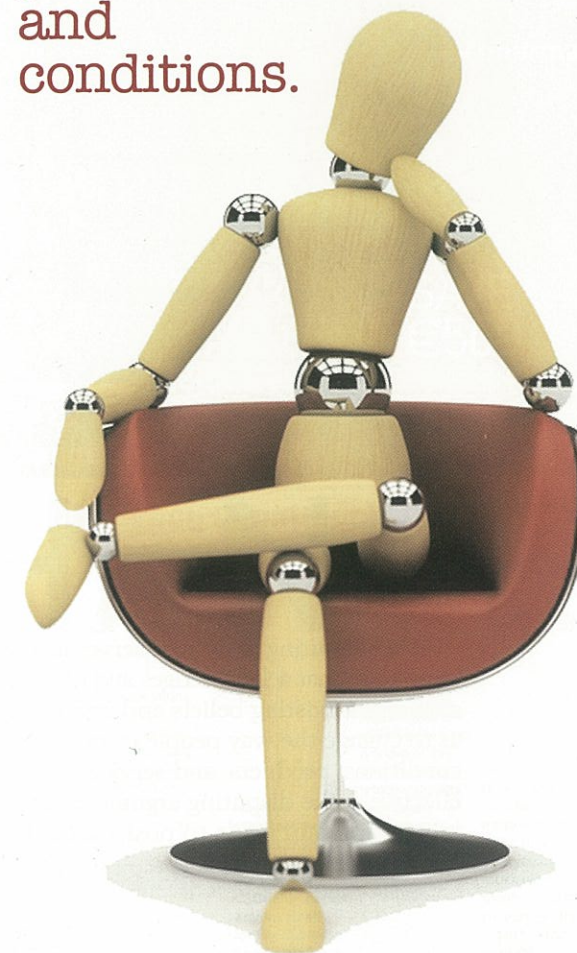
- Identifying Resistance
- Challenging Beliefs
- Reframing Thought Process
- Choosing a Different Response
- Changing Behavior

Our mission now was to bridge that gap and create a process for more effective communications. To do this, we turned to a proven cognitive method and set of tools used to drive behavior change. This process is commonly used in Rational, Emotive Behavioral Therapy (REBT) and is specifically designed to unlock, challenge, and reframe a consumer's thought process to drive action and ensure a positive outcome. This is where the rubber meets the road and leads to more effective communication.

### ACTIVATING EVENTS, BELIEFS, AND CONSEQUENCES

REBT starts by understanding what the common activating events are that trigger resistance in a target population. For instance, among patients with diabetes, we have learned that a powerful activating event happens right at the point

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of diagnosis and can result in resistance and inertia. While a diagnosis can be outwardly disconcerting and even shocking to patients, bringing about promises of “turning over a new leaf,” many of these patients are inwardly resigned to their condition and quickly fall back to their learned beliefs and behaviors. This resistance to change is rooted in helplessness and hopelessness, with many patients believing that this is the “cross they have to bear” given their family history and cultural influences. The consequences of this thinking are a clear lack of urgency to treat and a lack of compliance with medications. This failure leads to a rapidly progressing condition with a high degree of mortality and comorbidity.

The ability to understand activating events and resistance patterns takes more than your typical battery of questions in a focus group. It requires rigor and the expertise of a trained behaviorist skilled at asking the right questions and applying the right methods to unearth the unconscious and true inner feelings; i.e., to understand the difference between what is said and what is felt.

Once we’ve better understood the activating event, beliefs, and consequences of those beliefs, we can structure the disputing argument.

### “ABC” Analysis

**A = Activating Event**

Stimulus that awakens you to the problem and triggers resistance

**B = Beliefs**

What do you believe about the activating events: self-enhancing and self-defeating beliefs? What is your resistance to taking action?

**C = Consequences**

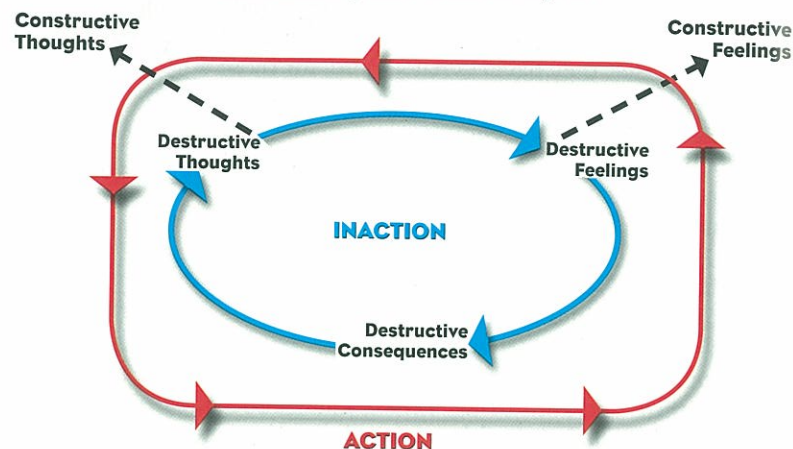
What are the consequences of these beliefs?

**D = Disputing Argument**

The disputing argument serves as the information or promise that acknowledges and directly or indirectly challenges existing beliefs and resistance patterns so as to change the way people think about healthcare conditions, products, and services. When served up effectively, the disputing argument turns awareness into action and leads to positive consequences and better health outcomes.

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### Breaking the Belief Cycle



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### CASE STUDY

In 2007, Cord Blood Registry (Cbr) needed to solve a key business issue that centered around a potential lifesaving procedure; namely, the ability to harvest umbilical cord stem cells. This procedure costs less than \$1,500 and has the potential to save a child’s life. Additionally, the harvested stem cells can be used for other family members and have been

proven to treat over 50 life-limiting conditions, with more being discovered every day.

Despite an aggressive marketing effort and mountains of awareness and positivity around the company’s innovative technology that would easily and cost-effectively enable moms-to-be to sign up for this procedure, less than a third of them did so. Cbr, which pioneered this technology, was aware that competitors were making inroads and were eager to turn awareness into action and increase market share.

Relying on cognitive reconstruction, the agency enrolled a behavioral psychologist with an expertise in art hypnotherapy to crack the conundrum. While the company was considering rebate and discount pro-

grams, it was clear to the agency that much more was going on below the surface, and the key was probing deeper into the psyche of these women.

One of the most noticeable disconnects was in these women’s perception of value: While they were driving Range Rovers and carrying \$1,500 handbags, they felt that \$1,500 was too much to spend on a simple, 10-minute, potentially lifesaving procedure.



The behaviorist believed it would be difficult to get a true read on their innermost feelings about cord blood banking with a traditional focus group because he believed what might be said would be different than what was actually felt. This was reinforced by the fact that while women could admit that banking was a good idea, they couldn't clearly express or understand their own resistance to taking action.

To uncover their objections, the behaviorist put them into a "relaxed" state using imaginative therapy techniques. The women were taken on a journey, going all the way back to the point when they were presented with the option of banking their child's cord blood. And this is when it got really interesting. Using projective techniques such as drawing, painting, and collage, these women created archetypes and images that suggested that they had been "severed," "cut off," or "violated." Many even drew portraits of themselves under attack. Through discussion and interpretation, Cbr learned that these women felt consumed, both physically and emotionally, during their pregnancy. What's more, as their pregnancy progressed, they gradually shut down messaging, particularly from products and services that dealt with sickness and disease that could potentially affect their future child. This insight helped identify the activating event (pregnancy) and the resistance patterns (growing deaf to specific kinds of messaging) that had to be removed to be successful in generating buy-in from these women.

The implications of this learning were far-reaching in both strategy and execution. Cbr recognized the third trimester as an activating event that shut down receptivity. As a result, it shifted its media dollars into the first trimester, when pregnant women were more open to messaging. This also broke down their resistance to and beliefs about Cbr and cord blood banking, moving the story from sickness to wellness and from fear to hope, culminating in a powerful brand essence and position: The Birth of Possibilities.

This campaign outperformed the company's previous work across all key measures and turned awareness into action (with increased enrollments).

**To move people forward, we need to identify the resistance and work to reframe the corresponding negative beliefs and consequences.**



THE LIFE ANNIE TIGHE SAVED TURNED OUT TO BE HER OWN.

When she was just four, Annie underwent chemotherapy for a life-threatening blood disorder. She lost her hair, but not her hope. Fortunately, her parents had the foresight to bank her umbilical cord blood stem cells at birth. They believed in the science of stem cells, which are already being used to treat nearly 70 diseases. Annie's cord blood saved her life. Because like every child, she had this superpower on the day she was born.

Watch Annie's story at [cordblood.com](http://cordblood.com). And learn why Cord Blood Registry® is the cord blood bank OB/GYNs recommend most. Save your baby's cord blood. If you choose not to, try to donate it. It's too precious to waste.

Call 1 888-588-3357 or visit [cordblood.com](http://cordblood.com)

In addition to current uses, new medical applications for cord blood stem cells are being discovered rapidly. However, banking cord blood does not guarantee the cells will provide a cure or be applicable for every situation. © Cbr Systems, Inc. 10/07 10/07/07



## MOTIVATING ACTION

By the end of 2010, over \$30 billion will have been spent by healthcare marketers trying to reach and engage consumers to action. While we can shift media dollars, introduce new media channels and segment populations until we're purple, what's needed first and foremost is effective communication that recognizes that healthcare marketing is different from product marketing. Effective messaging taps into a deeper emotional layer and unblocks unconscious resistance patterns that create inertia. To move people forward, we need to identify the resistance and work to reframe the corresponding negative beliefs and consequences. Through cognitive reconstruction and a powerful disputing argument, we can change the way people think, feel, and act. While this has the benefit of driving greater ROI, more importantly, it leads to positive consequences and better health outcomes for patients and the public at large. ○



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