

# *In a Heartbeat ACE AMI Community Outreach*

## Marketing Immersion Meeting, March 30, 2007

### Meeting Objectives

- Review goals of *In a Heartbeat ACE* to define AMI community outreach from a marketing perspective
- Explain opportunities for use of viral marketing and the associated pros and cons for state wide outreach
- Establish the basis for Ethos to create a proposal with options that address the goals of *In a Heartbeat ACE* outreach

### Agenda

- 10 – 10:15      Brief Review of Community Outreach Goal
- 10:15 – 10:35    Viral Marketing Exploration
- 10:35 - 11      Target Audience
  - Demographics
  - Attitudes
  - Barriers
  - Benefits
- 11 – 11:20      Key Messages
- 11:20 – 11:45    Brainstorm Possible Outreach Tactics
- 11:45 - noon     Timeframe & Measuring Success

### COMMUNITY OUTREACH GOAL

- Recognize signs and symptoms of heart attack and call 911 first
- Vision is that in the future, everyone recognizes the symptoms of STEMI and calls 911 quickly.

### COMMUNITY OUTREACH AND ACTIVATION STRATEGY

- Target high risk populations and their family, friends and co-workers
- Develop a set of consistent messages that can be delivered statewide.
- Work with EMS, medical professionals, community, advocacy and social groups to:
  - Increase awareness of AMI symptoms.
  - Increase awareness of differences in symptoms between men and women.
  - Increase the number of symptomatic patients calling 911

- o Decrease time from presence of symptoms to calling 911

### **Attendees:**

Dona Forke, Healthy Options Together (needs to leave at 11:30)  
Carrie Hanlon, MQF  
Danielle Louder, Maine Cardiovascular Health Program  
Chris McCarthy, MQF  
Cynthia Pernice, MaineHealth  
Debra Wigand, Maine Cardiovascular Health Program (workgroup chair)  
Kim Laramy, Ethos  
Will Plumley, Ethos

## **Flip Charts**

### **Outreach Goal**

Coordinate a statewide approach  
About all heart attacks  
-“Core”/background is STEMI  
“STEMI” not public language  
STEMI – specific tactics best left to providers  
J. Doe – “You do your job (recognize & call 911) & we (Providers) will do ours.”  
Current events may make this program more urgent  
-News stories will confuse people on best practices  
-creating apathy  
-mixed messages

### **Viral Marketing**

Uncertain if this is appropriate  
Can be low budget  
Seeking an alternative to communications methods that do not lead to sustainable behavior change  
Desire – “sticky messages”  
Viral marketing can be part of social marketing  
Keys to success:  
-simple messages  
-easy to remember & convey  
Still need Key Message set  
Cons:  
-You have little control over distribution  
-Target Audience least likely to have Internet access  
-Not geographic

-Labor intensive

Pro:

- Can be newsworthy
- Can access on demand

ACE Vision: Viral + Guerilla + Stealth marketing

-On and off the Internet

ACE members have best knowledge of where to place messages

Is it (Viral) consistent with your brand?

Brainstorm:

- E-mail senior center
- Utilize local senior networks
- Community networks
- Start with personal contacts
- Must make it trustworthy
- 15-30 second MPEG vignettes to place online
  - Snappy, catchy
  - Websites
  - E-mail
  - Community TV
- Town & Municipal websites
- Chamber of Commerce sites

## **TARGET AUDIENCE – Demographics**

High-risk population in Maine that isn't already prepared for AMI (however most still don't call 911)

Age 50+ (45+)

Men & Women

Skews lower income, lower education

Smokers

Overweight

Franco-American (high cholesterol)

Family history

Secondary Audience:

- Spouse & relatives of high-risk (key influencers)

## **TARGET AUDIENCE – Attitudes**

? (don't know)

Worried about paying for heating oil

No time to worry

Avoid what I don't know – deal with it later

Theory of behavior to segment audience

-what stage they're at

I don't have to call yet

## **TARGET AUDIENCE – Benefits**

Treatment starts when you call 911  
Increased survival  
Better chance of recovery  
Quality of life – stay alive  
Peace of mind (preparedness)  
Equipped to help loved ones

## **TARGET AUDIENCE – Barriers**

Women are in denial  
    -longer waiting period  
    -don't think they're at risk  
    -seen as "man's disease"  
Don't want to bother anyone  
Symptom confusion – men vs. women  
Think they know the symptoms – but really don't  
Symptoms may seem to be improving  
Cost & fear of cost (\$5,000 - \$7,000 roughly)  
Time cost  
Bankruptcy  
People bargain with themselves  
Fear – feel doomed  
Embarrassment  
Reluctant to ask for help – men  
Ignorance of symptoms

## **Key Messages**

Need to be “sticky”  
Don't wait – speed is muscle  
Every heart attack experience is different – know your family history  
You'll get treatment faster if you call 911  
Treat yourself – Ambulance treatment – Hospital treatment  
Treatment starts when you call 911  
EMS & Doctors have a coordinated system for you  
You do your part – we'll help from there  
The symptoms themselves  
Call 911 immediately  
Be prepared to help a loved one  
Quality of life if you act fast  
    -Don't let it disable you  
EMS wants you to call at any hour

## **Brand**

Brand is “In a Heartbeat”

- Student contest for logo

With sponsorships on pieces

## **Changing Behavior**

HARD TO DO IT!

Needs comprehensive “build” for behavior to change

Leverage other elements that exist

All work together in the state

Help people create a new intention

- Becomes a social value
- Peers share the value & respect the new norm

Make it fun, easy & popular

## **Outreach Tactics - Brainstorm**

Underway:

- Refrigerator magnet – see on MQF website
- Presentation for community – see on MQF website
- Handout/brochure – see on MQF website
- OpEds
- Heart Month PR – Gov +
- Hospital system outreach to local media
- Heartsafe decals on ambulances

Ideas:

- Personal stories of survivors, friends & family
  - Start their own blog
- Middle school i-movie competition & put online
- Involve schools
- EMS truck signage – Symptoms/Call 911
- Commercials like kids tobacco ads
- PSA
- ACE uses Google News Alert – then posts comments
- Newsletter/handout to school kids
- Enewsletter w/e-subscribers
- Statement stuffers – CMP bills, etc.
- Community TV
- Post materials in supermarkets – public places
- Guerilla tactics
  - Skit & discussion at businesses
  - Or other ways to do it

- Pickett for best practices “Know...Call”
- Go through HR departments to reach employees & retirees
- Video for Maine Health Management Coalition to distribute
- Add to Muzak
- Add to break room videos
  - i.e. “Stop, drop & roll” tagline – messaging
- Pharmacists distribute
- Print on pharmacy bags/grocery bags

## **Timeframe & Measuring Success**

1. Launch Outreach Campaign
  - Timing TBD – Maybe Fall
2. Measuring Success
  - More STEMI patients arrive at ED via EMS – in place
  - How to measure improved awareness, intent to act, & changes in the social norm – partly in place
  - Symptom onset to door – some in place
3. Ethos Proposal to ACE
  - Flip charts 4/6
  - Proposal 5/15

## **Parking Lot**

“Don’t try to diagnose yourself”

Leverage existing social structure to maximize ROI

How do we get our messages to our Target Audience?

Need tagline – what you should do

It’s a State project

Do commercial – like quitting tobacco

Budget TBD < 30k w/potential for more

- Make proposal scalable

> 50% drive to hospital

90% know, < 50% do

3-year-old calls 911 (like Onstar)

Leverage human capital more than money

Pilot May-June – testing tactics, messages

- Launch September

See MQF.gov for what hasn’t worked & research (resources)

Look at other behavior change scenarios too