Current State Assessment

A Collaborative Approach to

Health Lines Promotion and Marketing

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Making The Right CONNECTIONS

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Executive Summary

project overview

Background

In April 2004, the Multi-Jurisdictional Collaboration Committee [MJCC] with representation from the four western provincial and three territorial governments, issued an open Request For Proposal to identify and select a firm to conduct communications and marketing research into the use of Health Lines.

Andrew Hume and Associates Ltd. [AHA] was selected to conduct research into the development of a current state assessment of Health Lines and prepare recommendations relating to:

1. Collaborative marketing and communications strategies; and,
2. The identification of new business development opportunities of interest to the MJCC members.

The research was undertaken between June and September 2004.

Project Goals

Based on the brief provided by MJCC, the following goals were established:

- Increase knowledge of best practices in promotion and marketing of health lines
- Identify strategies supporting:
  - Collaboration
  - Integration
  - Partnering
  - New business/services opportunities
  - Reaching specific populations
  - Awareness/trust with health professionals

Team & methodology

AHA developed strategic partnerships with a range of experts in the area of health care and social marketing to comprise a comprehensive team to undertake the Health Lines research project.

The team brought together expertise in:

- Project management
- Research and evaluation
- Program design and business planning
- Marketing and communications
- Multi-media applications
- Advertising and media buying
- Web development and analysis
- Graphic design and production
- Report writing and editing

The strategic research elements of the project included:

On-Line Surveys:
Two online surveys were conducted:

- The first identified key contacts and information to support more in-depth research. All MJCC jurisdictions except Nunavut completed the survey.
- The second survey gathered specific information on the types of Health Lines available, strategic purposes for the use of Health Lines, marketing strategies and barriers and collaborative practices in promoting awareness and Health Line use.

Telephone Interviews:
Telephone interviews expanded the qualitative information on best practices and direct experiences in the promotion, marketing and evaluation of Health Lines.

Literature Review:
A literature review identified best practices and available evaluation studies and related information. With limited resources available specific to Health Lines, the literature review focused on a broader social marketing perspective.

Media Review:
The media review assessed the effectiveness and types of available Health Line media campaign materials and strategies, including a cost-effective analysis and the potential and opportunities for cross-jurisdictional collaborative approaches to campaigns.

Internet-based Research and Assessment:
The web review assessed overall design and navigational features to determine best practices in applications and design.

Marketing Materials Creative Assessment:
The marketing/creative assessment determined effective, applied graphic design and materials applications from a marketing perspective.

findings

A social marketing foundation

Health Lines projects are attempting to change behaviour in an area of behaviour that is likely the hardest to change. At its most fundamental level, the diagnosis and treatment of health concerns is about an individual or family's health and safety; perhaps even, in some cases, about life and death. Even if all target audiences were successfully reached with Health Lines communications, would they take the next step and place their trust in an anonymous voice at the end of the phone line, or the course of action described on a Web site? Especially when a trip to their family physician or clinic has provided a lifetime of peace-of-mind.

Under social marketing theory, the elements necessary to effect behaviour change are the 4P's:

1. **Development of a useful product:** in the case of Health Lines, this means the phone and Web services that will improve patient access, triage and care.
2. **The right price:** with Health Lines, the consumer price is the intangible – the willingness to surrender the comfort level that comes from a trip to the doctor.
3. **Effective promotion:** the message development and delivery that will generate trust in Health Lines.
4. **The right place:** the services delivered via phone, Web or related collateral materials.

In the case of Health Lines, two of the 4P's are locked:

- the Product is the Health Lines service – while new lines and business opportunities may come on board, the fundamental product of triage service will remain at the core
- the Place is the phone and Web delivery mechanisms

Our focus, therefore, is on improvements and best practices that can be incorporated into the remaining two P's – Price and Promotion.

Key findings

Based on our research carried out into these two P's as they relate to Health Lines, some key findings became apparent in existing marketing:

1 The use of Health Lines (nurse lines in particular) is increasing in importance as a fundamental change process in the delivery of self-care, and professional health practitioners and educators are recognizing their potential to improve health outcomes and empower consumers.

2 Strategic, long-term, media-based marketing/communications planning (based on a comprehensive social marketing approach with a focus on the 4P's – **product, price, promotion** and **place**) is essential for greater utilization and growth of Health Lines across jurisdictions. *Currently, strategic planning does not appear to be a cornerstone of the marketing of Health Lines.*

3 Any advancement or growth of Health Lines promotions should be preceded by comprehensive, shared market research to determine the best methods of message development and delivery.

4 A lack of resources is the primary barrier identified to effectively planning and implementing the marketing and promotion of Health Lines.

5 Innovative, consumer-focused strategies are being developed by some jurisdictions to extend audience reach – made sustainable by incorporating private sector sponsorship and advertising to off-set development, production and distribution costs.

6 Health Lines vary in design and function from one jurisdiction to another and there is no evidence of integration of these Health Lines amongst the jurisdictions reviewed for this report.

7 Communications technologies provide strategic opportunities for more collaborative planning, execution and sharing of core resources in the promotion and marketing of Health Lines.

8 Very little marketing and promotion evaluation of Health Lines exists that jurisdictions can draw from in making longer-term strategic decisions and budgetary allocations.

9 There is a tendency to focus on the need for expanding promotional reach to audiences that have proven challenging to communicate with; however, greater utilization may be achieved by focusing instead on females within all audiences, as they tend to be early adopters and greater users of health care in general, and Health Lines specifically.

10 Although most jurisdictions provide multi-language services reflective of demographics as part of their Health Lines, little has been done to market or promote these services to the intended audiences.

11 The most successful marketing and promotion of Health Lines include strategic links, integration and cross-branding with various public information and access points.

12 The majority of provincial and regional health related Web sites reviewed as part of this project, fall short of achieving best practices in their design and positioning on the Internet thus limiting their ability to create a strong functional connection with the public.

13 Marketing and promotion activities in each jurisdiction suggest a heavy emphasis on the production of print materials. However, without effective brand development and promotion, these items are often ineffective in influencing consumers and are, at best, reminders for the "converted".

14 Multi-jurisdictional collaboration and partnership development present significant opportunities for achieving cost-effective and strategically positioned Health Lines marketing.

recommendations

A Strategic Approach to Health Lines Promotion

To move towards answering the challenges described above (and staying within the context of the 2P's Promotion and Price), a three-pronged strategic and collaborative approach is being recommended:

A. Leveraging existing knowledge
B. Leveraging project development opportunities
C. Leveraging the Health Line brand

In turn, these action areas support three primary goals:

- **Improved collaborative communications strategies**
  Ongoing sharing of ideas, information and best practices to maximize Health Lines efficiencies in each jurisdiction.
- **Improved jurisdictional communications planning**
  The collaborative planning processes engaged in creating a strategic framework (research, messages, key communications tools) from which jurisdictions can flesh out their individual plans.
- **Developing Health Lines partnership potential**
  Reaching out and involving external partners is important in expanding the Health Lines reach to more of the target audiences.

A Leveraging existing knowledge

Recommendation 1

Establish a standing agreement amongst MJCC member organizations to provide access to and permit use of Health Lines knowledge and information for the purposes of promoting Health Lines.

Key Benefits:
- A unified strategy
- Design and production economies
- Content continuity
- Materials continuity across jurisdictions

Key Challenges:
- Core messaging differences
- Sourcing materials from jurisdictions

Recommendation 2

Establish a Content Management System – an electronic resource library of Health Lines knowledge and information that is accessible by all members of the MJCC and approved team members.

Key Benefits:
- Effective knowledge management
- Technology capacity
- Materials continuity across jurisdictions

Key Challenges:
- Sourcing original material for posting on site
- Site maintenance requires resource dedication
- Posting new information on a timely basis

Recommendation 3

Establish an MJCC shared, Web-based one-stop-shop print solution through a single supplier. The process could include the development of standardized online templates for a variety of print-related materials. The online resource centre can enable individual jurisdictions to develop and insert their own content and initiate a direct online print order with the supplier.

Key Benefits:
- Ease of access
- Customizability, scalability and flexibility
- Regional control over content and branding
- Cost savings
- Standardized design templates
- Resource maintenance
- Individualized invoicing for print orders

Key Challenges:

- Development and issuance of a shared Request For Proposal to set up and manage the system
- Agreement on a preferred supplier [e.g. some regional purchasing policies may restrict options]
- More complicated and time-consuming distribution

Recommendation 4

The MJCC should develop a discussion paper to facilitate dialogue with NGO's and regional health authorities to explore the feasibility of enhanced linkages and direct call transfer capabilities between various Health Lines.

Key Benefits.

- Maintains focus on value of continuing collaborative practices
- Shows leadership position for MJCC
- Opens/sustains dialogue

Key Challenges

- Initiative crosses some provincial and regional health jurisdictional lines
- Infrastructure and technology costs

Recommendation 5

Develop a regional or national conference on Health Lines bringing together researchers, program operators, communication professionals and professional stakeholders to convene presentations and discussions on Health Lines including but not limited to:

- Program evaluation research
- Marketing
- Recruitment and retention
- Technology
- Knowledge sources

Key Benefits:

- Professional Community: would assist in identifying and unifying the community of professionals interested and involved in the development of self care strategies.
- Stakeholder Education: would provide a platform and venue for inviting key stakeholder groups to participate and learn about the value of Health Lines.

Key Challenges:

- Start up: first time conferences require additional resources to develop and promote the conference that can be considerable. Organization and promotion, including the conference coordinator, if contracted outside the jurisdictions: $75,000-$100,000.
- Competition: potential participants are already presented with a wide array of topics and professional conference opportunities each year that would impact the participation level for a new, unproven conference.

2 Leveraging project development

Recommendation 6

To offset the cost of producing expensive materials for advertising such as posters and brochures, share generic resources across jurisdictions that can be easily adapted for specific communities. Program names, phone number, logos and sponsoring organization information could be added by each jurisdiction to the core materials.

Key Benefits:

- A unified strategy
- Design and production economies
- Content continuity
- Materials continuity across jurisdictions

Key Challenges:

- Collaboration i.e. approvals
- Existing brand equity potentially compromised
- Core messaging differences
- Ability to meet diverse needs
- Language usage

Recommendation 7

Identify the similarities across jurisdictions in types of population groups, [e.g. as defined by geography, demographic profile or disease/illness based] and create a generic promotional strategy to be used by all jurisdictions.

Key Benefits:

- A unified strategy
- Design and production economies
- Content continuity

Key challenges include achieving consensus on:

- Audiences
- Concept and design
- Appropriate funding, cost-sharing formula and long term commitment
- Ability to meet diverse needs
- Language usage issues

Recommendation 8

Investigate the health magazine concept as an opportunity for the MJCC to collaborate on a significant public health information project with potential for significant stakeholder and private sector involvement.

Key Benefits:

- A unified strategy
- Reinforced branding opportunities
- Increased brand recognition
- Public endorsement by professional partner groups [e.g. physicians]
- Design and production economies
- Content continuity [e.g. ability to address and change population health issues on a broader scale]

Key Challenges include achieving consensus on:

- Concept and design
- Appropriate funding, cost-sharing formula and long term commitment
- Standard editorial content for the centre or core section
- A publishing schedule/calendar
- Ability to meet diverse needs
- Language usage

Recommendation 9

Investigate the promotion of Health Lines through the workplace as a means of program promotion.

Key Benefits:

- Expands service to work sector
- Enhanced service for employers/employees
- Bridges gap between family and work
- Reinforces value of Health Lines services
- Contributes to healthier workforce
- Contributes to reduced absenteeism and presenteeism

Key Challenges:

- Achieving inter-provincial consensus on strategy and principles
- Implementation coordination
- Start-up funding for promotion of strategy
- Ongoing evaluation

3 Leveraging the Health Line brand

Recommendation 10

Jointly select a market research firm capable of conducting research across all seven jurisdictions in order to carry out comprehensive quantitative and qualitative research to fuel the communications planning processes.

Key Benefits:

- Shared knowledge
- Consistent evidence for decision making
- Cost effectiveness
- Consistent evaluation benchmarks
- Improved accountability

Key Challenges:

- Cross jurisdictional coordination and funding
- Willingness to engage in comparative analysis
- Variable goals, public health factors [e.g. disease illness priorities] and key target audiences

Recommendation 11

Develop a unified approach to communications that ensures consistent messaging, maximizes available resources for marketing and promotions and provides a strong base for leveraging partnerships.

Key Benefits:

- Continuity in reinforcing key messages
- Cost effectiveness
- Contributes to ongoing best practices
- Leverages collective strengths

Key Challenges:

- Cost sharing/funding agreement
- Ability to meet variable provincial/regional health needs
- Achieving consensus on key messages etc.

Recommendation 12

MJCC members should agree on a standardized set of objectives or purpose statements supporting the use of Health Lines. Harmonizing a set of commonly stated goals will help to focus a more unified approach to marketing and communications.

Key Benefits:

- Continuity and consistency
- Improved evaluation standards

Key Challenges:

- Variable priorities/needs
- Variable funding realities
- Ability to achieve consensus

Recommendation 13

Establish a standard set of evaluation benchmarks to enable better comparative analysis between jurisdictions on the effectiveness of Health Lines in meeting desired outcomes.

Key Benefits:

- Improved comparative analysis
- Cost effectiveness [e.g. simultaneous evaluations across several jurisdictions]
- Improved accountability

Key Challenges:

- Consensus on benchmarks
- Program variability between jurisdictions
- Consensus on desired outcomes

Recommendation 14

The MJCC should investigate with the Canadian Radio and Television Commission the feasibility of having a priority three-digit phone number (e.g. 311) registered and reserved for public health inquiries.

Key Benefits:

- Maximizes top-of-mind recall for consumers
- Improved utilization due to ease of recall
- Establishes/maintains brand positioning
- Enables harmonized marketing strategies
- Cost effectiveness [promotion]

Key Challenges:

- Meeting CRTC requirements for application
- Coordination/consensus with other provinces
- Technology infrastructure and systems
- Implementation costs

Recommendation 15

Develop a MJCC consumer oriented Healthe-zine Web presence that promotes the concept, benefits and services available from the Health Lines services as well as public health information.

Key Benefits:

- Message/promotion continuity/consistency
- Cost effectiveness
- Shared technology solutions
- Strategic reinforcement of key consumer information

Key Challenges:

- Consensus on editorial content and design
- Consensus on editorial schedule/calendar
- Cost sharing/joint funding agreement
- Updating, maintenance and management agreement

Recommendation 16

Develop a partnership strategy for engaging public and private sector organizations with Health Lines that can be implemented by MJCC members individually or as a group providing different levels of partnering based on needs and achievability.

Key Benefits:

- Continuity and consistency in approach
- Standard approach improves credibility of process
- Cost effectiveness
- Maximizes potential for major stakeholder partnership buy-in

Key Challenges:

- Achieving consensus on strategy and partnership levels
- Consistent application of processes
- Harmonization with jurisdictional P3 policies and protocols

Recommendation 17

Develop a focused strategy for marketing Health Lines targeting women across all audience groups using television advertising.

Key Benefits:

- Focuses on known high users and early adopters [key health care decision makers]
- Consistent application of most effective media
- Cost effectiveness [assuming joint development strategy re: media production costs]

Key Challenges:

- Consensus on target audience
- Consensus on standardized key messages and TV ad content/design
- Consensus on willingness for harmonized look and messaging

Recommendation 18

Explore the feasibility of amalgamating key Health Lines into a single customer focused Health Line Service

Key Benefits:

- Consumer friendly: one number for all services
- Cost effectiveness (multiple systems for multiple lines eliminated)

Key Challenges:

- Ownership: willingness of other organizations to partner
- Funding: development of a funding formula to enable the transfer of portions of current funding to a single Health Line service

Final Report to the Multi-Jurisdictional Collaboration Committee

project overview

Background

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1. **Collaborative marketing and communications strategies; and,**

2. **The identification of new business development opportunities.**

The research was undertaken between June and September 2004.

Team & methodology

AHA developed strategic partnerships with a range of experts in the area of health care and social marketing to comprise a comprehensive team to undertake the Health Lines research project. [See Appendix 'G']

The team included expertise in:

- Project management;
- Research and evaluation;
- Program design and business planning;
- Marketing and communications;
- Multi-media applications;
- Advertising and media buying;
- Web development and analysis;
- Graphic design and production; and
- Report writing and editing.

The strategic research elements of the project included:

On-Line Surveys: Two online surveys were conducted:

- The first survey included MJCC members to identify key contacts and information to support more in-depth research. All MJCC jurisdictions except Nunavut completed the survey.

- A second online survey was distributed to 42 individuals identified by MJCC members and other sources representing people who have direct knowledge or experience with the management, delivery, marketing/promotion or evaluation of Health Line or nurse line services and programs. The survey had a 38 percent response rate and gathered specific information on the types of Health Lines available, strategic purposes for the use of Health Lines, marketing strategies and barriers and collaborative practices in promoting awareness and Health Line use. [See Appendix 'A']

Telephone Interviews: One-on-one telephone interviews with key informants identified by MJCC members and other sources, provided a qualitative evaluation of the functional operation and marketing of Health Lines. A total of 16 interviews were conducted to expand the

qualitative information on best practices and direct experiences in the promotion, marketing and evaluation of Health Lines. [See Appendix 'B']

Literature Review: A literature review was conducted to identify best practices and available evaluation studies and related information. This included a review of print-based studies, reports and articles as well as literature available on-line. With limited sources specific to Health Lines, the literature review focused on a broader social marketing perspective. [See Appendix 'C']

Media Review: A media review was undertaken to assess the effectiveness and types of available Health Line media campaign materials and strategies, including a cost-effective analysis and the potential and opportunities for cross-jurisdictional collaborative approaches to campaigns. The research also included a media planning and buying review to assess the most effective use of various media to reach specific target audiences. [See Appendix 'D']

Internet-based Research and Assessment: Internet research and assessment of health-related Web sites was undertaken to assess overall design and navigational features to determine best practices in applications and design. The Web sites were also reviewed to determine effective Health Line branding, promotion and positioning strategies and the use of out-bound and reciprocal cross-links with other health Web sites. [See Appendix 'E'. A list of reviewed Web sites can be found in Appendix 'E-1'.]

Marketing Materials Creative Assessment: A creative assessment of available Health Line marketing materials was conducted to determine effective, applied graphic design and materials applications from a marketing perspective. [See Appendix 'F']

A social marketing foundation

(Social marketing is the effective) analysis, planning, execution and evaluation of programs designed to influence the voluntary behaviour of audiences in order to improve their personal welfare and that of their society.

A.R. Andreasen
Marketing Social Change (1995)

Simply put, Andreasen's definition of social marketing is the MJCC's primary objective. If only, as the MJCC has discovered through years of experience, it were that easy.

Health Lines projects are attempting to change behaviour in an area of behaviour that is likely the hardest to change. At its most fundamental level, the diagnosis and treatment of health concerns is about an individual or family's health and safety; perhaps even, in some cases, about life and death. Even if all target audiences were successfully reached with Health Lines communications, would they take the next step and place their trust in an anonymous voice at the end of the phone line, or the course of action described on a Web site? Especially when a trip to their family physician or clinic has provided a lifetime of peace-of-mind.

If a one-line summary of this report were needed, it would emphatically state that the task ahead for the MJCC is to more cohesively engage in Andreasen's analyzing/planning/executing/evaluating recipe for social marketing. This report provides recommendations to help the MJCC proceed with that process.

Before going further, though, we would like to cover some of the social marketing theory, and how it relates to the Health Lines projects.

About social marketing

Social marketing has its roots in the 1950s where it originated from the fields of mass communications and social psychology (Rothschild, 1997). Commercial marketing technologies during the 1960s were then adapted to form health education campaigns in developing countries (MacFadyen, Stead, & Hastings, 1999).

Originally defined as "the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research" (Kotler & Zaltman, 1971, p. 5), the idea of marketing came to represent a system of transactions, exchanges, and re-enforcers (Rothschild, 1997). The subsequent two decades, the 1980s and 1990s, brought about a shift in focus, recognizing that the primary goal of marketing is behaviour change (Andreasen, 1997).

The 4P's key

If behaviour change is indeed the primary goal of social marketing, the 4P's [product, price, promotion and place] are the elements necessary to affect that behaviour change.

In marketing theory, the 4P's are known as the marketing mix – the variables that the marketing manager can control to reach the target audience:

1. **Development of a useful product:** in the case of Health Lines, this means the phone and Web services that will improve patient access, triage and care.
2. **The right price:** with Health Lines, the consumer price is the intangible – the willingness to surrender the comfort level that comes from a trip to the doctor.
3. **Effective promotion:** the message development and delivery that will generate trust in Health Lines.
4. **The right place:** the services delivered via phone, Web or related collateral materials.

4P's in the Health Lines context

In the case of Health Lines, the 4P's are inexorably linked; any weakness in one of the P's ultimately impacts the viability and effectiveness of the three remaining P's. At the same time, the linkage also means that weaknesses in each P can be compensated for by its co-elements, as we will discuss later.

Challenges in the current Health Lines' 4P's that must be addressed include:

- **Product viability**: At its core, the service (product) Health Lines offers is help – help when you have a medical question or problem. However, as Peter Drucker pointed out many years ago, "Help is defined by the recipient". With Health Lines, that is not the case; the help that has been defined by sponsoring ministries of health or health authorities may not be what large portions of the target audiences are looking for – or more to the point, familiar and comfortable with.

- **Price is a hidden issue**: It appears jurisdictions have shied away from a direct discussion around the issue of price. The key question here is: Can the promotion of Health Lines significantly expand utilization without ultimately engaging the consumer in a *direct* comparison of some kind (e.g. "Health Lines is the starting point for your health questions – no appointment or waiting necessary")?

- **Promotion and message alignment**: In most jurisdictions with Health Lines, focus is currently on the *features* of Health Lines products. For example, the Web element may focus on how many topics are featured; on the phone side, the stress is on 24/7 availability. Good messaging is complemented by some discussion of the *benefits* of using Health Lines; this is the messaging that fuels the sought-after trust and positions Health Lines as a starting point – not a replacement – for seeking medical help face-to-face.

- **The Place is unknown territory**: Perhaps the easiest way to look at this is to review the experiences of other sectors in moving away from face-to-face interaction. Banking, shopping and education have all moved onto telephone and/or online interaction, and the transition hasn't been easy. People are naturally suspicious and dubious about the efficacy, safety and security of taking those interactions to the next level. That level of caution can only be magnified when dealing with the more fundamental and important issue of personal health care.

Selecting an approach

With the 4P's in mind, researchers have outlined various general approaches to social marketing; for example, Smith (1997) segregates social marketing into four general approaches. Of these, the following two might be directions for Health Lines to take:

- An **information approach** is the most widespread social marketing strategy: It assumes that people lack the pertinent information that, once provided, would result in the desired behaviour change. This seems to be the direction that many Health Lines programs take; the emphasis tends to be on tactics (or information vehicles such as brochures, newspaper advertising, posters, etc.) rather than strategies. While it has become cliché, the *Field of Dreams* quote seems to best summarize this approach: *If we build it, they will come*. But will they?
- Our recommendation is to follow instead the **marketing approach**: a more strategic direction that focuses on brand building – on the benefits that result from an improvement in price, access, or service, and regards people as consumers, who selectively decide on products or services for consumption. This does not discount or preclude the information approach, but it supplements the tactics with a strategic foundation. It proceeds under the formula that only by successfully determining how to translate the slate of features into tangible benefits that resonate with your consumers can you build the trust that will fuel the behaviour modification sought.

Translating features into benefits...

What do we mean by this? Take the description of Nike by its former brand development executive:

"Nike could have spent millions preaching the value of encapsulated gas trapped within a thin, pliable membrane in the mid-sole of a shoe, encased by a molded foot frame and attached to a dynamic fit system. Instead, it not only simply showed the product but also communicated on a deeper, more inspirational level what the product meant within the wider world of sports and fitness. It transcended the product. It moved people."

Scott Bedbury
A New Brand World (2002)

Indeed, this was the pattern followed by the banking, commerce and education sectors alluded to earlier – their features meant little until people could relate them to how they individually would benefit. From there, trust is being developed.

This strategic approach also fits in with our earlier reference to the ability of the 4P's to compensate for weaknesses in the system. In particular, in the case of Health Lines, two of the 4P's are locked: the Product (the Health Lines service) and Place (the phone and Web delivery mechanisms) are both defined and unalterable. And both have, as described above, their own weaknesses. So the question becomes: What can Health Lines administrators do with the Price and Promotion elements to compensate for those issues and expand appropriate utilization? This question lies at the heart of the main challenge facing Health Lines, and the future direction to be taken.

The fifth "P"

The aforementioned *marketing mix* has no set formula, but we do want to raise a possible fifth P that applies nicely to the Health Lines scenario. **Partnerships** are being added to our list, and will be discussed throughout this document, as they are a crucial element of relationship marketing, where behaviour modification is a long-term investment. It is also an essential factor in the growth of Health Lines marketing, given the limited resources that exist in the public sector.

Environmental scan - key issues and challenges

Based on our research, some key trends and observations become apparent in the existing marketing of Health Lines, not only among MJCC jurisdictions, but nationally and internationally. In this section of the report, we outline those trends and observations. Recommendations for addressing these issues are contained in following sections.

These observations are also discussed within the context of the focus raised in the last section of more strategic use of two of the 4P's:

- **Promotion** – the development and delivery of messaging; and
- **Price** – the direct engagement with the consumer around what they would be giving up to utilize Health Lines.

The trust/credibility factor

This factor is the driver of the Health Lines brand: To get people to "buy in" to your product (health care delivery that is credible, safe and reliable), they must first have trust in the quality of service they are receiving. This is about their, or their family's, health and safety – from their point of view, it is not something that can be gambled on a relatively unknown and unproven health care service. As one telephone respondent succinctly put it:

"People can't see the help; there is no tongue depressor; there is no one taking a temperature."

A word or two about brand...

In the not-so-old days, the definition of brand was neatly wrapped up as being the tangibles – your product/service, logo, ads, and look and feel. Today, that can more appropriately be called your brand identity.

As Scott Bedbury, who has built both the Nike and Starbuck brands, describes, it's more like this:

"A brand is the sum of the good, the bad, the ugly, and the off-strategy. It is defined by your best product as well as your worst product. It is defined by award-winning advertising as well as by the god-awful ads that somehow slipped through the cracks... For every grand and finely worded public statement by the CEO, the brand is also defined by derisory consumer comments overheard in the hallway or in a chat room on the Internet. Brands are sponges for content, for images, for fleeting feelings. They become psychological concepts held in the minds of the public, where they may stay forever."

In the case of Health Lines, the value of trust must be communicated in everything about Health Lines.

The key question then is: What is the best approach – when it comes to message development and delivery – for convincing people of the merits and safety of the Health Lines? That taking triage advice from a Registered Nurse over the phone equates to the service received through a trip to the family doctor?

Playing the numbers game alone is risky: for example, a 2003 study of national health lines (Stacey, Noorani, Fisher, Robinson and Pong) showed caller satisfaction of call centres across jurisdictions at around 85% on average. The same report cites two other studies

that support the safety of tele-triage by call centre RNs, reporting that over 90% of calls undergo appropriate triage.

On the face of it, these are impressive *statistics*; however, are they convincing *messages*? Whether accurate or not, people tend to have an innate belief that a sit-down with their physician will lead to an accurate diagnosis or advice. In any event, that is a much more comforting option than to risk falling into the 10% group that does not receive appropriate triage through the health lines.

Similarly, in some jurisdictions, messaging included in existing advertising campaigns stress the credentials of Health Line nurses. However, telephone respondents said that often that translates to years of service *rather than* knowledge in particular specialties, such as ER, neonatal or intensive care experience. Again, which is the most convincing message? Which can help build the "trust" brand?

The issue of trust is also paramount in the Web component of Health Lines, from both a content and design perspective.

Most jurisdictions have adapted a corporate, turn-key package purchased from the United States as well as borrowing materials from other provinces. Three jurisdictions (Ontario, Alberta and New Brunswick) purchased their package from HealthLine Systems (US) and then customized it. British Columbia purchased their package from Healthwise (US), and Manitoba from Ambulatory Innovations Inc. Only Quebec developed its own protocols.

Given public perceptions and suspicions of the US health care system in Canada, can trust be engendered without clear customization at the very minimum or, optimally, a very clear and public endorsement of the content from key jurisdictional medical partners, such as doctors?

From a Web design perspective, trust is gained or lost through the ease with which a user can navigate a Health Lines Web site. Our Web review of 32 health-related Web sites revealed that ease of use is reduced through existing Web practices including:

- Making sites bureaucratic rather than consumer-oriented: the bottom line is people come to the site with a problem and expect answers, not promotion of government programs.
- Accessing the site: the Web site address should match the brand name, so that people only have to remember the latter to access the site. Similarly, the full range of Web extensions (.com, .ca, etc.) should be purchased – a person's Web experience does not include routinely trying a .org extension, for example.
- A lack of visual appeal: while governments and other public bodies tend to shy away from Web site development that might appear too "glitzy", the cost of that can be to dissuade people from engaging in your site. A compromise could, and should, be struck.
- Absence of clear channels and navigation: channels are the routes people can take in exploring your Web site. If the home page doesn't have clear channels or is too cluttered, it immediately becomes too intimidating for some of your key hard-to-reach audiences, such as seniors and ethnic groups.

The bottom line: if visitors can't successfully access and use your Web site, they will have no trust in it. And if they have no trust in your Web site, they're less likely to use your phone services or other Health Lines services.

Challenge:
On the issue of promoting trust in health care, message development and delivery cannot be ad-hoc; they must be strategically based on extensive market research that determines the key benefits, values and outcomes that build brand trust.

Challenge:
In the full suite of services offered (particularly Web and other visual products), elements that diminish the user's level of trust must be identified and eliminated or corrected.

Underutilization and hard-to-reach audiences

The people who must be reached in order to improve the efficacy of Health Lines programs are the very people who, according to all jurisdictions surveyed, are the hardest to reach and motivate.

There is a wide range of population groups that underutilize Health Lines, however there is consensus both in the responses of the interviews and in published utilization studies that teens, seniors, ethnic groups and those with low incomes present the biggest challenge in terms of reach and behaviour modification. For example, an evaluation in one jurisdiction indicated that the nurse line is underutilized in the region with the highest ethnic populations and dense areas of low-income earners and those in poverty.

Most jurisdictions are trying to reach out to their respective ethnic communities by providing multi-language service; however, little is being done to market or promote these services to the appropriate audiences.

Interestingly, in *all* jurisdictions, women are the greatest users of the lines, often calling on behalf of other members of the family. Indeed, research by Hills and Mullet (2004) indicates that, due to a number of factors – not the least of which is that women are generally the caregivers in the family – women aged 34-59 are the greatest users of the health system. It is not surprising, then, that they are also the greatest users of the health lines.

Challenge:

Strategic consideration must be given to whether further efforts to increase utilization should be aimed at hard-to-reach audiences generally or at maximizing utilization by women across all target audiences.

The growth of Health Lines

The provision of direct telephone access to certain types of Health Line services – such as nurses, pharmacists and other health care providers – is a relatively new and developing area of complementary health service delivery. While some Health Lines (e.g. poison control; disease specific help lines) have been in existence for many years, telephone access to other types of services (e.g. dieticians) are newer areas of health service delivery.

As a result, there is very little literature available on the subject. Similarly, opinions from jurisdictions engaged in the delivery of Health Lines have yet to be fully formed, certainly in the area of marketing and promotion. No jurisdiction we investigated has, as of yet, completed or produced a full user survey regarding the efficacy of its promotional activities.

While no detailed market knowledge or research could be identified, the growth of Health Lines is continuing at a rapid rate, effectively putting the development of overall marketing strategies in a situation of "catch up". The online survey we conducted yielded some 28 different kinds of Health Lines [see Appendix A], ranging from general (e.g. Nurse Line) to disease-specific (e.g. HIV/AIDS) to demographic (e.g. seniors) to preventive (e.g. immunizations).

As more Health Lines become available, the marketing challenges increase. The key to user "recall and action" is the selling of one brand identity that is easy to remember, rather than attempting to market 28 different Health Line brand identities. Beyond these obvious communications challenges, the growth of lines is also creating inefficiencies in time spent in referring calls to different Health Lines.

Equally as problematic is the marketing confusion created for the professionals who will hopefully help in "selling" Health Lines as a credible self-care option for the public. Helping professionals understand the concept and potential of Health Lines is made more difficult when a plethora of seemingly unrelated lines are available, with no understandable, transparent plan that "connects the dots".

Indeed, our telephone survey found one instance of a jurisdictional evaluation which indicated that although the College of Physicians and Surgeons and the Medical Association were named as partners, individual physicians in general had either a very low level of awareness of the lines and the services available, or negative attitudes toward those services.

What was said:

"The medical community does not fully understand how they can work with these lines... I think there is a lot of uncertainty about what this means for how our health system is going to function."

Telephone survey respondent

These issues reinforce the need for formal communications planning around the marketing of Health Lines. None of the jurisdictions that are part of the MJCC were able to provide annual or long-term communications plans relating to Health Lines. Further, the existing answer to expanding promotion or targeting hard-to-reach audiences seems to be tactical rather than strategic, with a focus on developing specific channels or communications vehicles (e.g. multi-language brochures) rather than a more holistic plan of action.

Challenge:

With lines growing in numbers, now is the time to put resources into developing communications strategies at the jurisdictional and collaborative levels that are aimed at both key partners and target audiences.

Barriers to current marketing

The most prominent promotional gap/barrier was the lack of finances dedicated to marketing as well as the financial resources needed to support an increase in call volume should marketing be successful. A comprehensive and consistent direction set by the organization is also needed for future marketing strategies.

TYPE	GAPS/BARRIERS
Finances	• the high cost of marketing • money directed to health services rather than marketing in health care
Organization structures	• ad hoc marketing • inconsistent promotion • lack of a clear and simple name for the services • low awareness among providers • strategies are not well developed, goals and objectives are not clearly defined therefore it is difficult to assess progress • lack of communication in the organization makes it hard for managers of the nurse line to staff accordingly
Non-mainstream populations	• lack of cultural awareness and relevancy • hard-to-reach markets not sufficiently addressed

Challenge:

Overall resource limitations reinforce the need for a process whereby collaborative communication planning informs jurisdictional communications planning in order to identify economies of scale, in terms of both materials and ideas.

Sustained visibility: 24/7 X 52

To maintain effective marketing of Health Lines, a 52-week-a-year campaign strategy is required.

Our media review demonstrated the pragmatic difficulties in trying to manage the promotion of a project this large. Two MJCC jurisdictions (Manitoba and Saskatchewan) provided us their media plans:

- Manitoba used a "cannon plan", with a four-week saturation and then it was over. The campaign featured heavy GRP (frequency) levels in television, supported by a series of quarter-page ads in daily and community newspapers.
- Saskatchewan embarked on a more sustained course of action, starting with three weeks of quarter-page newspaper ads (supplemented by AM radio to cover rural areas), followed by 30-second TV ads for four weeks at relatively low frequency rates, and then five months of "closed-captioning" sponsor announcements. While not providing substantive messaging, this latter tactic nevertheless allows for ongoing presence for a sustained period of time.

The Saskatchewan model demonstrates an attempt to take on, as best as possible, the demand-supply difficulty facing all jurisdictions: There is a 52-week-a-year demand to "get the message out"; the financial resources (supply) suggest it is extremely difficult to sustain that kind of presence.

Adding to this scenario is the fact that television is by far the most expensive communications option – yet it is the one clear choice for effectively reaching all target audiences, particularly hard-to-reach audiences. TV continues to be the medium that Canadians spend more time with in a given week, and the 'time-spent' numbers go up when one examines rural communities, low-income families, seniors, and Aboriginal populations.

To that end, while it is the most costly avenue in absolute terms, it is also the most cost-efficient. This should be taken into account when jurisdictions review their existing media plans. Currently, a wide variety of strategies are used to promote Health Lines. Our online survey of jurisdictions shows a fairly typical reliance on standard print materials (100% usage across jurisdictions), newspaper advertising (75%) and earned media (75%). The use of TV and radio advertising rate only 6th and 7th (at 66% and 58% respectively), and yet are key to communicating with audiences that have proven difficult to reach.

Finally, another key to sustaining visibility is to ensure a brand identity that is consistent and easily recognizable. Our creative review found that most jurisdictional materials scored weak in the category of brand positioning, mostly due to the insignificance of brand association with the service provider. In fact, only one jurisdiction's materials (of those materials provided) displayed better than average brand positioning.

Challenge:

Look at ways of leveraging and customizing communications strategies and tactics in order to sustain jurisdictional campaigns and promote brand identity.

Making collaboration work

While stated as a key MJCC objective, achieving collaboration – or at least, the process and framework for collaborating – may be more difficult than imagined. Currently, jurisdictions providing Health Lines do not share marketing strategies or public education/information materials, or collaborate directly on joint promotion strategies.

As well, it is clear that there exists an uneven playing field when it comes to Health Lines operations and promotion. Some jurisdictions are well established while others are just initiating the concept and service/program development. These latter jurisdictions are likely also those with the least resources to devote to Health Lines promotion.

Collaboration will be challenging. Those jurisdictions just starting out need to get core operational and promotional elements into place, and will not likely have the resources for more advanced promotional vehicles. Those who are ahead of the game want to direct their resources toward the strategies and materials that take their programs to the next level in terms of greater utilization. The challenge then becomes what projects to direct collaborative dollars toward.

Equally problematic is the absence of a single core resource for existing online and print material: as noted earlier, jurisdictions use turn-key material from different US providers. Thus, collaboration on promotional materials and activities may be challenging due to copyright restrictions.

What was said: "(We'd like to be) doing more networking with Western colleagues, but there's not enough time for sharing and networking."

Telephone survey respondent

Finally, there is the issue of staff time both in terms of Health Line operations staff and Ministry or Health Authority communications staff. By and large, communications staff have more on their plate than the promotion of Health Lines, while Health Lines staff need to meet the day-to-day operational needs and challenges of Health Line service delivery. Thus it is difficult to create the internal focus and a resulting process for collaboration amongst jurisdictions that is ongoing, meaningful and productive.

Challenge:

Create a process for collaboration that benefits jurisdictions in the early stages of Health Lines development, while ensuring no duplication of materials and resources for jurisdictions with established Health Lines programs.

Developing partnerships

Our research revealed three types of partnership development that must be addressed:

1. **Message delivery** – As discussed earlier, physicians (and other health care professionals) are a key partner in communicating the quality, credibility and services of Health Lines. Yet a common response among those surveyed by telephone regarded the need to "get physicians on board" with the Health Lines concept. Informing them of the positive patient outcomes, the reliability of the tele-triage system, and the benefits to the health care system, is key to gaining their participation in Health Lines promotion.

2. **Community outreach** – Communicating with identified hard-to-reach audiences can be made easier through strategic liaisons with national, provincial and local not-for-profit organizations at the grassroots level. In particular, groups that work with multicultural families and seniors can help reinforce the Health Lines message.

   Particular focus needs to be placed on Internet opportunities: There is a wide variation in cross-promotion and branding of Health Line services with other public access points, such as health-related Web sites. Overall, there is room for improvement in the effectiveness of cross-promotion strategies.

3. **Project partnerships** – Strategic partnerships with non-governmental organizations need to be developed and nurtured to expand Health Lines promotion and awareness.

Challenge:
Address the issue of partnership development within the context of the overall strategic communications planning process.

Summary of challenges

Within this environmental scan, the following challenges have been identified:

1. On the issue of promoting trust in health care, message development and delivery cannot be ad-hoc; they must be strategically based around extensive market research that determines the key benefits, values and outcomes that build brand trust.

2. In the full suite of services offered (particularly Web and other visual products), elements that diminish the user's level of trust must be identified and eliminated or corrected.

3. Strategic consideration must be given to whether further efforts to increase utilization are aimed at hard-to-reach audiences generally or at maximizing utilization by women across target audiences.

4. With lines growing in numbers, now is the time to put resources into developing communications strategies at the jurisdictional and collaborative levels aimed at both key partners and target audiences.

5. Overall resource limitations reinforce the need for a process whereby collaborative communication planning informs jurisdictional communications planning to identify economies of scale in terms of both materials and ideas.

6. Look at ways of leveraging and customizing communications strategies and tactics in order to sustain jurisdictional campaigns and promote brand identity.

7. Create a process for collaboration that benefits jurisdictions in the early stages of Health Lines development, while ensuring no duplication of materials and resources for jurisdictions with established Health Lines programs.

8. Address the issue of partnership development within the context of the overall strategic communications planning process.

Summary of key findings

1. The use of Health Lines (nurse lines in particular) is increasing in importance as a fundamental change mechanism in the delivery of self-care. Professional health practitioners and educators are recognizing the potential to improve health outcomes and empower consumers through the use of Health Lines.

2. Strategic, long-term, media-based marketing/communications planning (based on a comprehensive social marketing approach with a focus on the 4P's – **production, price, promotion** and **place**) is essential for greater utilization and growth of Health Lines across jurisdictions. Currently, strategic planning does not appear to be a cornerstone of the marketing of Health Lines.

3. Any advancement or growth of Health Lines promotions should be preceded by comprehensive, shared market research to determine the best methods of message development and delivery.

4. A lack of resources is the primary barrier identified to effectively planning and implementing the marketing and promotion of Health Lines to the general public and especially to specific populations.

5. Innovative, consumer focused strategies are being developed by some jurisdictions to extend audience reach and frequency through established, popular vehicles such as health magazines and e-zines that are sustainable by incorporating private sector sponsorship and advertising to off-set development, production and distribution costs.

6. Health Lines vary in design and function from one jurisdiction to another, and there is no evidence of integration of these Health Lines amongst the jurisdictions reviewed for this report. Jurisdictions providing Health Lines currently do not share marketing strategies or public education/ information materials or collaborate directly on joint promotion strategies.

7. Communications technologies provide strategic opportunities for more collaborative planning, execution and sharing of core resources in the promotion and marketing of Health Lines.

8. Very little marketing and promotion evaluation of Health Lines exists that jurisdictions can draw from when making longer-term strategic decisions and budgetary allocations toward public awareness campaigns.

9. There is a tendency to focus on the need for expanding promotional reach to audiences that have proven challenging to communicate with; however, greater utilization may be achieved by focusing instead on females within all audiences, as they tend to be early adopters and greater users of health care in general, and Health Lines specifically.

10. Although most jurisdictions provide multi-language services reflective of demographics as part of their Health Lines, little has been done to market or promote these services to the intended audiences.

11. The most successful marketing and promotion of Health Lines include strategic links, integration and cross-branding with various public information and access points. Overall, there is room for improvement in this area, particularly with Web access, where there is a wide variation in cross-promotion and branding of Health Line services with other, compatible health related Web sites.

12. The majority of provincial and regional health related Web sites reviewed as part of this project, fall short of achieving best practices in their design and positioning on the Internet thus limiting their ability to create a strong functional connection with the public.

continued

13 Marketing and promotion activities in each jurisdiction suggest a heavy emphasis on the production of print materials. However, without effective brand development and promotion, these items are often ineffective in influencing consumers and are at best reminders for the "converted".

14 Multi-jurisdictional collaboration and partnership development present significant opportunities for achieving cost-effective and strategically positioned Health Lines marketing. However, due to the unique challenges presented by various political, geographic and logistical issues, collaboration and partnership development needs to be approached incrementally with opportunities for some "early wins" identified to help reinforce the value of this proposition.

A strategic approach to Health Lines promotion

To move towards answering the challenges laid-out in the previous section (and staying within the context of effective social marketing's 2P's, Promotion and Price), a three-pronged strategic and collaborative approach is recommended:

- **Leveraging existing knowledge**
- **Leveraging project development opportunities**
- **Leveraging the Health Line brand**

Specific action and best practices for each of these action areas is discussed in the following section. For now, though, we outline three primary goals supported by these actions:

1. **Improved collaborative communications strategies**
2. **Improved jurisdictional communications planning**
3. **Developing Health Lines partnership potential**

1 Improved collaborative communications strategies

As discussed in the previous section, one of the main challenges revolves around the equity issue: some jurisdictions are much further ahead, both operationally and promotionally, in their Health Lines projects. Given that, how can a process be created that serves the needs of both the most and least advanced, and those in between?

Below, we set out four levels of potential collaboration, with each new level incorporating those underneath it. The path chosen by the MJCC will answer the above question as well as inform the individual communications planning needs of each member jurisdiction.

1.1 Sharing of best practices

This is described more fully in subsection 2 below; for now, suffice to say that this option maintains the status quo (from a planning perspective), except that it allows for:

- **Catch-up by less-advanced jurisdictions**, as materials already in use and with proven audience reach can be shared by more experienced jurisdictions. Those materials can be taken, customized, re-branded, and distributed by any interested jurisdiction.
- **Ongoing sharing of new ideas, strategies and materials.** Again, here the focus is not on unified products, but rather materials and ideas that can be re-branded and customized.

1.2 Co-development of planning and new materials

This is where economies-of-scale begin to appear, as jurisdictions collectively set out the direction, objectives and messaging of major communications projects or materials (in essence, a "global" communications

plan); these materials/projects would then be branded individually by jurisdiction, with room allotted for customization as required.

Given the sheer logistics of developing a framework and getting approvals for each project – when seven jurisdictions are involved – it is likely any collaborative projects would be few and limited to highly promotional and content-light materials, such as global TV and print advertising, where dollars can be most effectively combined for creative development, materials production and the media buy.

Likely of greatest benefit – from a strategic point of view – would be collaboration on knowledge management projects. Specifically, market research (quantitative and qualitative) could be developed collaboratively; the shared financial resources behind this research would allow for comprehensive examination that delivers cross-jurisdictional trends as well as unique jurisdictional findings.

1.3 Shared brand development

This involves the evolution of a new brand identity – shared across jurisdictions – that would provide for easier user "recall and action". Specifically, this would entail the creation of a "311" (or equivalent) number that could be promoted across jurisdictions and across health needs (each jurisdiction would establish a call centre that would then direct the call to the appropriate nurse, pharmacist, etc. line).

While providing unification, this joint brand identity could also allow for the identification of each jurisdiction and its contact information.

In addition to changes in jurisdictional marketing structures, this approach would obviously require operational changes internally as well as externally with telecom providers. However, it would, over time, allow the MJCC to bring the Health Lines service to a top-of-mind level such as that of the existing 911 emergency services.

Three-digit access numbers are reserved for specific services. With the assignment of 211 to a new, toll free service that will supply information and referrals about community, social, health and government services, the only access number left is 311.

- 411 service is for directory assistance.
- 511 has been held in reserve for access to Message Relay Services (MRS) by hearing persons to communicate with deaf persons
- 611 is for telephone repair assistance
- 711 provides access to MRS by the deaf
- 811 is reserved for telecommunications service providers' business offices
- 911 is for emergency services

1.4 Unified promotional body

Given the logistical challenges referenced earlier (coordinated staff time across jurisdictions to allow for effective planning, development and sign-off of materials), a more comprehensive joint promotional effort is likely not doable without the creation of a single marketing body that represents all seven jurisdictions dedicated to Health Lines promotion.

A Western Health Lines Project will be discussed in more detail in the next section – it is the ideal solution in terms of best use of jurisdictional resources and achieving Health Lines success; however, it would require a political will that is likely not easily achievable.

Recommended Approach:

Optimally, we recommend Level 1.3. It provides a clear, recognizable and memorable brand identity that would gain a momentum of awareness if used throughout the Western and Northern jurisdictions. Incorporating the levels underneath it would also allow for collaboration on "big-ticket" communications materials and projects, while still allowing for customized jurisdictional identity and information.

2 Improved jurisdictional communications planning

Deciding on which collaborative model to pursue – and to the extent to which it will be developed – requires the shape of communications planning to be determined by individual jurisdictions. Assuming that co-development of planning and new materials [subsection 1.2] is selected, the collaborative planning process will create the strategic framework (research, messages, key communications tools) from which jurisdictions can flesh out their individual plans.

This is where the sharing and leveraging of best practices (as described in subsection 1.1 above) is key. In the next section, we describe some of the strategies, tactics, and best practices appropriate for sharing between jurisdictions. More fundamentally, however, we also recommend a vehicle be put in place that allows for easy access – across jurisdictions – to apply best-practice ideas and tools on an ongoing basis.

To that end, we are recommending the creation of a shared Content Management System – a Web-based organizational system that acts as a protected library of operational information, market research and best practices, accessible by anyone (with approved access permission) in any of the jurisdictions. It too is described in greater detail in the following section.

3 Developing Health Lines partnership potential

As discussed earlier, reaching out and involving external partners – be they community groups or the private sector – is important to expanding the Health Lines reach to more of the public. At the same time, it is safe to say there are numerous difficulties with trying to attract NGO and private sector partners to a government program. Difficult, but not impossible.

To that end, there are examples where governments have successfully created long-term *Partner Programs* around projects that are clearly populist – and based on good public policy – rather than political.

We are recommending the development of such a program, and describe it in further detail in the next section.

Recommended action for Health Lines promotion

Taking the strategic approach to the promotion of Health Lines and putting it into a framework of action presents both opportunities and challenges for the MJCC members. In each instance, brand, reach, growth and effectiveness can be significantly enhanced to the individual and mutual benefit of the participating jurisdictions. At the same time, there exist barriers at many levels that will need to be considered as the MJCC analyzes and adopts recommendations from this report. Actions that will net the MJCC the greatest return on investment are also most likely to have the most significant barriers or challenges to implementation and as such will require a unified approach to realize the opportunity to the fullest.

To assist in the review of the recommended health line promotion actions in this section, opportunities and barriers as well as budget implications are identified. The recommended actions are presented under the following categories of collaboration:

A. Leveraging existing knowledge

B. Leveraging project development

C. Leveraging the Health Line brand

A Leveraging existing knowledge

A strategic objective of the Health Lines research project is to identify areas where the multi-jurisdictional committee members can effectively work together toward achieving greater marketing results as a collective versus a series of individual initiatives.

Each of the provincial or regional Health Lines that are part of the MJCC have had a unique development path, operations experiences, and are at different stages of service delivery. Program names, marketing materials and even objectives vary between jurisdictions; however, the core service – the Health Line – is the same and provides a platform from which experiences and knowledge can be shared for the benefit of the entire group. This section focuses on finding mechanisms for that knowledge transfer.

Technologies today enable rapid deployment and sharing of materials. Our research shows that jurisdictions are not currently using materials produced in other jurisdictions, even if these materials have proven effective in achieving desired population health results. The exception is materials produced as part of a national campaign. In some areas, health regions utilize materials provided as part of the provincial campaign, but these materials do not appear to be readily shared across provincial borders.

Non-government organizations that reflect the interests of specific disease or illness groups tend to be more successful in gaining broader adoption of core campaign materials both across multiple jurisdictions and the media than our review indicated is occurring between provincial health authorities or among regional health authorities within the provinces.

This results in fragmentation of message, duplication, higher costs and lost opportunities.

Recognizing that some jurisdictional, political, ideological and economic barriers may exist with respect to pursuing a comprehensive collaborative marketing approach, following are strategies that may be conducive to effective collaboration. These strategies reflect ideas around the expansion of effective initiatives currently in place as well as new approaches identified through our research.

"What we don't have is a toolbox for...seniors, women, men, Aboriginals, new Canadians, so you can add your logo, pick an area, add your story then place it. Get a visual that is appropriate for their age [or situation]. Get one picture we can use across Canada. Ready made digital picture or artwork that is almost a style guide cropped, ready to print -just cut and paste or [have it on] CD. A common poster that you just customize with your own logo and message."

(Telephone survey participant)

1 Knowledge Information Agreement:

Each jurisdiction is investing significant funds into research, communications materials, planning and presentations, most of which is done without consultation or collaboration with other provinces or health authorities. Gaining access to information would dramatically reduce costs associated with unnecessary duplication. When information sharing does occur it is usually on an ad hoc basis and is best described as "hit-and-miss".

Recommendation:

Establish a standing agreement amongst MJCC member organizations to provide access to and permit use of Health Lines knowledge and information for the purposes of promoting Health Lines.

The agreement could cover creative materials, research, communication and media plans, presentations and photos or illustrations with the exception of those materials to which the organization does not hold copyright or where use is limited based on prior agreements (e.g. rights managed photos).

Key Benefits:

- A unified strategy
- Design and production economies
- Content continuity
- Materials continuity across jurisdictions

Key challenges:

- Core messaging differences
- Sourcing materials from jurisdictions

2 Content Management System:

A major non-profit health education organization included in our review provides comprehensive online resource support to their client groups. The resources include:

- creative concepts, including copy for a variety of applications
- sample newsletters and archived issues
- a range of promotion strategies
- an image and logo library
- publicity strategies [for media and public relations activities]
- email and online promotion ideas and creative concepts and designs
- project communications strategies
- product descriptions
- program and project evaluation methodologies and formats including surveys and other tools

Recommendation:

Establish a Content Management System – an electronic resource library of Health Lines knowledge and information that is accessible by all members of the MJCC and approved team members.

The library would carry versions of:

- copies of creative materials including brochures, fridge magnets, posters, displays and print advertisements
- electronic versions of radio or television advertisements, and related scripts
- versions of research reports, communication and media plans
- a photo image bank

Key Benefits:

- Effective knowledge management
- Technology capacity
- Materials continuity across jurisdictions

Key Challenges:

- Sourcing original material for posting on a shared Web site
- Site maintenance resource dedication
- Posting new information on a timely basis

3 Online Print Resource Centre:

New print technologies and customer service options being developed by the printing industry provide a unique opportunity for a collaborative strategy related to the design and printing of a wide range of health information materials. Systems today allow clients to set up their own Web-based print resource centre from which they can develop and direct-order various print materials.

Recommendation:

Establish an MJCC shared, Web-based one-stop-shop print solution through a single supplier. The process could include the development of standardized online templates for a variety of print-related materials. The online resource centre can enable individual jurisdictions to develop and insert their own content and initiate a direct online print order with the supplier.

Key Benefits:

- Ease of access
- Customizability, scalability and flexibility
- Regional control over content and branding
- Cost savings
- Standardized design templates
- Resource maintenance
- Individualized invoicing for print orders

Key Challenges:

- Development and issuance of a shared Request For Proposal to set up and manage the system
- Agreement on a preferred supplier [e.g. some regional purchasing policies may restrict options]
- More complicated and time-consuming distribution

4 Improving Consumer Connectivity and Access Options:

Despite advances in all forms of technology and information sources, the telephone book remains a principle information source for a large segment of the population.

Most telecommunications providers currently include government health contact information in their Blue Pages and many provide supplementary health information [e.g. First Aid] in a special colored section of their phone books.

Recommendation:

The MJCC should initiate discussions with the telecommunications providers to consider the development of a provincial/territorial/regional 'Health Lines Directory' to amalgamate all Health Line contact information into one source in local phone directories.

Key Benefits:

- Continuity of information placement/location.

Key Challenges:

- Inter-jurisdictional cooperation
- Cooperation among various telecommunications providers

Recommendation:

The MJCC should develop a discussion paper to facilitate dialogue with NGO's and regional health authorities to explore the feasibility of enhanced linkages and direct call transfer capabilities between various Health Lines.

Key Benefits:

- Establishes a vehicle for continued dialogue
- Improved connectivity for users of Health Lines services

Key Challenges:

- Establish service sharing agreements
- Liability issues around "lost calls"

5 Health Lines Conference:

As a relatively new area in the health arena, Health Lines do not have a large body of knowledge to draw from in terms of research and other information applications. Creating a venue and potentially a national voice for Health Lines would help position Health Lines as a viable player in the health arena.

Recommendation:

Develop a regional or national conference on Health Lines bringing together researchers, program operators, communication professionals, professional stakeholders to convene presentations and discussions on Health Lines including but not limited to:

- Program evaluation research
- Marketing
- Recruitment and retention
- Technology
- Knowledge sources

Key Benefits:

- Professional community: would assist in identifying and unifying the community of professionals interested and involved in the development of self care strategies.
- Stakeholder education: would provide a platform and venue for inviting key stakeholder groups to participate and learn about the value of Health Lines.

Key Challenges:

- Start up: first time conferences require additional resources to develop and promote the conference which can be considerable. Organization and promotion including the conference coordinator if contracted outside the jurisdictions: $75,000-$100,000.
- Competition: potential participants are already presented with a wide array of topic or professional conference opportunities each year that would impact the participation level for a new, unproven conference.

B Leveraging project development

Although each of the MJCC participants is at a different stage in the evolution of its Health Lines, there are many common marketing needs as identified through the surveys.

In this section, we present recommended actions that focus on active collaboration by the MJCC on key project development. Leveraging resources (people and financial), research, planning and marketing efforts with the expressed goal of creating a project deliverable that each jurisdiction can utilize.

Co-development of shared marketing planning and materials has the potential to reduce costs associated with the development and execution of new materials as jurisdictions would have a unified strategy and access to marketing materials.

"To be successful, social marketers must meet the challenges of developing methodologically sound programs in a context defined by community participants, leaders and advocates."

(Middlestadt, Schechter, Peyton & Tjugum, 1997, p.291)

6 Development of Generic/Core Materials:

Our research indicated a strong interest amongst the jurisdictions to collaborate on communications activities due to budget pressures that limit their ability to produce all the materials required for Health Line promotion.

Recommendation:

To offset the cost of producing expensive materials for advertising such as posters and brochures, share generic resources across jurisdictions that can be easily adapted for specific communities. Program names, phone numbers, logos and sponsoring organization information could be added by each jurisdiction to the core materials.

Key Benefits:
- A unified strategy
- Design and production economies
- Content continuity
- Materials continuity across jurisdictions

Key Challenges:
- Collaboration i.e. approvals
- Existing brand equity potentially compromised
- Core messaging differences
- Ability to meet diverse needs
- Language usage issues

7 Audience Specific Marketing:

Although there are regional and provincial variances, there are many common audiences each jurisdiction is looking to develop a strategy for reaching. However, for the most part these initiatives take a back seat to the production of core materials based on immediate need and finding new resources. To adequately develop and execute a strategy in each jurisdiction is not feasible.

Recommendation:

Identify the similarities across jurisdictions in types of population groups, [e.g. as defined by geography, demographic profile or disease/illness based] and create a generic promotional strategy to be used by all jurisdictions.

Key Benefits:
- A unified strategy
- Design and production economies
- Content continuity

Key Challenges include achieving consensus on:
- Audiences
- Concept and design
- Appropriate funding, cost-sharing formula and long term commitment
- Ability to meet diverse needs
- Language usage issues

8 Community Health Marketing:

Through our research we reviewed two health magazines currently being published by regional health authorities. The magazines are designed in a popular consumer format, complete with public and private sector advertising to offset production costs and offer a home-delivery subscription option (approximately $2 per issue).

One of the magazines reviewed includes a public-private partnership that allows readers to obtain a subscription at a lower rate if they subscribe through the sponsoring partner organization.

The online treatment of the magazines was noticeably different. One magazine provided a basic full-page Portable Document Format [PDF] that enables the reader to scroll through the publication page-by-page. This format, while duplicating the print version of the magazine, is slower to load and does not provide any animated navigation. In the other example reviewed, the online version has a fluid, animated design with Web-linked features and condensed content for easier reading and article selection with all feature articles linked from the cover page.

In terms of cost-recovery and sponsorship, one jurisdiction has partnered with a magazine publishing firm to design and manage the initiative and recover costs through advertising and subscriptions. The other jurisdiction reviewed also utilizes advertising and subscriptions for cost recovery, and has partnered with one major sponsor that also provides an additional distribution network through their high traffic consumer service.

A provincial health magazine initiative, while no longer in publication, was also reviewed. The magazine adopted a

tabloid newspaper format, was written and produced by independent designers and health writers, and distributed free-of-charge to every household address in the province four times per year. The magazine carried no advertising, but did include endorsements from key professional groups including the provincial medical and nurses associations. The publication was in production for three years and ceased due to a change in government and funding reductions. Consumer satisfaction and reader survey evaluations indicated positive public acceptance and high recognition and readership values.

A collaborative editorial board and design approach could develop core content material that can be shared by all jurisdictions, packaged in a standardized format. The front and back end of the magazine could be customized to meet individual provincial or regional needs, wrapped around core, common content.

From an advertising perspective, local and regional sponsors and advertisers would be attracted to participate in the localized or customized front and back sections, while larger, national sponsors and advertisers would be attracted to the centre or core section of the magazine with its wider circulation.

Economies would also be achieved in the printing of a shared publication as printers could mass print the centre or core sections in much higher volumes, thereby reducing the per-unit costs with smaller print runs to accommodate the local/regional front and back end sections.

Recommendation:

Investigate the health magazine concept as an opportunity for the MJCC to collaborate on a significant public health information project with potential for significant stakeholder and private sector involvement.

Key Benefits:

- A unified strategy
- Reinforced branding opportunities
- Increased brand recognition
- Public endorsement by professional partner groups (e.g. physicians)
- Design and production economies
- Content continuity [e.g. ability to address and change population health issues on a broader scale]
- Reduced costs through economies of scale

Key Challenges include achieving consensus on:

- Concept and design
- Appropriate funding, cost-sharing formula and long term commitment
- Standard editorial content for the centre or core section
- A publishing schedule/calendar
- Ability to meet diverse needs
- Language usage issues

9 Incorporating Health Lines into a Workplace Health Strategy:

Many Health Line services face a continuing challenge of not having sufficient funding to expand their service or provide a comprehensive and sustained promotion and marketing plan.

The key challenge is to find ways to expand the reach of the service without incurring substantial new costs.

"Employees missed an average of 7.4 days of work in 1997. For a company with 1,000 employees, with an average salary of $190 per day, this translates into $1,400 per employee, per year for incidental absenteeism or a total cost to the company of $1.4 million per year."

(Statistics Canada 1997 Labour Force Survey)

Expanding Health Lines services into a workplace health program provides a strategic opportunity to build new partnerships between Health Line providers and the broader business community, and provides a critical source for cost-recovery in marketing Health Line services to the general workforce.

The provision and promotion of readily available and convenient access to Internet-based and call centre based self-care information within the workplace provides significant opportunities to reach new audiences. Increased awareness through the workplace also provides a natural extension to the workers' families.

British Columbia has developed a prototype for a workplace health version of their Health Lines service in partnership with the National Quality Institute. This could be adopted in other regions.

Key strengths of extending Health Lines into the workplace include:

- It can work effectively with any size company or organization in any location;
- Employers share in the benefits of enhanced self-care for workers, reduced absenteeism and presenteeism and improved staff relations;
- Workers benefit from convenient access to health information and advice without taking time off work to deal with family and personal health issues;
- Health Line service providers benefit from expanded audience reach without added marketing costs;
- The health care system benefits from reduced use of higher cost health and medical services.

National Wellness Survey Findings:

A national wellness survey undertaken in 2000, showed that almost 80% of businesses surveyed identified stress as a major health issue. Just under 60% of businesses had "some wellness initiatives" in their workplace and only 11% indicated they had "comprehensive workplace wellness" programs in place.

The top four reasons why companies offer workplace wellness programs include:

1. Healthy employees are considered a valuable asset;
2. To promote healthy lifestyles;
3. To reduce absenteeism; and
4. To contain the costs of benefit programs.

Recommendation:

Investigate the promotion of Health Lines through the workplace as a means of program promotion.

C Leveraging the Health Line brand

"Brands create value for society by enabling...organizations to accomplish their goals more efficiently."

Brands and Branding: The Economist

Developing a common "brand" provides a critical mechanism for consumers to make a connection with what an organization stands for or promises to deliver. Effective brands create a sense of quality and value, and then "pay-off" the promise by meeting or exceeding the customers' expectation created in the brand positioning.

Public cynicism related to large organizations [including governments] often revolves around a belief that the promise is more about trying to establish positive positioning for the organization than actually delivering a better service. The essential component of brand strength in any sector is the building of a trust relationship between the provider and the end-user. Trust comes through the continuous fulfillment of the promise inherent in the brand positioning.

Jurisdictions that provide Health Line services have developed varying strategies related to branding or brand positioning within their communications and marketing strategies.

Our research shows a lack of continuity in some jurisdictions in the application of their Health Line service brand as well as message fragmentation. This can cause confusion among consumers as to who is providing the service, what it is going to provide for them [the promise], and how to access the service.

The fragmentation of the Health Lines brand is also evident in the naming conventions/brand identities developed in each jurisdiction (Health Lines, Health Links, Nurse Line) and the resulting scattered promotion of those brands.

In this section we will present recommendations on how to leverage the Health Lines brand individually and as a multi-jurisdictional group with program partners (public and private sector).

10 Collaborative Research:

Likely the easiest and most cost-effective and immediate form of collaboration would be the design and development of a comprehensive market research tool. Joint quantitative and qualitative research could allow MJCC to determine a person's attitude towards Health Lines, what they would ideally want from a Health Lines service, and the key trigger points that would modify their behaviour favourably.

At the same time, the economies-of-scale generated through a collaborative approach would allow for customized quantitative research in each jurisdiction to provide valuable local information.

This kind of research – and the resulting understanding of the target audiences – is a key first step in the ensuing communications planning and message development and delivery processes. The information gained would be beneficial for communications planning by the MJCC jointly or by individual jurisdictions.

Recommendation:

Jointly select a market research firm capable of conducting research across all seven jurisdictions in order to carry out comprehensive quantitative and qualitative research to fuel the communications planning processes.

11 Health Lines Communications Planning:

Currently, jurisdictions are planning in isolation of each other, yet have a common goal and product. There is little evidence of a structured plan in any jurisdiction researched – given the size and scope of Health Lines projects, a more structured approach is required.

> "You don't run on the rails without knowing where the train is going. You identify the niche or business opportunity for your product and develop a clear strategy on how you're going to get there".
>
> *Tony Wanless, Business Development Bank of Canada*

As referenced in the previous section, serious consideration should be given to the formation of a single marketing body: "The Western Health Lines Project" (WHLP) which would be responsible for the creation and execution of a comprehensive communications/marketing strategy aimed at increasing the utilization of Health Lines.

Recommendation:

Develop a unified approach to marketing that ensures consistent messaging, maximizes available resources for marketing and promotions and provides a strong base for leveraging partnerships.

12 Health Lines Messaging:

Common messaging needs to be developed and agreed upon to answer key questions related to the purpose and benefit of Health Lines.

For example, current Health Lines marketing materials primarily focus on the promotion of the features of the service [e.g. 24/7, toll free access to a nurse] rather than on the potential benefits to the intended audience. Agreeing to a common set of messages based on the principles of social marketing would help to ensure that the audiences are being sent the right message, at the right time, in the right place.

Recommendation:

MJCC members should agree on a standardized set of objectives or purpose statements supporting the use of Health Lines. Harmonizing a set of commonly stated goals will help to focus a more unified approach to marketing and communications.

13 Health Lines Research:

To date, largely as a function of circumstance and budgets, current Health Lines promotion strategies and activities appear to have been based on past organizational experiences with program promotion (posters and brochures) and budget rather than a review of effective audience access points (television and radio).

As anticipated at the outset of this research initiative, there remains a gap in the availability of meaningful evaluations of Health Lines. Utilization data and evidence supporting the overall effectiveness of Health Lines in the context of stated purposes for these services, is not readily available while jurisdictions are continuing to collect this information.

- **Available Health Lines Evaluative Information:** Some jurisdictions are in the process of doing more comprehensive evaluations, while others are considering an evaluation process. Given the current environment, it is anticipated that Health Line evaluation outcomes will be more available within the next few years.
- **Addressing gaps in existing Health Line Program Evaluation Studies:** Given a lack of evaluation studies specific to Health Lines, this research initiative drew heavily on the principles of social marketing and experiences in the marketing of other types of health services.

To meet the first research challenge for a complete and thorough understanding of the Health Lines services impact and effectiveness and to help build the business case for Health Lines, the MJCC should establish more comprehensive and sustained evaluation of Health Line operations in each jurisdiction including developing benchmarks that will enable cross-jurisdictional comparative analysis. This will help to more effectively address funding requirements by providing enhanced cost/benefit analysis in terms of utilization rates and cost savings resulting from increased self-care among the general population.

Recommendation:

Establish a standard set of evaluation benchmarks to enable better comparative analysis between jurisdictions on the effectiveness of Health Lines in meeting desired outcomes.

14 Health Lines "311" Number:

Establishing a simplified "one number to call" for consumers would provide a significant advantage and opportunity to more effectively increase public awareness and use of Health Lines as an alternative method of accessing non-urgent health support. A three-digit call number would significantly enhance the branding and positioning of Health Lines within and between jurisdictions.

The simplified three-digit call number maximizes top-of-mind "recall and action" opportunities for marketing and promotion. This approach, while carrying significant challenges in terms of logistics and technological coordination, would provide a major opportunity for improved integration of Health Lines. Giving callers just one number to remember for public health services, with a menu of options to effectively triage the call, would

enhance ease of recall and access and provide an efficient streaming of calls to appropriate services based on caller need.

The 911/411 brand has established a base brand promise of "help" or "assistance". This base brand promise can be leveraged by Health Lines with the creation of a "311" call number. With the establishment of a "311" number each jurisdiction could maintain their current service name to support "311" much like the current jurisdictions do with "911" services. The actual program name is secondary and therefore does not need to be built into a recognizable brand on its own.

A "311" number would instantly establish the nature of the service to the consumer and provide faster recall since the brand association is easier to define. The features of the Health Lines service are consistent with public expectations of similar numbers and do not need to be marketed as they currently are [e.g. 24/7 access, trained operators and, reliable help when you need it]. Messaging could focus on consumer benefits to the service and thus create a better understanding of the nature of the health information assistance they will receive by calling the line.

A "311" number also provides a logical platform for incorporating other health oriented lines such as poison control, dial-a-dietician etc., eliminating the need for the consumer to track and record the numbers for the multitude of health lines available to them in each jurisdiction. At present, the general public is left wondering who to call for what service.

Survey participants identified almost 30 different types of Health Lines operating within the jurisdictions reviewed. A strategic review of which types of Health Lines could or should be integrated was beyond the scope of this research initiative; however a further review of Health Line integration and consolidation should be undertaken in order to achieve the maximum benefits of cost control, coordination, marketing and public convenience

Recommendation:

The MJCC should investigate with the Canadian Radio and Television Commission the feasibility of having a priority three-digit phone number registered and reserved for public health inquiries.

15 Health Lines Web Strategy:

Our research indicates that health organizations are not making the most of their investments in Web technology. Poor design and content management strategies are limiting consumer appreciation and interaction with health Web sites and therefore impacting on their effectiveness.

Susannah Fox, director of research for the Pew Internet Project, noted that [U.S.] data demonstrate more people go online every day than see a doctor. She said that this "Dr. Google" phenomenon cannot be halted.

Creating a useful consumer-focused Web presence can be effective as a promotion tool for Health Lines and provide a vital link to the call centres and to other online health resources. As part of the "311" strategy, a corresponding Web site could be produced to serve as point of reference for consumers that want more information on the service before calling. It could also serve as a health education vehicle with the incorporation of a Healthe-zine utilizing the same design and concepts as referenced earlier with a collaborative print-based health magazine.

The Healthe-zine concept could incorporate a customized "front-end" for regional identity supported by a range of shared Web-links to articles and information developed for publishing in both the print and electronic magazine formats. A strategic advantage of a Web-based magazine concept is the ability to seamlessly take the user/reader to either a regionally customized identifier page or a generic, shared information resource page.

Online advertising could also be streamed in accordance with the regional or national purchase and placement of ads. In two examples reviewed, the publishers have taken different approaches to the presentation of advertisers in their online version. In one, because the online version is a simple PDF of the print version, the advertisers appear in the same format and placement as the print magazine.

In the other example, the viewer has the option to click on an advertiser's link that provides a scrolling billboard of all advertisements contained in the print version.

Recommendation:

Develop a MJCC consumer oriented Healthe-zine Web presence that promotes the concept, benefits and services available from the Health Lines services as well as public health information.

16 Health Lines Partnerships:

A lack of program resources for marketing and promotion was commonly identified and the ability to develop and execute new marketing initiatives is restricted by the availability of funding. However, the concept of "partnership" is often viewed only in the context of the provision of funding to a project or initiative. The definition of partnerships needs to be broadened to include organizations that provide promotions support, services in kind or "piggy-back" opportunities as well as providing financial resources.

As partnerships are nominated as a valuable, cost-effective strategy, maximizing "piggy-back" advertising between referring agencies should be considered.

A Health Lines Partnership Program would have multiple levels so that potential program partners can align themselves according to their interests and available resources. These could include:

Level I: Promotion Partners

Promotion partners can include allied health organizations, community groups and businesses that support the principles of self-care and recognize the value of the Health Lines service. Currently, each jurisdiction has partners that would fit this partnership level; however, many are underutilized as a vehicle for Health Lines promotion. A partnership kit could be provided to these partners that would include:

- Health Lines logos;
- Artwork from brochures and posters that can be adapted for use in partner materials; and
- PSA styled advertising materials that can be used for newsletters, journals and Web sites.

Promotion partners make a long-term commitment to supporting Health Lines but the resource commitment is low and sustainable.

Level II: Project Partners

At this level, organizations would be approached for the specific partnering with Health Lines in the development and delivery of targeted marketing at a specified audience group. These partners would be cultivated for their ability to provide assistance with program development, delivery and evaluation, and may provide services in kind, piggy-back or financial resources to the project.

Project Partners make a shorter-term commitment based on the project parameters, but provide a higher level of support during the project life span.

Level III: Program Partners

At this level, partners would be approached to assist in broad level marketing initiatives for the general promotion of Health Lines and again could provide services in kind, piggy-back opportunities or financial resources.

Program Partners would provide a level of resource commitment to Health Lines that allows the promotion of the service to be expanded substantially. One of the key challenges experienced by public organizations in the pursuit of this level of support from outside groups has been the reluctance to fund what is perceived as a "government" responsibility. The perception of "off-loading" to the private sector is one that has to be managed carefully and requires a consideration of the benefits of partnership that the MJCC or jurisdiction can truly provide to the potential partner.

At the same time for public organizations, partnerships with the private sector require careful review to ensure that organizational philosophies are aligned as best as possible and to ensure that the partnership will withstand public and stakeholder scrutiny.

Recommendation:

Develop a partnership strategy for engaging public and private sector organizations with Health Lines that can be implemented by MJCC members individually or as a group providing different levels of partnering based on needs and achievability.

17 Health Lines Advertising:

To date, the marketing and promotion activities undertaken in each jurisdiction suggest that available resources are being directed into as many audiences as possible and into the production of print materials to support those audience channels. The list of materials used in the promotion of Health Lines includes traditional items such as brochures and posters, and to more innovative items such as fridge magnets and bookmarks. However, without effective brand development and promotion, these items are often ineffective in influencing consumers and are at best reminders for the "converted". Although these items may have a lower development and distribution costs, their effectiveness cannot be measured or guaranteed.

In reviewing media options to assist the MJCC with selecting the most cost-effective media recognizing the broad nature of the target groups – both demographically and geographically – there is only one clear choice, and that is television. It continues to be the medium Canadians spend more time with in a given week, and the 'time-spent' numbers go up when one examines rural communities, low-income families, seniors, and the aboriginal population. It is also far and away the most effective means of reaching low-literacy individuals, and it is the dominant medium for young mothers with children.

The issue with TV is cost, both in buying airtime and in production.

Example:

An effective media strategy would include an initial 4-week TV campaign using 30-second commercials to set-up and establish the centralized phone number and Web site. **A four-week campaign at 200 GRPs/week will reach 85% of all of the target groups with an average message frequency of 9.** The media cost of a four-week launch is approximately $910,000 (subject to negotiations and dependent on lead-time to book).

On an on-going basis, the TV campaign would shift from 30-second messages to 7-10 second messages – this includes closed captioning, program sponsorship, sponsored newsbreaks, and opening and closing billboards on selected shows. These shorter commercial units tend to be priced out at anywhere from 30-40% of the cost of buying 30's, and have proven to be enormously successful in driving and maintaining awareness. Using the model described earlier, whereby airtime needs to be purchased for 8 months of the year and PSA's can fill in the balance, a budget of $200,000 per month needs to be set aside to purchase 7 months (30 second launch is the 8th month) of 7-10 second air-time. This strategy represents a one-time 12-month TV expenditure of $2.3 million dollars to be shared proportionately by the multi-jurisdictional group. For year 2 and 3, this effort can be sustained with a budget of roughly $1.4 million per year.

Recommendation:

Develop a focused strategy for marketing Health Lines targeting women across all audience groups using television advertising.

18 Health Lines New Business:

The potential to expand Health Lines into new business opportunities [such as service expansion into other jurisdictions or workplace health programs] must be balanced with the reality that most jurisdictions continue to struggle with the costs associated with delivering health services. Cost effectiveness needs to be a central consideration in the development and implementation of any new business strategies.

A broad range of Health Lines are provided in the jurisdictions included in this research. Survey participants identified almost 30 different types of Health Lines operating within the jurisdictions reviewed. These Health

Lines are provided through both government and non-government agencies and organizations.

Health authorities in all jurisdictions reviewed, provide a range of Health Line services. However, there are many other similar types of services provided by NGO's [e.g. Need Crisis lines; disease and illness support groups; consumer/patient advocacy organizations etc.]. The private sector [e.g. pharmacies; private health clinics etc.] also provide various types of Health Line support. These services are often used in corporate marketing campaigns to illustrate enhanced customer support.

The five most commonly available Health Lines include: nurse lines; dietary counseling; poison control; pharmacist counseling; and mental health [See Appendix 'A']. In most jurisdictions there appears to be a move toward, or interest in, identifying ways and opportunities to amalgamate and coordinate various types of Health Line support.

> **For example:** some jurisdictions that started with a nurse line have expanded their services to include counseling and advice of a pharmacist, mental health counselors and dietary/nutrition advice. Jurisdictions are also working toward improving direct connectivity with other types of Health Line services that they do not provide directly, such as being able to provide a direct caller transfer to a Poison Control or Sexually Transmitted Disease help line.

The provision of more unique Health Line services varies. Larger jurisdictions, and those with access to greater resources, are able to provide service expansion into strategically important areas such as multiple-language and translation services and specific disease groups or populations. There is a particular emphasis on services for Aboriginal populations and new immigrants with services designed to meet both specific cultural and language needs.

While this proliferation of services has expanded access and convenience for the public, it has, at the same time, created consumer confusion and a dilution of awareness of some key services. Nurse lines for example, which are becoming a cornerstone for the provision of self-care in many jurisdictions, have to fight for public awareness with a plethora of other telephone-based health services from immunization clinics to wide variety of disease specific support lines [e.g. heart disease; cancer; alzheimers; mental health; etc.]

The general public is left wondering who to call for what service.

A strategic alignment of call centres in concert with the initiation of a "311" number for Health Lines would improve access for the public while simplifying the playing field i.e. one number accessing all key health related call centres.

A strategic review of which types of Health Lines could or should be integrated was beyond the scope of this research initiative, however a further review of Health Line integration and consolidation should be undertaken in order to achieve the maximum benefits of cost control, coordination, marketing and public convenience.

Telephone technology today provides strategic opportunities for various jurisdictions to partner in the provision of Health Line services. Closer working relationships can be achieved through a greater sharing of services, where one jurisdiction provides cost-recovery based access to their existing services or through networked solutions where inter-jurisdictional call transfers can occur.

Amalgamation with NGO Health Line providers is a more challenging area to pursue. However, the MJCC is effectively positioned to play an important catalyst role for discussion with key organizations to assess opportunities to improve linkages and call transfer capability.

Recommendation:

Explore the feasibility for the amalgamation of key Health Lines into a single customer focused Health Line Service.

APPENDIX A
On-Line Survey Outcomes

Introduction:

A survey of Multi-Jurisdictional members and other key stakeholders involved with or who have unique knowledge of the delivery of Health Lines for the general public. The survey was designed to provide specific insights into the types and scope of services available and other relevant factors to inform the development of a current case assessment.

For the purposes of the survey, the term 'Health Line' referred to a range of telephone-based health information and support lines designed to provide public access to health information, referral, triage, or to support self-care decision making.

The survey was sent to 44 key stakeholders and received a 33% rate of return. Survey respondents included Canadian provincial and territorial jurisdictions, and U.S. jurisdictions. Details of survey results are included later in this Appendix.

Types of Health Lines available:

Of the types of Health Lines available, a nurse line was identified as available in more than 90% of the jurisdictions that responded to the survey. In addition, approximately 40% or more of respondents identified dietary, mental health, smoking/tobacco, poison, and pharmacist lines as available in their jurisdictions.

Key purposes for Health Lines:

Respondents overwhelmingly agreed that the enhancement of informed health decision-making, improved access for the whole population and triaging people to the most appropriate level of care are the key purposes for Health Lines. Decreasing utilization of physician services is ranked as the least applicable purpose.

Collaboration on Health Line promotion:

As identified by respondents, the groups most collaborated with on Health Line promotions are physicians and nurses, followed by aboriginals, seniors and government. Respondents also identified other health care practitioners (dieticians/nutritionists and pharmacists in particular) as key collaborators. Among those ranked lowest in terms of collaboration are regulatory bodies, schools, health insurers and rehabilitation practitioners (physical therapists and physiotherapists).

Media and strategies:

Respondents typically used a variety of media and strategies when tackling Health Line promotion. 100% used print materials, while 65% or more also used newspapers, internet, television, and specific media relations. Collaboration with other initiatives, programs and groups also played an important role. For instance, some respondents used other agencies and outlets such as pharmacies and rural health centres to distribute information, and some utilized regional health authority communications and had materials available at health fairs, etc.

Respondents supplied the following strategies as key for targeted and defined populations:

- Production of a variety of media (brochures, posters, videos, etc.) available in translated languages.
- Production of materials targeting specific age groups as well as cultural groups.
- Development of materials (visual and otherwise) that will cross cultural and ethnic barriers.
- Use of community-based organizations that already have links to targeted and hard-to-reach populations to aid with distribution of materials.

Nurse lines – promotion, marketing, barriers and evaluation:

Almost all [84.6%] of respondents indicate that their jurisdiction provides a nurse line. Of these, 63.6% stated the importance of identifying and promoting the professional credentials of their call centre nurses. In addition, the following were listed as some important factors in promoting nurse lines:

- Greater media support, enabling a higher profile
- Establishment of relationships with key health care stakeholders such as physicians other practitioners
- Clarity of messaging
- Promotion of accessibility/convenience
- Customization of promotion for target audiences

There are, of course, barriers to marketing nurse lines. Respondents identified the following as some of the gaps and barriers they have encountered in their jurisdictions:

- Gap in working with the education system (schools, districts, teachers, etc.) to implement Health Lines as a part of an on-going student health education program.
- Finding a sufficient pool of nurses is challenging.
- Funding and costs of marketing can be prohibitive.
- Greater government commitment is needed.
- Hard-to-reach populations are being missed.

Conclusions:

A broad range of Health Lines are provided with nurse lines forming a strong component in a significant majority of jurisdictions that responded to the survey. Enhancing self-care decision-making and improving access are key themes that emerged as the core purposes for the development and provision of Health Line services.

While various media are used in promoting public use of Health Lines, all respondents indicated the importance of having reinforcing print materials available in multiple languages, and that can cross ethnic and cultural barriers and target specific population groups to reflect regional demographics and ethnography.

In terms of media buying, the cost of mounting and sustaining media campaigns is a barrier for many jurisdictions. To address cost and marketing challenges, collaboration with other initiatives and programs and with specific groups and professional organizations was cited as an important factor in successful marketing and promotion.

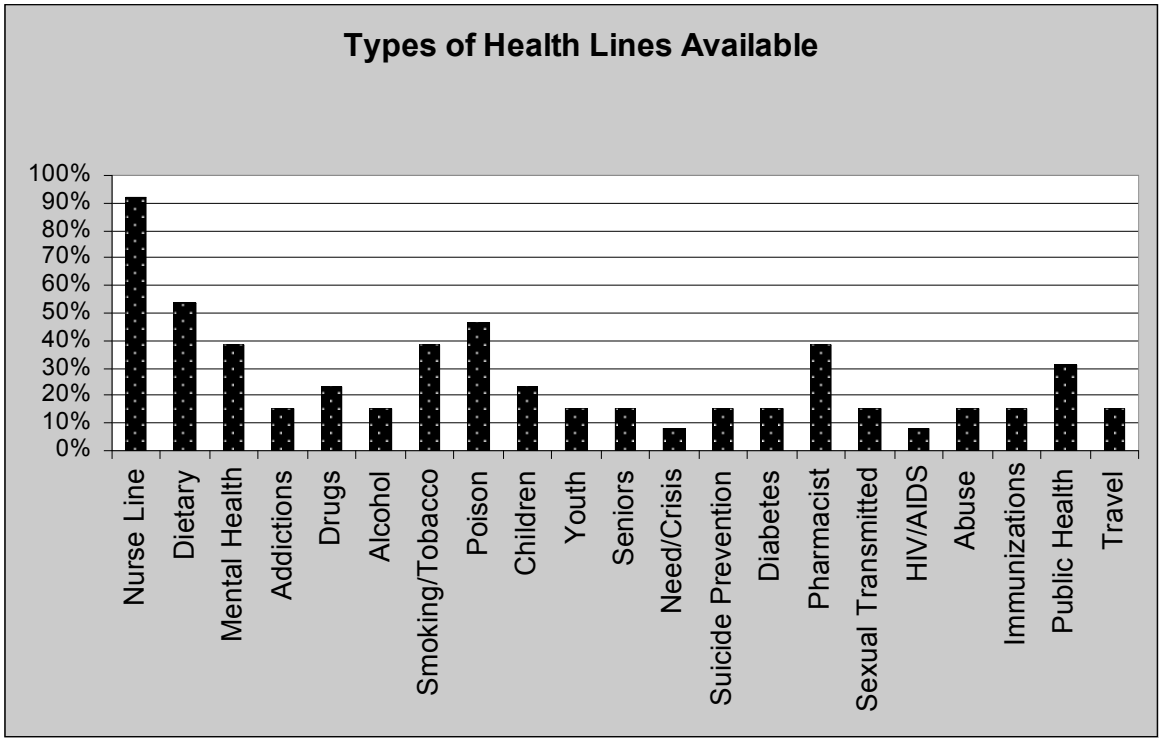
For jurisdictions providing nurse lines, promoting the professional credentials of the nurse call takers and the convenience and accessibility of the service were cited as key success factors.

Recommendations:

Web-based surveys are a valuable tool for effectively and efficiently collecting and sharing information.

It is recommended that the MJCC develop and utilize a web-based survey tool to be administered periodically [e.g. twice annually] to assess the on-going development of, investment in, and effectiveness of new marketing and promotion strategies among MJCC jurisdictions. Survey outcomes can be shared with MJCC members through on-line access to survey data. This collaborative collection and sharing of periodic up-dates and evaluations will enable individual jurisdictions to more effectively position their Health Lines programs with key decision makers by providing regular comparative analysis with collaborating jurisdictions.

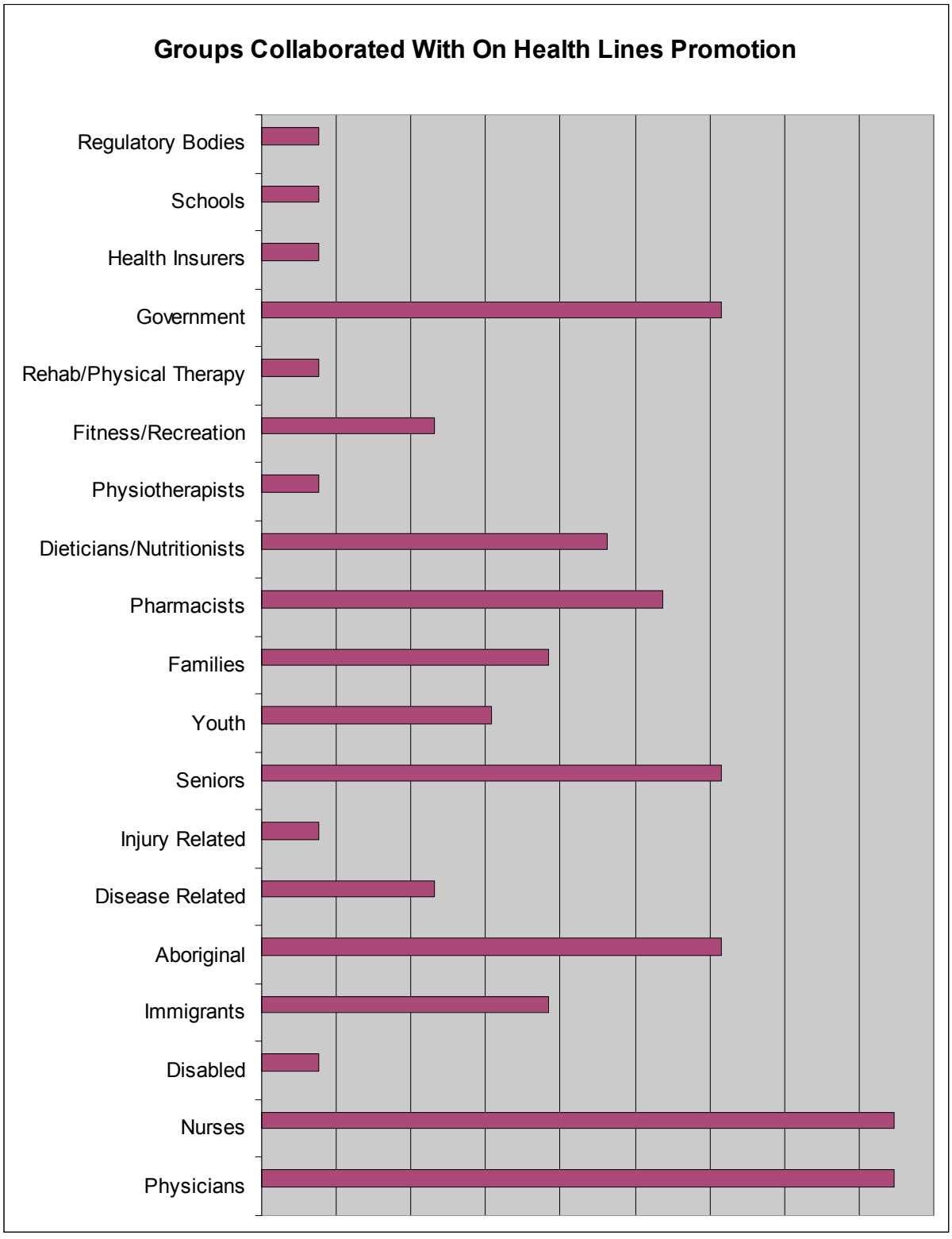
Detailed Survey Results

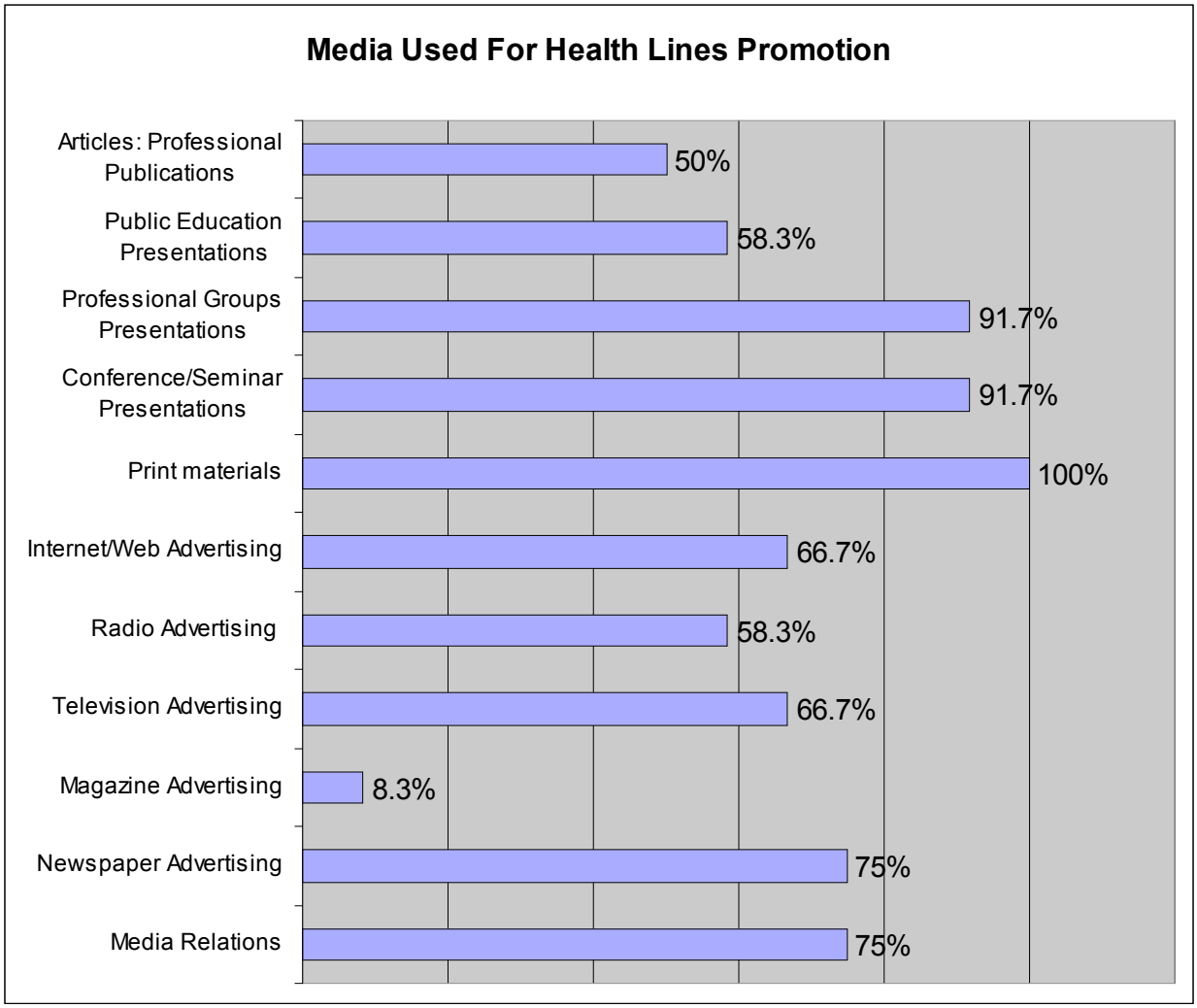


Other Identified Health Lines Available

- Organ and Tissue Screening
- Rabies Information
- West Nile Virus
- Gambling Help
- Sexual health education [STDs, HIV/AIDS for youth, adults and seniors]
- Breastfeeding non-clinical support;
- Support to various health related initiatives developed as needed.

Identified Key Purposes For Health Lines						
	Very Applicable	Somewhat Applicable	Slightly Applicable	Not Applicable	Unsure	N/A
To expand health care knowledge.	**77%**	**15%**	8%	0%	0%	0%
To enhance informed health decision-making.	**85%**	**15%**	0%	0%	0%	0%
To improve communication between people and care providers.	23%	62%	8%	0%	0%	8%
To reduce health care utilization costs.	46%	46%	8%	0%	0%	0%
To improve access for the whole population.	**92%**	**8%**	0%	0%	0%	0%
To improve access for rural populations.	**92%**	0%	0%	0%	0%	8%
To improve access for specific populations.	38%	54%	0%	0%	0%	8%
To enhance convenience.	69%	8%	23%	0%	0%	0%
To direct people to the most appropriate level of care [triage].	**85%**	**8%**	8%	0%	0%	0%
To decrease utilization of physician services.	23%	54%	8%	8%	8%	0%
To decrease use of emergency hospital services.	31%	62%	8%	0%	0%	0%


Groups Collaborated With On Health Lines Promotion
Regulatory Bodies
Schools
Health Insurers
Government
Rehab/Physical Therapy
Fitness/Recreation
Physiotherapists
Dieticians/Nutritionists
Pharmacists
Families
Youth
Seniors
Injury Related
Disease Related
Aboriginal
Immigrants
Disabled
Nurses
Physicians



Other Strategies Identified

- Endorser's Council [Health Professions bodies and associations]
- Print campaign in all of the above as well as recreation facilities, libraries and municipal halls.
- Emergency Department promotion of Nurse Line. All new moms receive an info package which contains info regarding Tele-Care.
- Regional Health Authority communications.
- For new line, we will use other agencies such as pharmacies, family agencies and counsellors, health centres in rural communities, doc offices and youth centres.
- Health Fair Displays/Booths.
- Hospitals distribute information about the NurseLine when patients are discharged. Many pharmacies provide information about the NurseLine. Some Physician after hours answering services refer patients to the NurseLine.

Strategies Targeted to Defined Populations

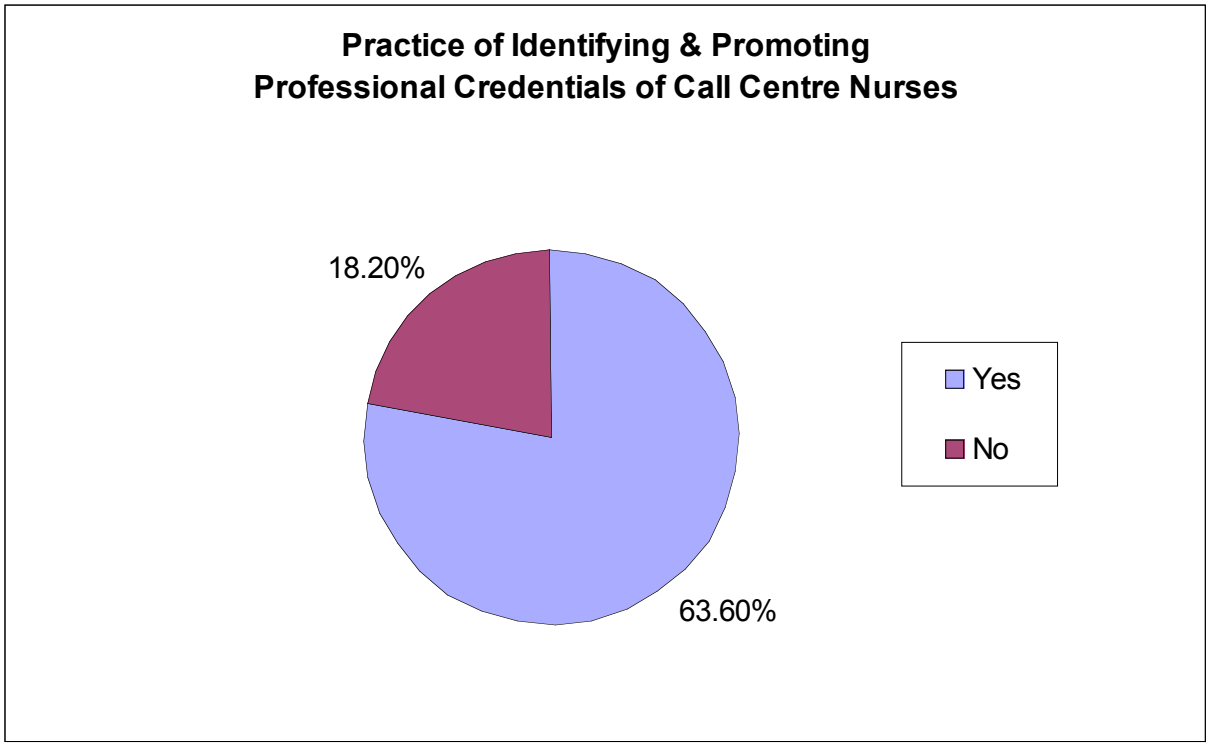
- Information brochures regarding the HealthGuide book and NurseLine printed in several different languages. Participation in Trade shows exclusive to Punjabi and Cantonese speaking individuals
- Federal funding for Francophones. Translated brochures. Tradeshows with Aboriginal interests. Health care profession's AGMs, or other association AGMs.
- Poster and brochure material produced in Dene, Cree and French.
- Posters translated into French, Cree and Dene. Used an Aboriginal model on poster.
- Ethnic/cultural and language specific populations addressed in various materials/strategies.
- For tobacco - specifically targeted adults aged 24 and up. Sexual health line: initial campaign to be targeted at youth. First Nations population always considered, as is French community.
- Currently developing series of videos to be used to promote access by Farsi-speaking community.
- First Nations Health Handbook. Punjabi and Chinese pamphlets. French Health Handbook

Marketing & Communication Strategies for Hard to Reach Populations

- Provide point-of-pick-up materials through local businesses, pharmacies, home health supply stores in areas of immigrant populations or employees.
- Target materials to schools with significant ethnic populations.
- Identify all community services supporting new immigrants and new arrivals to the province (e.g. Immigration services, Welcome Wagon, Colleges providing ESL courses.
- If a Heatlh Guide/Health Manual is available, make this available and encourage support services and ESL programs to incorporate in education and orientation courses/workshops.
- Talk to tribal councils, northern and rural health regions and other agencies responsible for administering aboriginal health services.
- Identify the availability of other primary and secondary research sources.

Promoting a Nurse Line to Non-English Speaking Populations

- Provide multi-language brochures and marketing material alternatives.
- Use CanTalk Services [providing multi-language translation services]
- Participate in trade shows targeted to non
- Provide materials through Francophone Associations and on self-care websites.
- Offer presentations at events focused on new immigrants and ethnic groups.
- Provide language alternative materials through multicultural organizations (Settlement Officers and ESL instructors/clients) or encourage use of a translator in presenting health information.
- Use marketing visuals to bridge the language barrier.
- Develop videos will multi-level languages available.
- Provide alternative language advertising.
- Provide bilingual household mailers where alternative language populations warrant.

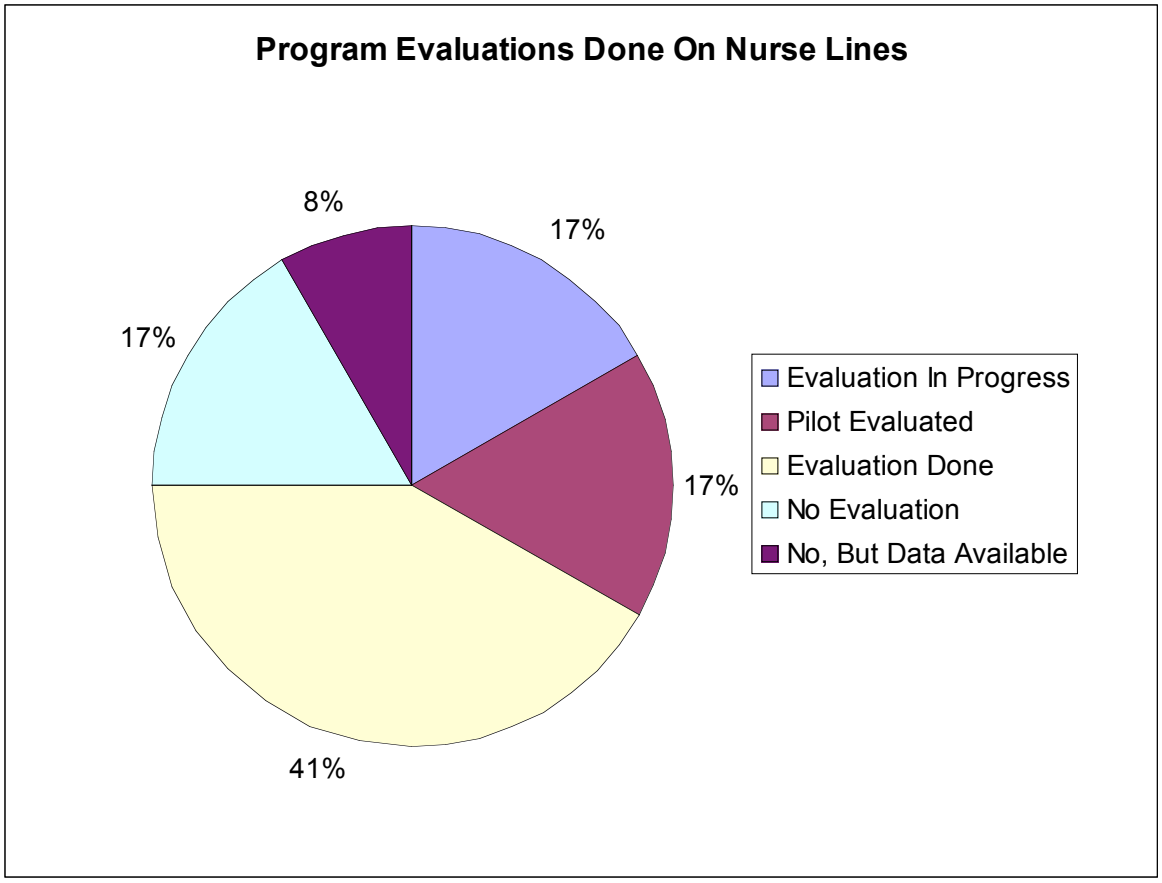


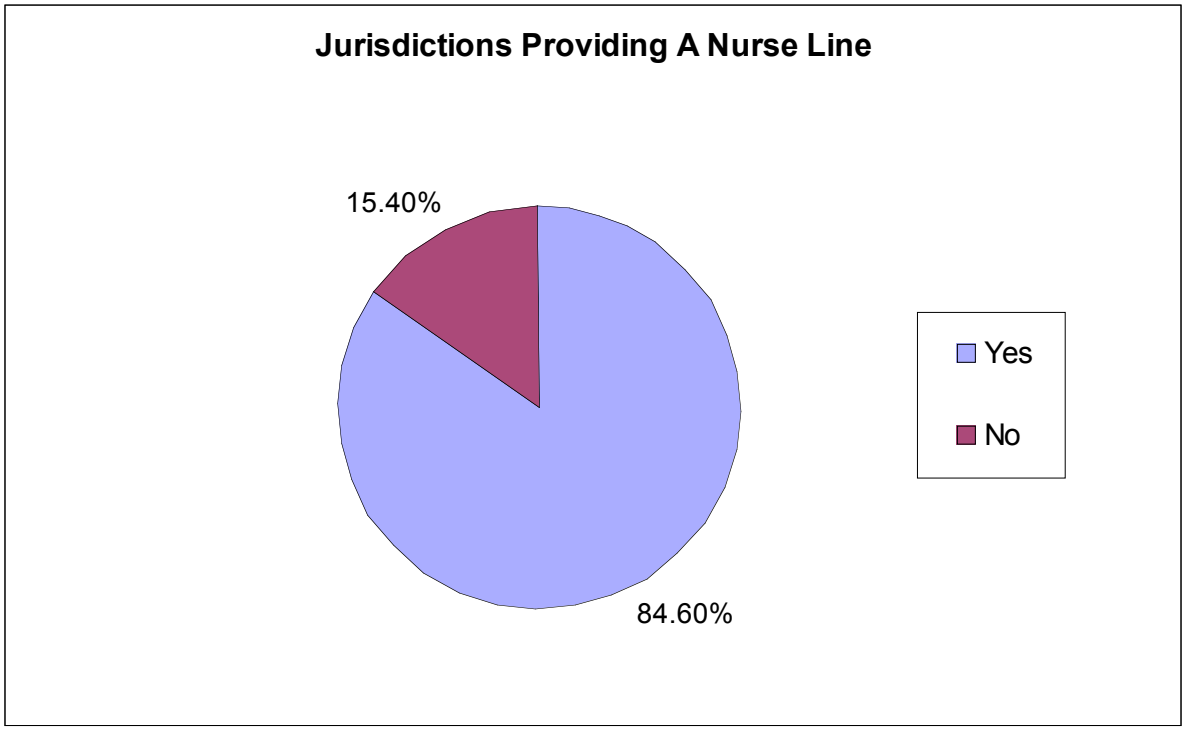
Most Important Factors in Promoting a Nurse Line

• Education on how the Nurse Line can support an individual. • The use of a Health Guide handbook. • Fridge magnets. • Greater media support would have enabled a higher profile of the program.
• Promoting: Credentials of RNs; Confidentiality; Convenience.
• Clarity of Message. • Comprehensive campaigns. • Customized products for specific purposes and target groups. • Establishing relationships with key health care stakeholders such as physicians and other practitioners.
• Establish/maintain stakeholder support. • Demonstrate continuous visibility and public acceptance/use of the service.
• Clear messaging on what the service is in meeting the need of the caller • Promote comfort with this type of service and use personal experiences to illustrate.
• Segmentation of audiences for promotion. • Provide studies of awareness levels, service use and patterns and make this public.
• Promote accessibility 7/24/365. • Address expectations as to what a nurse can or cannot do as part of the service.
• Promote convenience and professional credentials of call takers. • Ensure consistency of marketing/advertising and use testimonials.

Identified Gaps and/or Specific Barriers in Marketing Strategies

- Need to identify and target sectors that experiencing budget cuts [e.g. School Superintendents/Principals] to market the fact that for no cost, they can have a full-time Registered Nurse available to every student and teacher every day of the school year - just a phone call away.
- Need to work with Education Departments and School Districts to encourage use a Health Guide Handbook as part of the school curriculum with a tie it in to the Nurse Line as part of ongoing student health education.
- Available funding capacity of service provider (i.e. sufficient pool of Nurses) is a challenge.
- Ongoing funding and cost of marketing limits promotion.
- Need to develop a government commitment to a comprehensive and consistent awareness strategy.
- Campaigns that have been mass media, province-wide, miss small and targeted populations and communities such as: new parents; Aboriginals; rural/remote communities; seniors, language specific groups; unique geographic factors.
- Lack of ability to sustain a strong advertising / marketing presence. There needs to be a recognition that advertising / marketing needs to be consistent and maintained for many years to change culture / behaviour.




Jurisdictions Providing A Nurse Line
15.40%
84.60%
Yes
No

APPENDIX B
Telephone Survey

Introduction

A telephone survey was conducted with representatives from multiple jurisdictions to determine the following:

- Current effective marketing strategies.
- Gaps in current marketing strategies and the barriers to eliminating those gaps.
- Recommendations for promoting health line services.

Method

Members of the multi-jurisdictional committee were asked to suggest the names of key informants in their or other areas to be contacted for a half hour interview. As these key informants were interviewed they in turn suggested other key informants. The greatest difficulty encountered was the identification and location of contacts overseas, however we were able to interview a few key managers in international locations. The time of the year (summer holidays) was a hindrance, in particular for contacting researchers. Sixteen health care professionals participated in telephone interviews and some referred us to recent review publications. Some of the participants had also completed a web-based survey prior to the telephone interview (reported in a previous section). Common themes from the interviews are summarized below.

Summary of results

The comments on marketing strategies can be viewed in the context of the "best practices" literature for social marketing described earlier. Most common in social marketing approaches are strategies (omitting the regulatory approach) for changing behaviour, knowledge and attitudes:

1. An information approach that assumes people lack pertinent information and that once provided, would result in the desired behaviour change.

2. A marketing approach focuses on the benefits that result from an improvement in price, access, or service and regards people as consumers, who selectively decide on products or services for consumption.

3. A decision-making and counseling model views problems as complex (where one product or service is not held over another) and people as information managers, capable of making reasoned decisions.

In the jurisdictions contacted by telephone, the majority of respondents stated the following as the main purpose of the health line: "To help the population manage health issues or symptoms." Thus, the decision-making model as described above provides the underlying assumptions for most promotion efforts. The appropriate use of health services is seen as an outcome of this goal.

Many jurisdictions have focussed on, with good effect, an emphasis on all three elements as described above. The gaps in marketing the line for these purposes centred on: a budget dedicated to advertising; grassroots types of promotion in ethnic and other specialized communities; an emphasis on a literate population and a failure to reach the populations at each end of the age spectrum, the young (youth) and the elderly.

The four elements of successful marketing campaigns as described by McCarthy (1968) as described earlier include:

1. developing a useful *product* – the adoption of the promoted behaviour
2. with the most useful *promotion* - the means of audience persuasion
3. in the right *place* - the method of message dissemination
4. and at the right *price* – what the target audience must give up

Price and product

Promotion of the health line, or to use McCarthy's term of 'audience persuasion', entails letting the public know that a health line service is available, when and for what purposes (to help manage symptoms or health issues) . It appears that all jurisdictions have shied away from a discussion of *price* with the public, preferring instead to emphasize the *product*, that is, a useful service to help people make health decisions. In a campaign aimed at the right *price,* the audience in this case must be persuaded to give up the reliance on emergency services or physician office visits. Promotion therefore, would be aimed at persuading the public that the health line is as, or more, convenient and as effective as those other services, while at the same time more cost effective for the health system. Most of the respondents prefer to see the economic benefits as an outcome rather than a strategic campaign.

The place and method of promotion

The choice of *place*, or method of message dissemination appears to be based on a combination of: doing what has worked in other jurisdictions; economic factors; and ease of distribution. The latter decision means that more outreach types of promotion that are proven to be effective such as workshops and partnerships are underutilized due to the greater investment of time and human resources required for their implementation.

Across jurisdictions, promotion has emphasized the use of the health line as:

- a means of community support;
- to increase confidence in decision-making;
- to be able to manage health issues;
- to increase knowledge of health and to be able to access the right service at the right time for the right purpose.

As stated earlier the most common promotional emphasis has converged on managing health issues.

The "Message"
Respondents emphasized that through a variety of print materials the messages described above must be given repetitively, reinforced through a variety of means and must be consistent in appearance either through "branding" or colour identification so that over time the product is easily recognized.

Partnerships
Missing in some jurisdictions is the added value and sustainability gained by partnering with other organizations that routinely interact with the public as well as those encountering new immigrants and new residents. Some of these organizations include schools, real estate companies, libraries etc.

Key factors from the telephone survey

Types of health or self care lines supported by the health authorities and the connections between the health lines

In addition to the nurse call centres supported in Canadian jurisdictions other types of health line (usually toll-free) services offered are: dial-a-dietician; poison control; addictions line; pharmacists' line; new parents line; and a sexually transmitted disease line. Referrals were commonly made between different lines to answer specific questions. [See Appendix 'A']

(In U.S. based call centres the call line is able to manage any call type therefore referrals were unnecessary).

For further consideration:
As partnerships are nominated as a valuable, cost effective strategy, maximizing "piggy-back" advertising between referring agencies should be considered further.

Recommendation:
Review the current partnerships between various health lines to determine if co-sponsored advertising and cross-promotion is maximized.

Strategies used to promote the health line and professional groups involved in promotion/marketing of the line

A wide variety of strategies are used to promote the line(s). The most common responses were tradeshows, and media advertising such as radio, television, and newspaper. Other visual advertisements used were posters, brochures, leaflets, and fridge magnets.

Professional groups involved in promotion/marketing of the line included: Colleges of Physicians and Surgeons; Medical Associations; Pharmacists; Public Health Nurses; Registered Nurses; Nurses Union; and hospital emergency departments.

"While in some jurisdictions physicians are strong advocates of the call centre, others lack awareness of the complementary usefulness of the health line. Preliminary results from an evaluation in one jurisdiction indicate that although the College of Physicians and Surgeons and the Medical Associations are named as partners, physicians in general have either a very low level of awareness of the line and the services available or negative attitudes towards these services."

A respondent who is a researcher said this about physician responses:

"The medical community [doctors, nurses and emergency room personnel] does not fully understand how they can work with these lines…. I think there is a lot of uncertainty about what this means for how our health system is going to function. So these things have to be kept in mind…it is a cultural shift that needs to happen and we have to think about what the implications are for our health system"

Recommendation:

In some jurisdictions effective partnerships with professional groups will entail some initial education on the effectiveness of the health line and the role of the nurses.

Alternative strategies to promote to the "hard to reach" populations, such low income, remote and isolated communities, multi-cultural communities, Aboriginal communities

Respondents suggested the following as strategies for promoting the health line service to those underutilizing the line:

Table: "Hard to reach" populations

Population	Strategies
Low income	• toll-free telephone numbers • public health units • health clinics • partnerships with schools
Remote and isolated communities	• telephone triage service • toll-free telephone numbers • workshops • direct telephone line to health line in emergency rooms • tradeshows
Multi-cultural communities	• interpreters • video explanation and promotion • public health nurses • health clinics • multi-language brochures • partnerships with community leaders • promotion at cultural events • partnerships with organizations that provide services to this population
Aboriginal Communities	• In BC an Aboriginal companion document that supports the BC Health Guide • partnerships with community leaders

Promoting the line to non-English speakers (or non-French) and those with low literacy

Although many strategies suggested in the responses to previous question could apply here, suggestions for specific interventions for these two types of populations were as follows:

Table: Promotion to non-English speakers and people with low-literacy

Population	Responses
Non-English	• multicultural organization settlement and integration officers • working with ESL instructors • multi-language materials • working with community leaders
Low-literacy	• health fairs allow verbal communication, • TTY service • health file written at a grade six level • community workshops

For further consideration:
Strategies to engage "hard to reach" populations require outreach and support of the community. Many factors affect whether or not Aboriginal, immigrant populations or those with low literacy access the line, e.g., lack of awareness of translation services, fear of cost, cultural practices, and lack of trust in health services.

Quebec is reportedly the most successful province in reaching ethno-cultural groups, and those with lower educational levels. Whether this is due to aggressive social marketing or to the more integrated infrastructure of their health system needs further investigation.

Recommendation:
Develop partnerships with community leaders and associations in order to determine possible reasons for reluctance to use the health line and strategies to promote it.

Recommendation:
Review the strategies engaged by the province of Quebec to engage "hard to reach" populations and determine what is transferable to the rest of the jurisdictions.

The gaps/barriers in the current strategies for marketing

The most prominent gap/barrier was the lack of finances dedicated to marketing as well as the financial resources needed to support an increase in call volume should the marketing be successful. A comprehensive and consistent direction set by the organization is also needed for future marketing strategies.

Table: Gaps/barriers in current strategies

Type	Gaps/barriers
Finances	• not enough money to carry call volume • the high cost of marketing • money directed to health services rather than marketing in health care
Organization Structures	• marketing is ad hoc • promotion needs consistency • a clear and simple name for service • providers must be aware of the program • strategies are not well developed, goals and objectives are not clearly defined therefore it is difficult to assess progress • lack of communication in the organization makes it hard for managers of the nurse line to staff accordingly
Non-mainstream populations	• lack of cultural awareness and relevancy • "hard to reach" markets not sufficiently addressed

"Need small strategies to make it happen. Partner with community groups and target materials or brochures towards specific issues that might appeal to them."

"Need to convince people in the rural areas that some one in the big city can help them. Can't see the help, no tongue depressor, no one taking temperature. Need a visual to let them know what the help is".

"Doing more networking with Western colleagues but not enough time for sharing and networking."

Recommendation:
Identify the similarities across jurisdictions in types of population groups, e.g. rural or health issues, e.g. diabetes and create a generic promotional strategy to be used by all jurisdictions.

Materials, tools or strategies from other jurisdictions

Most jurisdictions adapted a corporate, turn key package purchased from the United States and borrowed materials from other provinces Three jurisdictions, Ontario, Alberta and New Brunswick purchased their package from HealthLine Systems (US) and then customized it. British Columbia purchased their package from Healthwise (US), and Manitoba purchased Ambulatory Innovations Inc. Only Quebec developed their own clinical protocols.

For further consideration:
It may be difficult to share materials across jurisdictions due to the corporate ownership of some materials which may be copyrighted.

Ways and places where the line is promoted, for example: emergency room referrals, physician after-hours answering services or referrals from other agencies etc.

The responses to this question can be separated into two groups. Respondents either indicated promotion within the health care system or some type of media advertising.

Table: The line is promoted as follows:

Medium	Method
Health care system	• ER referrals • direct phone contact in ER waiting room • physician offices (posters) • discharged patient information • physician after hours answering service • physician recommendations • referrals from other call lines
Advertising	• library bookmarks • take-home brochures for elementary students • fridge magnets • newspaper ads • radio ads • television ads

"Develop ready print materials to a community. Promote through a doctor or public health nurse that speaks their language in that community …Produce a generic rural or remote story or visual that we can use in different communities — say seniors or mothers that we can quickly adapt, customize the unique aspects and place it in a media source either paid or unpaid".

"What we don't have is a toolbox for…seniors, women, men, Aboriginals, new Canadians, so you can add your logo, pick an area, add your story then place it. Get a visual that is appropriate for their age [or situation. Get one picture we can use across Canada. Ready made digital picture or art work that is almost a style guide cropped, ready to print –just cut and paste or [have it on] CD. A common poster that you just customize with your own logo and message."

Recommendation:
To offset the cost of producing expensive materials for advertising such as posters and brochures, share generic resources across jurisdictions that can be easily adapted for specific communities.

Promotion and advertisement of the credentials of the professionals/nurses who answer the line

Credentials of the nurses are generally part of the advertising campaigns. However others said that the primary focus is on years of service rather than the particular specialties that the nurses have attained, for example, experience in the emergency room, neonatal specialties, intensive care etc.

A meta-analysis of caller satisfaction across jurisdictions indicated that satisfaction with most call centres is around 85% on average. If the survey compared RN tele-triage to MD tele-triage the satisfaction with RN tele-triage hovers around 55% (Stacey, Noorani, Fisher, Robinson, and Pong, 2003).

Recommendation:

Investigate the possibility of advertising both the years of experience and the specialized training of the nurses working in the health line call centres.

Evaluation of the service

We were referred to a recently published review of call centres for the most comprehensive answer to this question. According to Stacey, Noorani, Fisher, Robinson and Pong (2003) five out of the six more established call centres have performed evaluations. Most have concentrated on caller satisfaction and reduction of non-urgent visits to the Emergency Department. Caller satisfaction is high and three programs have reported a decrease in non-urgent visits to the Emergency Department in the range of 8% to 32%.

Population groups underutilizing the line

There was a wide range of population groups that underutilize the health lines, however there is consensus both in the responses of the interviews and in published utilization studies that teens, seniors and ethnic groups are under utilizing the services.

An evaluation in BC indicated that regionally, the lower mainland underutilizes the Health line (where the greatest population and the highest ethnic populations reside). Pregnant women, those with chronic diseases and young and middle-aged men were also underrepresented.

In all jurisdictions women are the greatest users of the call centres, often calling on behalf of other members of the family.

For further consideration:
Due to a number of factors, not the least of which is the fact that women are generally the caregivers in the family, women aged 34 -59 are the greatest users of the health system (Hills and Mullett, 2004). It is not surprising then that they are also the greatest users of the health lines. Rather than aim promotion at increasing utilization by other groups, marketing strategies could be aimed at ensuring that all women in all community groups have access to the line.

Furthermore, one jurisdiction suggested promotion by epidemiology. In other words, promotion begins in those communities where there are the greatest risk for disease such as diabetes and heart disease.

Recommendation:
Promotional efforts in communities should be strategic, that is, they should be aimed at communities at risk for disease and start with the women of those communities.

Recommendations for effective strategies to promote health lines

Table : Effective strategies to promote the Health line

Area	Suggestions
Advertising Approach	• multi-faceted • adaptable • targeted, increased media advertising • spending money in an effective way • use of tangible items like refrigerator magnets
Putting a "face" on message	• needs to have a human feel • celebrate success stories • have a purpose or goal • must be a non-partisan message • consistent look and feel
Developing partnerships	• partnering with organizations in the community • get physicians on-board* • focus on groups that have not yet been reached • needs to be comprehensive and consistent throughout the year

***** This was a common response: the need for physicians to be active in the promotion of the health line.

Perceptions of the most expensive and least expensive strategies that are effective

Table: Effective strategies, expensive and inexpensive

Cost	Effective
Most expensive	• newspaper ads • yellow page ads • outreach work • workshop materials • television ads
Least expensive	• fridge magnets, stickers • word-of-mouth • tagging health line number on all health stories in the paper • partnering with community organizations • health line number printed on all discharge sheets • health plan group member card with number printed on it • health professionals promoting service

* The most common response was the use of fridge magnets as an extremely effective and relatively inexpensive promotion (although one jurisdiction said fridge magnets are too expensive for their budget).

Anticipated outcomes in knowledge from the health line(s)

Purpose	Knowledge imparted
Self care	• self-care and prevention • educating patients on how to care for themselves or their illness • educating the caller to get most appropriate care in most appropriate time in most appropriate way • health information and how to manage common symptoms
Knowledge of resources	• knowledge of health handbook • nurse line and health files • seeking out appropriate care • better use of health care system and educating consumers to make wise health care choices • give caller confidence in decision making • appropriate use of the ER
Longer term development of informed consumers	• the right information at the right time to make the right decision • about treatment • long-term development • better informed decisions • empower callers

Emphasis on shared decision-making and knowledge of self-care in marketing strategies

How shared decision-making is viewed
• the engagement of physicians is not a collaborative effort due to time factor • no distinction between health care and being directed to the ER resources allowing for self care and clinical guidelines • BC's comprehensive, integrated health guide program [book, nurse line and website] • health line nurses have more time for education than physicians • model of empowerment • training of nurses • the program is about relationship with health care provider

Emphasis on marketing appropriate use of services, such as physician or emergency room services

Table: Appropriate use of services

Emphasis/effect
• call nurse line before going to ER • sight as a goal for the program • backlash from physician community when "appropriate use" mentioned • a lot of effort made to keep people out of ER • more focus on health guide and health line can help alleviate pressures on the system • discharge patients with nurse line info for self-care follow-up • focus has been to highlight community support available with information provided directly from the call centre

Summary of Recommendations

In summary, the discussions with respondents by telephone lead to the following recommendations:

- Review the current partnerships for promoting the line to determine if co-sponsored advertising is maximized.

- Develop effective partnerships with professional groups including some initial education on the effectiveness of the health line and the role of the nurses.

- Develop partnerships with community leaders and associations in order to determine possible reasons for reluctance to use the health line and strategies to promote it.

- Review the strategies engaged by the province of Quebec to engage "hard to reach" populations and determine what is transferable to other jurisdictions.

- Identify the similarities across jurisdictions in types of population groups, e.g. rural, or health issues, e.g. diabetes and create a generic promotional strategy to be used by all jurisdictions

- To offset the cost of producing expensive materials for advertising such as posters and brochures, share generic resources across jurisdictions that can be easily adapted for specific communities.

- Investigate the possibility of advertising both the years of experience and the specialized area of training of the nurses in the health line call centres.

- Promotional efforts in communities should be strategic, that is, they should be aimed at communities at risk for disease and should start with the women of those communities.

APPENDIX C
Literature Review and Social Marketing

Introduction:

The provision of direct telephone access to certain types of Health Line services such as nurses, pharmacists and some other health care providers, is a relatively new and developing area of complementary health service delivery. While some Health Lines [e.g. poison control; some disease specific help lines] have been in existence for many years, telephone access to other types of services as noted above, are newer areas of health service development.

Existing marketing campaigns relating to Health Lines are somewhat limited given the relatively new development of key services such as nurse lines.

Our research therefore included a review of broader social marketing goals and strategies to help inform recommendations related to more specifically focused communications and marketing on Health Lines.

Overview:

Given its' behavioural orientation, social marketing has been recently defined as "the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behaviour of audiences in order to improve their personal welfare and that of their society"

(Andreasen, 1995)

Social marketing has its roots in the 1950s where it originated from the fields of mass communications and social psychology (Rothschild, 1997). Commercial marketing technologies during the 1960s were then adapted to form health education campaigns in developing countries (MacFadyen, Stead, & Hastings, 1999).

Originally defined as "the design, implementation, and control of programs calculated to influence the acceptability of social ideas and involving considerations of product planning, pricing, communication, distribution, and marketing research" (Kotler & Zaltman, 1971, p. 5), the idea of marketing came to represent a system of transactions, exchanges, and reinforcers (Rothschild, 1997). The subsequent two decades, the 1980s and 1990s, brought about a shift in focus, recognizing that the primary goal of marketing is behaviour change (Andreasen, 1997).

Objectives:

The objective of social marketing is to effect positive change. Since social marketing has its focus on behaviour change, the means through which it attempts to achieve this must take into account personal beliefs, values, ideals and culture (Novartis Foundation for Sustainable Development, 1998). When attempting to change beliefs, attitudes and ultimately behaviour, a social marketing campaign may adopt varying intervention levels.

For example: A social marketing intervention may be targeted at individuals, with the intention of achieving individual change; at the community level, in which, the entire community is the focus of the intervention and is involved in each stage of the process; or at the social level where change is targeted at the social structures currently in place.

(Andreasen, 2002)

The emphasis in social marketing on "non-tangible products [such as,] ideas and practices" (Novartis, 1998) means that the socially marketed 'product' is actually a 'service'. In order to market a service, the social marketer must have a strong understanding of human behaviour and behaviour change. Four types of behaviour can be identified (Novartis, 1998):

1. Pragmatic behaviour which is shaped by the individuals' considerations of the consequences of the action.

2. Value-oriented behaviour which is shaped by individuals' ethical considerations of the action regardless of its consequences.

3. Traditionalist behaviour occurs when individuals' actions are determined by the social structure and their adherence to social norms.

4. Emotional behaviour occurs when individuals behave according to their moods.

Not only is behaviour shaped by differing motivations, but motivations and behaviour also differ among and within populations. By understanding that behaviour can be shaped by different motivations for different people, it follows that the major focus of social marketing must be on the so-called "target audience."

The target audience is the central focus of social marketing. Understanding the current beliefs and attitudes of the target audience ensures that the intervention is appropriate, thereby facilitating easier adoption of the desired behaviour.

"The essence of the social marketing mind-set is a fanatical devotion to being customer-driven"

(Andreasen, 1997 p.7).

Consumer orientation in social marketing emphasizes cultural relativity and centres the activity on the requirements or needs of the consumer (Bryant et al., 2001; Hastings & Haywood, 1994). For example, when using mass media to deliver the message to the target audience it is critical to look at the audiences' media habits, environments, and attended events.

"The term 'audience segmentation' describes the process of dividing segments of a community into groups where the contained individuals share similar values and attitudes. This, in turn, offers a means of targeting health-promotional interventions at specific individuals/groups who might 'consume' health-related products" (Whitehead, 2000, p.811). Audience segmentation is necessary for developing a social marketing intervention that truly targets the intended audience.

Inherent in social marketing is its iterative nature. Social marketing requires ongoing evaluations to determine if the intervention has had the desired behavioural effect.

"Evaluations of social marketing programs are most useful if they are integrated into programs in an interactive, iterative, ongoing system"

(Balch & Sutton, 1997).

By integrating evaluations into the social marketing campaign, necessary adjustments may be made to the program throughout its implementation to facilitate its greater efficacy.

Key Themes:

A discussion of social marketing typically pays tribute to the four "Ps" initially conceived of by McCarthy in 1968. These include:

1. developing a useful ***product*** - the adoption of the promoted behaviour
2. with the most useful ***promotion*** - the means of audience persuasion
3. in the right ***place*** - the method of message dissemination
4. and at the right ***price*** – what the target audience must give up

With these four "Ps" in mind, researchers have outlined various general approaches to social marketing; for example, Smith (1997) segregates social marketing into four general approaches:

1. A regulatory approach is one in which an outside service regulates individuals under a protective guise; an example of which would be the prohibition of smoking on airplanes.
2. An information approach is the most widespread social marketing strategy and assumes that people lack pertinent information that once provided, would result in the desired behaviour change. This approach is criticized for neglecting the complexity of people's environments and for being too heavily relied upon.
3. A marketing approach focuses on the benefits that result from an improvement in price, access, or service and regards people as consumers, who selectively decide on products or services for consumption.
4. Finally, a decision-making and counseling model views problems as complex (where one product or service is not held over another) and people as information managers, capable of making reasoned decisions.

Furthermore, given varying approaches it may be helpful to conceive of social marketing as involving three primary functions (MacStravic, 2000):

1. The research function includes the development of a conceptual understanding of the determinants to the desired behaviour as well as an understanding of any barriers.

2. The development function involves the development of the four "Ps" so as to foster behaviour change.

3. The communication function includes the actual creation of messages as well as the selection of delivery vehicles. Such communication methods include: interpersonal communication, events, the implementation of mass media, and targeting other credible and influential individuals who may affect behaviour change within the target audiences (Health Canada, 2003).

The most common method of communicating in social marketing is the use of mass media strategies. Using mass media to market health-related services or products is often acknowledged for its capacity to influence patterns of consumerism (Whitehead, 2000). However, recent critique has fallen on what is perceived to be the over-reliance on mass media or what is sometimes called social advertising as a social marketing tool (Stead & Hastings, 1997). Though it has potential to increase public awareness and alter attitudes, using mass media as a social marketing strategy may be limited in its ability to induce behaviour change in and of itself (McKenzie-Mohr, 2000).

In any social marketing strategy, a multifaceted approach appears to be the most effective technique in reaching target audiences and fostering behaviour change. Particular case studies on social marketing exemplify the benefits of adopting a multifaceted orientation.

> *For example, in relation to anti-smoking efforts: "one important conclusion that can be reached based on past research is that health officials should not try to rely exclusively on antismoking ads to combat underage smoking… it seems necessary to employ a multifaceted approach involving antismoking ads*
>
> *(Pechmann, 1997, p.213)*

Conclusion:

"To be successful, social marketers must meet the challenges of developing methodologically sound programs in a context defined by community participants, leaders and advocates."
(Middlestadt, Schechter, Peyton & Tjugum, 1997, p.291)

As Andreasen (2002, p.7) argues, the 'benchmarks' for a social marketing campaign include:

- Behaviour change as a benchmark for developing and evaluating interventions.
- Consistently using audience research to:
  - understand target audiences at the outset of interventions (i.e., formative research);
  - routinely pre-test intervention elements before they are implemented; and
  - monitor interventions as they are rolled out.
- Carefully segmenting target audiences to ensure maximum efficiency and effectiveness in the use of scarce resources.
- Creating attractive and motivational exchanges with target audiences.
- Attempting to use all four "Ps" of the traditional marketing mix.
- Paying careful attention to barriers of adoption of the desired behaviour.

In order to reach the intended audience effectively, a social marketing program segments the audience and maintains a consumer-driven focus to ensure relevance to that population. Inherent within social marketing and its target audience-centred focus, is the need to utilize a multi-faceted approach. A multi-faceted approach to social marketing ensures that the campaign is not reliant solely upon one method. Amalgamation of a variety of social marketing methods increases the likelihood of a successful program.

Another crucial element of an effective social marketing campaign is the concurrent evaluation and implementation process. Social marketing's consumer-oriented iterative process allows for flexibility in the program to make necessary adjustments throughout the campaign (McKenzie-Mohr, 2000).

By utilizing a consumer-driven social marketing campaign that segments the audience and addresses its specific needs using a multi-faceted, iterative approach, the desired behavioural changes may be achieved.

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APPENDIX D
Media Review and Analysis

Introduction

Approach to Media Review

1. Contact representatives from each of the four western provincial governments and requested historical information for review.
2. Took a "clean-sheet" approach and developed costing by media, by region, based on all available syndicated media studies (Nadbank, ComBase, PMB, BBM, Nielsen, COMB)

Target Groups for Media Planning and Evaluation Purposes

Generally speaking, all Adults 18+ within the defined geographies of the multi-jurisdictional Collaboration Committee.

Specifically:

1. Low-income families and individuals
2. Remote and isolated communities
3. Multi-cultural communities
4. Aboriginal communities
5. Seniors (defined as 65+)
6. Young (often single) mothers with children
7. Key Health Professional Groups

Also take into account both non-English speakers and people with low-literacy levels when selecting media

Media Goals and Objectives

1. Recommend the most cost-effective means for reaching the target groups that have been identified, assuming that the opportunity exists to "pool" dollars from the various jurisdictions.
2. Create awareness of a central phone number and of a multi-jurisdictional web-site, with the goals being
    a. Make the phone ring
    b. Drive traffic to the site

Assessment of Historical Activity

Media plans for review purposes were provided by Manitoba Health and Saskatchewan Health, and they represented very different approaches.

Manitoba Health ran a brief campaign in February and March of 2004 with the money concentrated in TV and print. The money was all spent in a four-week period near the end of the Government fiscal, and the approach can best be categorized as a "Cannon Plan". There was a loud bang, and then it was over. The campaign featured heavy GRP levels in Television supported by a series of (mostly) quarter-page ads in both daily and community newspapers, French and Aboriginal publications, and two targeted magazines (Winnipeg Women and Winnipeg Parent).

While this kind of approach is terrific for driving awareness in the short-term, it creates little lasting effect on any of the target groups.

Saskatchewan Health took a much more strategic approach to launch their Health Help Line. Starting in September 2003, the program was launched with three weeks of 1/4 page print ads, AM radio was added to cover rural areas, then 30 second TV kicked in for a 4 week period at relatively low weight levels. This quickly gave way to closed captioning announcements that allowed message delivery to continue right through to March (end of fiscal). The paid component of the campaign was supplemented by requests for "PSA's". This was a smart, well thought-out media plan and made cost-efficient use of the available dollars. The only obvious thing missing was an Aboriginal component.

Role of the Media

One of the most important facets of the multi-jurisdictional plan will be selecting the most cost-effective media recognizing the broad nature of the target groups – both demographically and geographically.

There is only one clear choice, and that is **television**. It continues to be the medium that Canadian spends more time with in a given week, and the time-spent numbers go up when one examines rural communities, low-income families, seniors, and the Aboriginal population. It is also far and away the most effective means of reaching low-literacy individuals, and it is the dominant medium for young mothers with kids (one study described the TV as an "electronic babysitter" when looking at the segment of the population).

The issue with TV is cost, both in absolute terms (cost of buying airtime), and in the cost of TV production.

Throughout most of the 80's and 90's, the provincial telcos (SaskTel, BC Tel, AGT and MTS) were part of a national alliance of phone companies, that was in fact created to address many of the same issues as the multi-jurisdictional committee is attempting to address. In this case, the key issues being shared marketing and media costs. Through a structure known first as Telecom Canada, and later Stentor, the national alliance of phone companies "pooled" their marketing dollars toward both the production and purchase of Television and Magazine advertising. Marketing costs were shared on a revenue-based formula. Without this structure, MTS and SaskTel in particular would not have been able to advertise at the levels that were available to them through the national alliance.

TV cannot do the job on its own, but it does represent the most cost-efficient means of reaching deep into all aspects of the identified target groups.

Once a base of TV weight is in place, the multi-jurisdictional effort would need to be supplemented on a regional basis with a similar strategy to the one that Saskatchewan Health used.

Any paid media effort could and should be further supported by a request for PSA's from the media. When it comes to TV however, there is so much demand on the inventory for 8 months of the year (September-December and February-May) it is only realistic to expect PSA support during those "shoulder" months when the TV time is available. Therefore any paid efforts would need to be focused into those months when the only way to get on-going message support on TV is to buy it.

The Rest of the Media Mix

Adding a second medium after TV will be an expensive proposition, regardless of which one is selected. For example, a quarter page ad in all dailies, community papers, Aboriginal and French publications, along with a few targeted magazines such as Westworlds/Leisureways**,** the one-time cost to cover all jurisdictions is roughly $160,000.

The addition of a secondary medium in all or any jurisdictions is a budgetary function.

Ethnicity

The subject of reaching the multi-cultural communities was raised during the planning process, particularly as it relates to British Columbia. Recently, DSA has conducted in-depth studies examining both the Asian (Chinese, Taiwanese, Hong Kong etc.) and the South Asian (Hindu, Urdu, Punjabi) communities, with a particular focus on their media habits. The Asian community splits into three groups; long-time residents of BC, who still primarily speak in their mother-tongue and are dependent on Asian media (Ming Pao, Sing Tao, Fairchild TV etc); the first-generation off-spring of the first group, who get virtually all of their information from English-language media; and recent immigrants (post 1995) for whom English is a second language. This third group is the most difficult to pin down in terms of media habits.

The South Asian Community relies almost exclusively on the English-language media for all of its information, and while there are a number of Indo-Canadian publications and radio stations, they tend to exist more as political outlets rather than as media vehicles of importance.

Budget/Costs

The recommended media strategy is to launch with a 4-week TV campaign using 30-second commercials to set-up and establish the centralized phone number and web-site. A four-week campaign at 200 GRPS/week will reach 85% of all of the target groups with an average message frequency of 9. The media cost of this four-week launch is approximately $910,000 (subject to negotiations and dependent on lead-time to book).

On an on-going basis, the TV campaign would shift from 30-second messages to 7-10 second messages - this includes closed captioning, program sponsorship, sponsored newsbreaks, and opening and closing billboards on selected shows. These shorter commercial units tend to be priced out at anywhere from 30-40% of the cost of buying 30's, and have proven to be enormously successful in driving and maintaining awareness.

Using the model described earlier, whereby airtime needs to be purchased for 8 months of the year and PSA's can fill in the balance, a budget of $200,000 per month needs to be set aside to purchase 7 months (30 second launch is the 8th month) of 7-10 second air-time. This strategy represents a one-time 12-month TV expenditure of $2.3 million dollars to be shared proportionately by the multi-jurisdictional group. For year 2 and 3, this effort can be sustained with a budget of roughly $1.4 million per year.

APPENDIX E
Web Analysis and Best Practices

Introduction

In developing this report, 32 health-related Web sites were reviewed to determine common trends (both effective and ineffective) and best practices that would help fulfill the Health Lines mandate of providing a consumer-friendly health care resource.

The Web sites reviewed included all Canadian provinces and territories, national organizations, and those from other jurisdictions (including the U.S., Australia and the United Kingdom).

This analysis considers three areas:

- Presentation/Design – covering look and feel, audience engagement, use of Web page real estate.
- Navigation – can the user find what they want; can they move around easily once they're a few levels into the site?
- Content – range and comprehensiveness of information; style of information (i.e. consumer-focused orientation); interactivity and tools.

Overall Recommendations

Later in this report, you will find a recommended set of Best Practices. At this point, however, eight broader areas are identified dealing with the approach to take in site planning and construction.

1. Make it a consumer site

All sites reviewed had the best intentions of aiming and tailoring their sites toward the "consumer". A common challenge for governments, however, is dealing with a common perception that the public will react negatively to what may be seen as a "slick" presentation and therefore a waste of precious public resources. This is a particular concern in the health sector that is under constant fiscal pressure in most jurisdictions.

What is required is the recognition that, by and large, consumers will come in with a problem and want to find out more about that problem. Along the way, there may be programs and services that will offer help, but discovering those is a by-product of the user's search process. Helping people with their problem should remain the priority focus of health website design as opposed to using the media to emphasize a range of other programs and services.

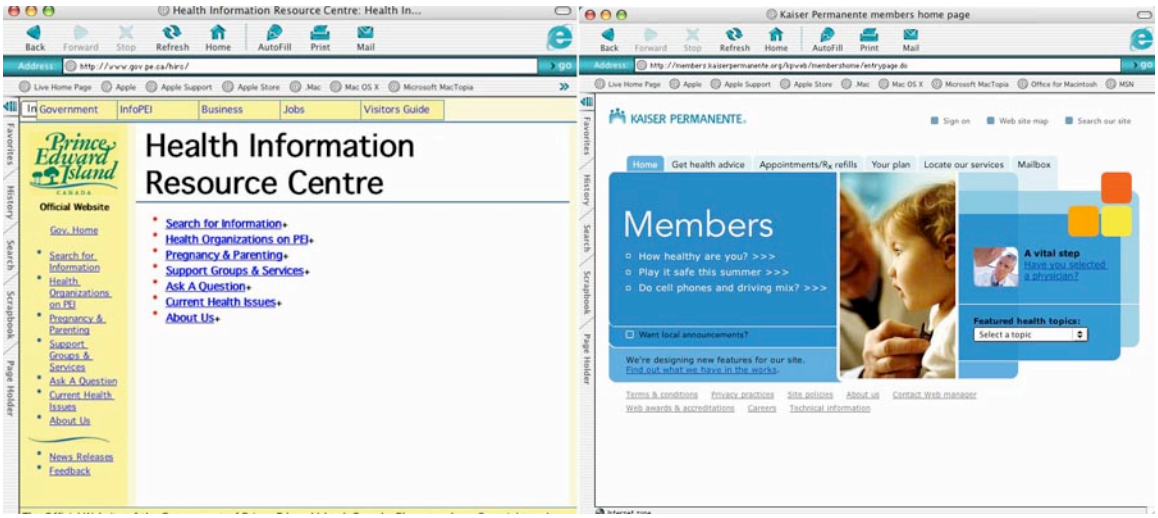
The most cost-effective and easier method of populating a Web site is "Webifying" existing material rather than the harder approach of creating a whole new structure, content regime, and set of tools that reflect the consumer's point of view. However, the harder route is the necessary route.

2. Make the site visually appealing

Government sensitivity to public perception is demonstrated in attempts by some jurisdictions to significantly downplay the "glitz" of their Web site for fear of appearing too costly. As a result, colour palettes are limited, graphics and images restricted, and interactivity curtailed, all of which act as a detractor for the end user.

In fact, a very simple, colourful and dynamic design (which can be templated across all other pages) can help attract and engage the user far more than a conservative design, and at very little additional cost.

Below is a comparison of two home page approaches representing a very conservative (Prince Edward Island) government oriented site and a more contemporary (Kaiser Permanente), consumer focused, yet simply executed design.



It should be noted however, that the most elaborate design will not produce good results if the site is not easily and intuitively navigable (see point 4).

3. Steps to successful marketing

A common problem is a lack of attention to how website names are registered, listed and accessed which can undermine the effectiveness of an otherwise good product. A good Web site is created – with a great name – but is not easily found because the highly regulated government "system" of naming sites diminishes the intuitive nature of the site for the end-user.

The following four easy steps will help alleviate this problem:

1. Clear domain name – if the overall program name is, for example, Healthy Living, people should be able to just remember the name in order to find the Web site. Example: Instead of www.gov.mb.ca/healthyliving, users should be able to find this site by typing in www.healthyliving.ca. In this example, the user is required to type in Healthy Living in the search window on the government home page, a process which pulls up a long index page from which the user must try and decide which listing will take them to the desired website. Typing in healthyliving.ca into a browser window takes the viewer to a completely unrelated site. While a good website, it is not clearly listed or linked from the government's home page, thereby demanding the end user to: 1] recall the name and site; 2] use the search

feature; and 3] determine where to go from a long index page listing.

2. Extend yourself – the program name, and thus the Web domain name, should be something where you can get all top-of-mind extensions. So from the example above, you should be able to get healthyliving.ca, healthyliving.com, healthyliving.org and healthyliving.net.

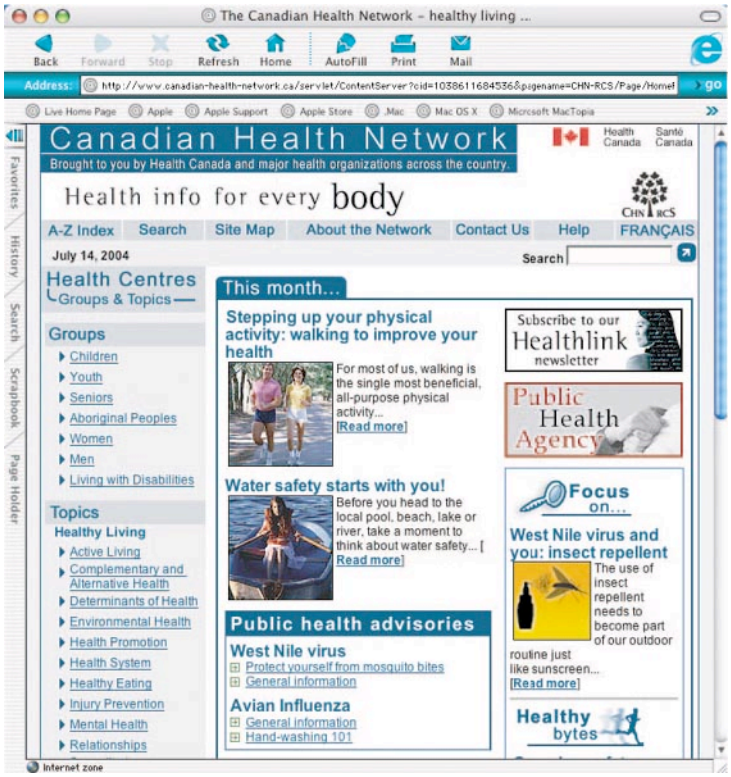
3. Related ministry promotion – the program logo/link should appear on the home pages of all government sites AND related ministries (e.g., social services, aboriginal services, etc.).

4. Cross promotion – many examples were found where provincial health sites promoted other links, but those organizations did not provide reciprocal links, even when the connection is fairly obvious. Effort must be put into promoting the brand and site to as many partners as possible.

4. Create clear channels for users to take

Channels are the routes people can take in exploring your Web site; so providing clear direction markers is the key. That means home pages that aren't cluttered and therefore intimidating to inexperienced users or the elderly.

The Canadian Health Network is an example: while providing terrific information, it nevertheless could be daunting for some users in terms of where to go next. This example is shown below.



Rather than assuming a certain level of Web-use sophistication, the National Health Service in the U.K. took a more user-friendly approach. It cut back on the link options and addressed the target audience in a much more plain-language, direct way. See the following example.

In this example, the main section of real estate leads the user forward with questions such as, “Want to find out more about an illness or condition?” and “Need help choosing the best treatment for you?”

5. Avoid consumer letdown

Many sites take the ill-advised approach of leading the consumer to believe that their site will provide the answers needed online… and then don’t. Typical of this is a homepage link that leads users to believe they’re clicking through to find a doctor or particular service online – in the end, the link leads to nothing more than a PDF of names and phone numbers, and users will then have to take the further step of phoning offices to find out more. Only promise what is actually delivered. In this example, users should be more appropriately advised: e.g. “For a list of doctors you can contact, click here.”

6. Restrict the content…but make it comprehensive

For an initial launch of any Web site, the range of content areas should be limited but fully executed. In particular, some of the jurisdictions reviewed had a broad range of interest areas covered on their sites, but very little depth in key areas such as the medical encyclopedia of conditions/diseases. For example – some sites would have 100 topics under the letter A, while others would have 12. . Health websites are among the highest rated areas of activity in terms of site visits, and users will go where their needs are best met. In seeking health information, site loyalty is not determined by geography, but by content.

7. Promote interactivity

Interactive tools provide a more individual experience for the user, adding to the desire to return to your Web site. See Section C.4

8. Make it scalable

Following on from the Point 7, any site created will continue to be a work-in-progress with new content and content areas added all the time. Technical/hardware issues aside, the most important step to take is the creation of a comprehensive architecture (site map) and Procedures Manual to define where and how new information will be added. In cases where this was not done for the sites reviewed, content clearly ended up in the wrong content area.

More significant, though, is the impact on site navigation: the most common example is where new content was added through a link to an external site; however, the external page would open in the same browser window, causing the user to lose their original navigation and links. From an end-user perspective, this experience creates frustration and tends to lead people away from the site and not return.

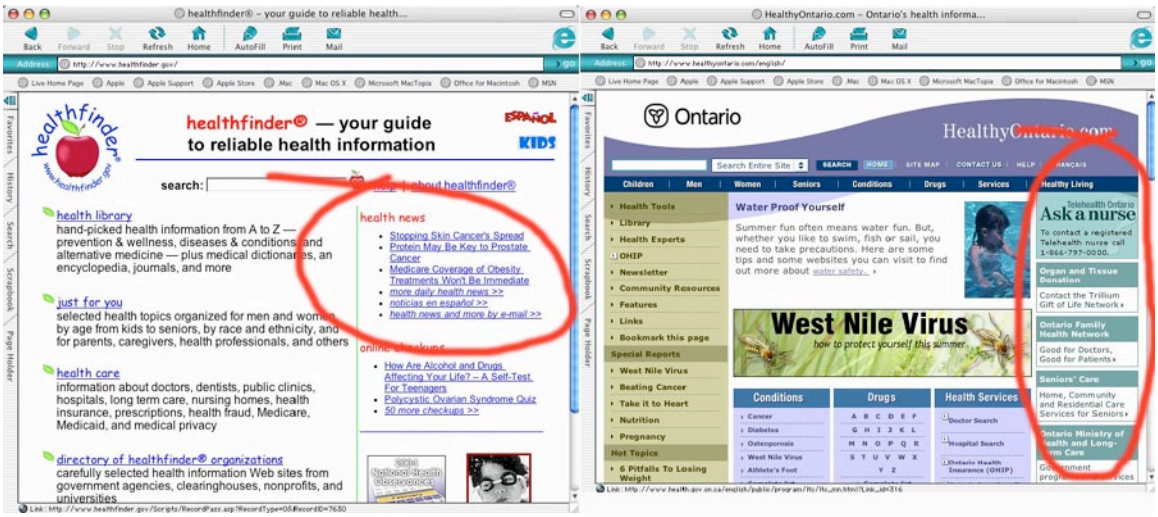
C. Best Practices

Following is a list of best practices as per the review criteria (Presentation/Design; Navigation; Content). Each practice is given one of the following ratings:

- C = Critical: should be implemented in the original planning and development.
- R = Recommended: not essential to overall operations, but certainly adds substance and benefit to the user.
- O = Optional: should not be considered a priority item.

1. Presentation/Design

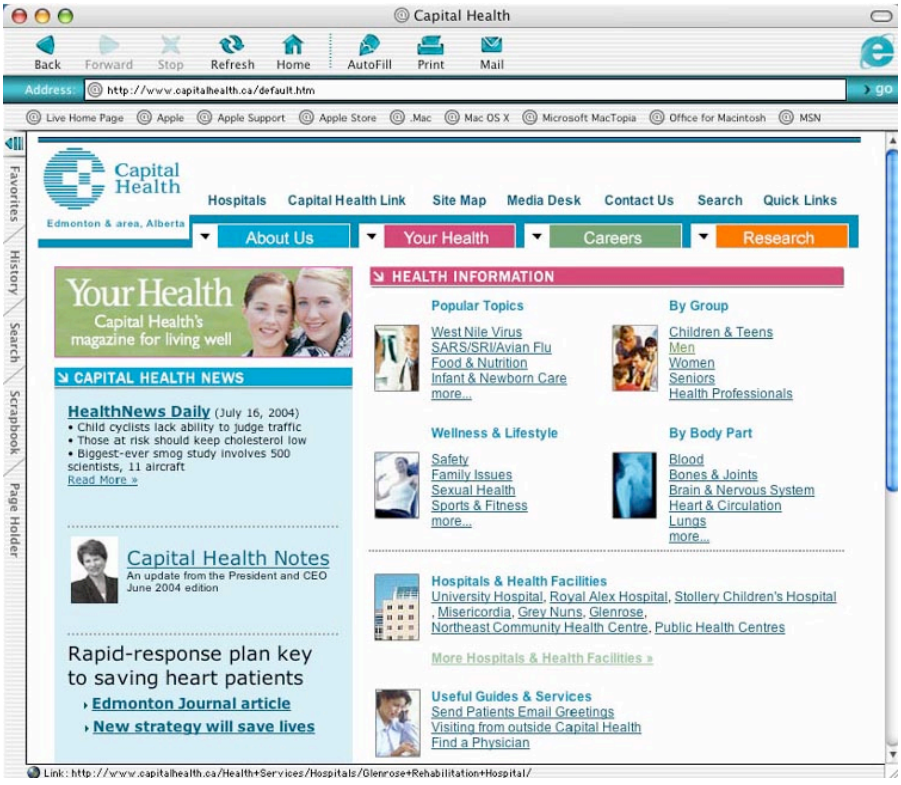
No.	Recommendation	R	Notes
1.	Devote main (centre) section of real estate to consumer engagement	C	As per NHS example earlier
2.	Don't compete with the main real estate in promoting or linking to secondary content areas.	C	The following are good examples: • In the left hand home page, the News section is in a nice, tight sidebar; • In the right hand home page, eye-catching graphic boxes promoting secondary material are replaced with Google-style, text ads which don't compete as much.



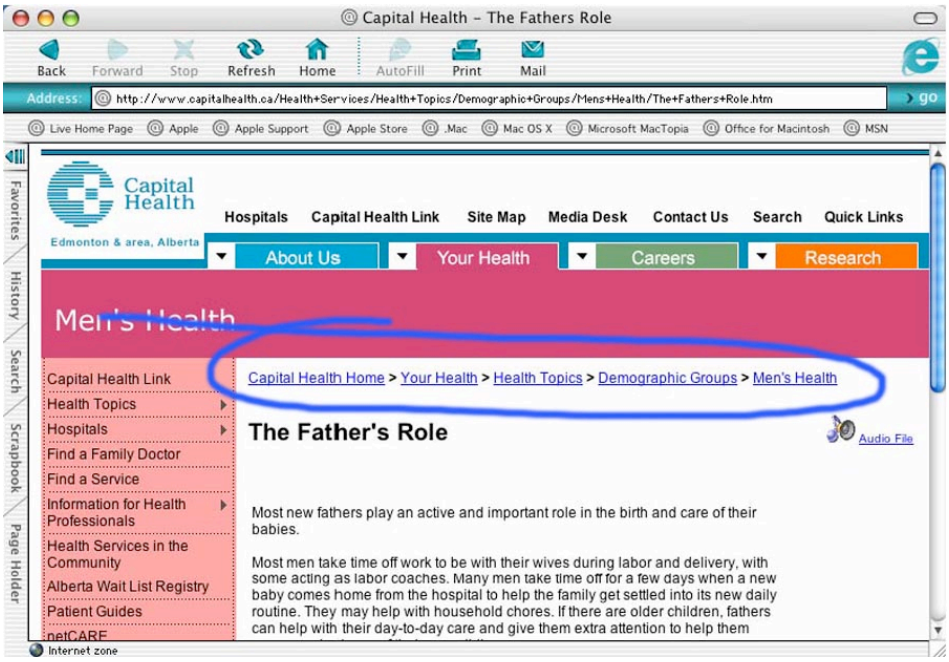
3.	Plain language	C	Make it plain language and promote that fact on the homepage.
4.	Provide context	C	Too many sites expect users to know what to do in various channels or sections of a site. Instead, provide a clear explanation of, for example, how to use a drop down menu or an interactive tool.
5.	Use design templates to provide vibrant design that carries over	R	Create the look of the home page and second-level pages, and then templates for pages below that. This provides a consistent look and feel relatively inexpensively.
6.	Use “server-side includes” (SSI) or templates during construction	R	Under both of these methods, page shells can be developed from which every page is created. These shells would include the elements that are consistent across pages, such as the top banner or navigation bars. Using this method will mean that any changes can be done on a single master, and all other pages built from that master will automatically incorporate those changes.
7.	Site content available in French	O	Include this when the English site has been in use for a while to determine any structural changes prior to French development.

2. Navigation

No.	Recommendation	R	Notes
1.	Clear separation of audiences – use of clear channels off the home page	C	As recommended earlier, the main (centre) section of homepage real estate should be dedicated to consumers. If it is anticipated that other, secondary groups – such as the media or professionals – will be targeted, their channels should be clearly indicated in the main navigation bars, rather than the main real estate. In the main real estate, you can also create clear *sub-channels* within the larger consumer group for demographic audiences (seniors, women, men, children) or by topic area (see Capital Health – Edmonton example below).



2.	Use of breadcrumbs	C	Breadcrumbs tell the user what section and sub-sections they are in within the Web architecture, and allows you to click back easily to the starting point (or anywhere in between) without clicking the back button repeatedly. Example is circled below.



3.	Include a prominent link to the site map off your home page	R	This is done so that people can see a full listing of what your site offers rather than having to spend time guessing and navigating where a particular topic area might be.
4.	Provincial/Territorial sub-sites	R	Provide areas (linked off the home page) for each province or territory to include locally relevant information.
5.	Use of colour coding to help navigation	O	For example, all pages in the consumer channel would have a green hue (in the navigation bar, banner, etc.), while all pages in the professional channel might be red.

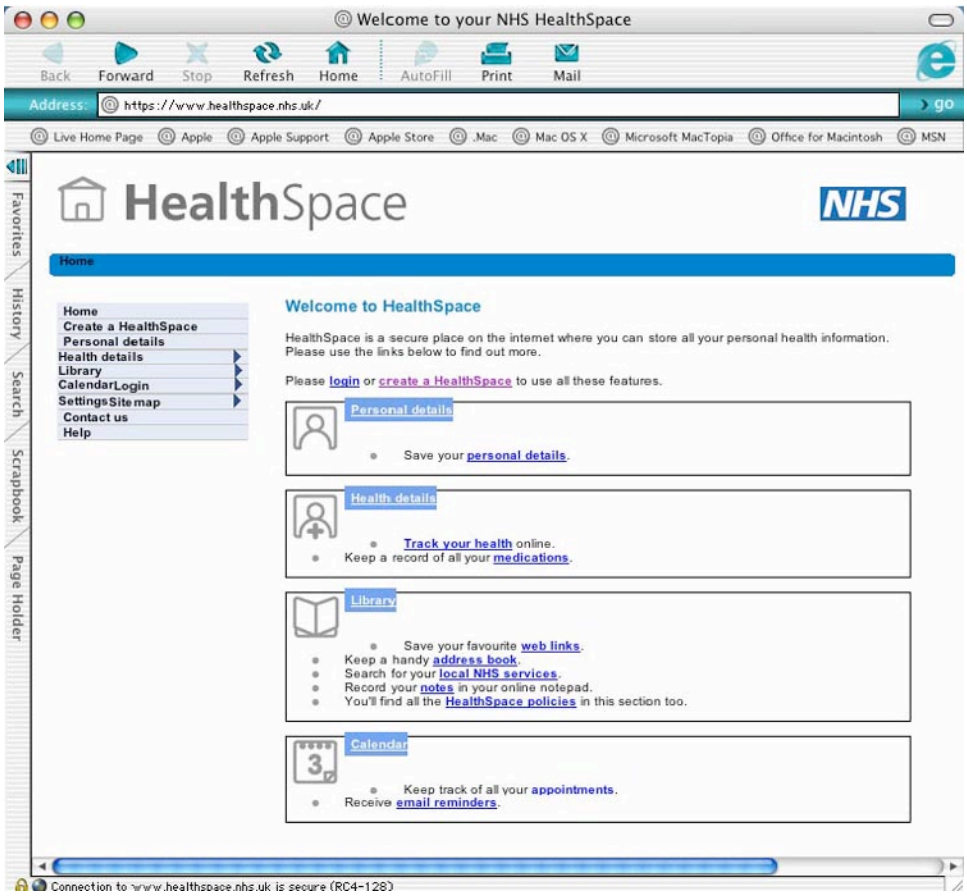
3. Content – general

No.	Recommendation	R	Notes
1.	Include help line phone numbers clearly on the home page.	C	It is important to let people know there is someone they can talk to. In fact, British Telecom promotes their help lines with the lead-in, "It's easy to talk to a real person."
2.	Include "location" tools	C	These include such things as, Find a: Doctor; Support Group; Community Clinic; etc." And as discussed earlier, ensure that these tools are Web-comprehensive.
3.	Provide search criteria to those location tools	R	For example, the Calgary site allows users to find doctors by: geographic area, alphabetical, gender, languages spoken and areas of interest.
4.	Include "search", "index" and "browse by subject area" functionality for *conditions/ diseases* topics	C	e.g.: allows users to find the *bi-polar* topic by: • Entering it into a search form • Finding it in an index under B • Browsing through the "mental health" subject area.
5.	Provide a clear structure to each topic	R	For example, break each topic into the following sections: introduction; diagnosis; symptoms; causes; prevention; treatment.
6.	Provide easy printability	R	Provide a PDF for each topic, which can be easier to print and read in hard copy than the HTML screen version.
7.	Provide related topics	R	The NHS (U.K.) generates a list of five related topics for each topic visited; helps the user investigate further.
8.	"Send this page to a friend" tool	R	Allows users to click to an email form that allows them to send the page to a friend's email.
9.	Newsletter subscription	R	Simple tool for continually reaching out to your client base.
10.	Include online forms	R	This would likely be part of any provincial/territorial sub-sites, as recommended earlier.

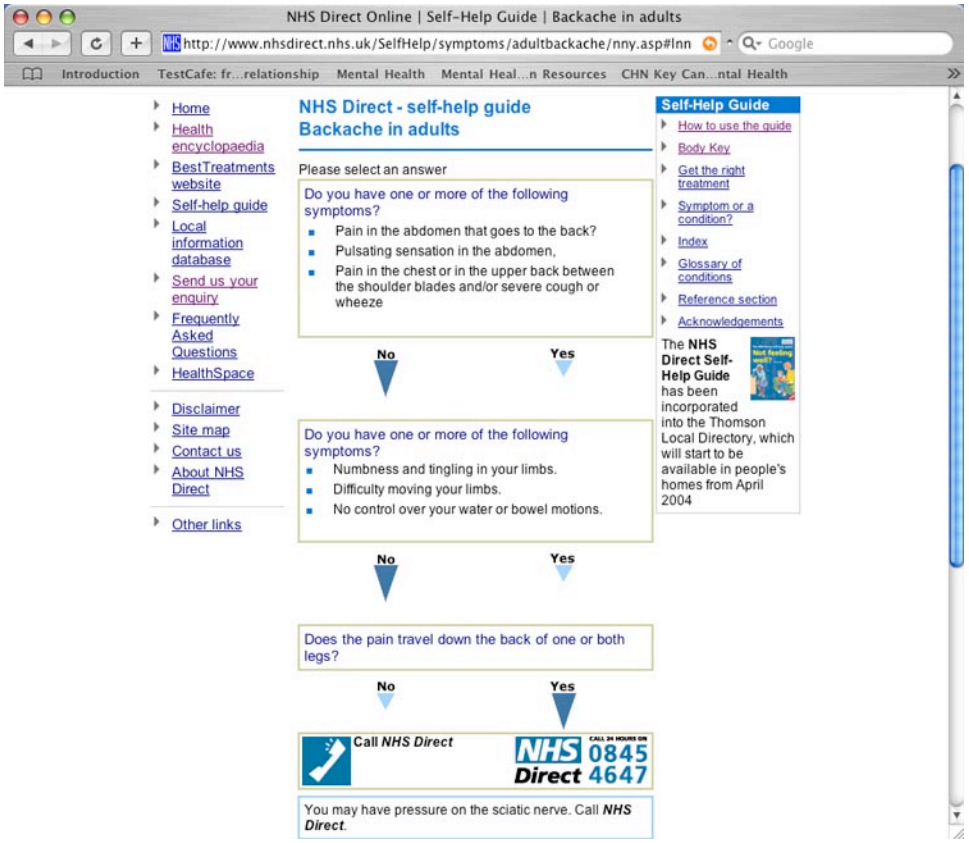
11.	Include clear, user-friendly disclaimers	R	Two best practices in particular: 1. Unlike most "legal" disclaimers, the NHS (U.K.) puts theirs in plain language (What we do. What we don't do). 2. Newfoundland has a section of its home page called "Learning to assess health information found on the Internet".
12.	Use of audio files	O	RAM files with a voice reading the contents of a particular topic area, for those with visual impairments.
13.	Multi-language	O	Some key information is available in PDF format in different languages.

4. Content – interactive

No.	Recommendation	R	Notes
1.	"Ask a Question" tool	C	To help ease the burden on the help lines, this functionality can be added to the Web site. Some sites say if you can't find what you're looking for, send us your question (NHS); others don't require you to look before sending your email (PEI).
2.	Create a personal profile	R	There is a variety of these in the sites reviewed. Examples include: • A nutrition profile to help you plan healthier eating. • A knowledge inventory, where you can save pages of interest; you are then emailed when changes in those topic areas are made. • An interest list, where preferred types of information are displayed first in your search results. • A health profile, where you can keep track of blood pressure, weight, etc. • An example from NHS is included on the next page.



No.	Recommendation	R	Notes
3.	Use of interactive “check-ups”	R	These include tools and questionnaires on topics such as BMI and nutrition, to help users determine where they are and what they should be doing.
4	Self-help guide	R	This leads the consumer through a series of yes/no questions: depending on the answers, it will advise you to phone 999 (911), the NHS hotline or take self-care action. It also allows you to essentially search by symptom-by-body-area. An example is on the following page.



D. Top Sites

The following sites (from among those reviewed) represent best practices.

- NHS – U.K. http://www.nhsdirect.nhs.uk
- HealthyOntario http://www.healthyontario.com/
- Canadian Health Network http://www.canadian-health-network.ca
- Capital HealthLink http://www.capitalhealth.ca/default.htm

APPENDIX E–1
Web Sites Reviewed

WEBSITE REVIEW ASSESSMENT TO ESTABLISH: STRENGTH OF CROSS-LINKS; BRANDING; AND PROMOTION.

- Is there a unique attribute on the website [e.g. logo/icon] that reinforces the brand of the service or program?
- Is the program identity clearly established and the visual identity reinforced on the website?
- Is the site actively promoted by the organization on the homepage, elsewhere on the site or through partner sites?
- Are there reciprocal links back to the originating outbound links?
- * Indicates supplementary notes

Organization Name	Website URL	Linked to Other Health Websites?	Branding Evident?	Promotion Evident?
Heart & Stroke Foundation	http://ww2.heartandstroke.ca/Page.asp?PageID=24 *Links difficult to find – bottom of page only. Reciprocal links evident.	*Yes	Yes	Yes
GlobalMedic – Canadian Medical Association [CMA]	http://globalmedic.com/L2/index.jsp *Only health event sites (conferences etc.). *Subsidiary of CMA	*Yes	No	No
Webmed Technology	http://www.webmedtechnology.com/	Yes	No	Yes
Canadian Mental Health Association	http://www.cmha.ca/english/ *Some promotion, but difficult to find.	Yes	No	*Yes
Healthwise	http://www.healthwise.org	No	No	Yes
Kaiser Permanente	http://www.kaiserpermanente.org/	No	No	Yes
Dieticians of Canada	http://www.dietitians.ca/	Yes	Limited	Yes
Kidney Foundation of Canada	http://www.kidney.ca/index-eng.html	Yes	Limited	Yes

Organization Name	Website URL	Linked to Other Health Websites?	Branding Evident?	Promotion Evident?
Health Insite – Government of Australia	http://www.healthinsite.gov.au *Links difficult to find. **Link on the gov't home page but no visual ID.	*Yes	Yes	**Yes
New South Wales Health (Australia)	http://www.health.nsw.gov.au Link on main gov't health website, but that's all.	Yes	Yes	*Limited
My Dr. (Australia)	http://www.mydr.com.au	Yes	No	No
National Prescribing Service - Australia	http://www.nps.org.au Some reciprocal links, but poor branding.	Yes	Yes	*Limited
Ministry of Health - Government of New Zealand	http://www.govt.nz/en/search/topics/ssc:Health+%26+safety/ssc:Health+%26+medical+treatment Link off gov't homepage difficult to find.	Yes	No	*Yes
Health Finder – US Government	http://www.healthfinder.gov/ Two parent websites (gov't) one had good promotion. Links to this site on many other outside sites.	Yes	Limited	*Yes
National Institutes of Health – US Department of Health and Human Services	http://www.nih.gov/ Can be found off gov't dept. website, but difficult and no branding.	Yes.	No	*Limited
NHS – UK Government	http://www.nhsdirect.nhs.uk http://www.direct.gov.uk/Homepage/fs/en Can be found on gov't website, prominent on health pages.	Minimal.	No	*Limited

Organization Name	Website URL	Linked to Other Health Websites?	Branding Evident?	Promotion Evident?
BCHealthguide – Ministry of Health (BC)	http://www.bchealthguide.org http://www.healthservices.gov.bc.ca/bchealthcare/ Visually prominent on Ministry of Health pages.	No	Yes	*Yes
Calgary HealthLink – Calgary Health Region	http://www.calgaryhealthregion.ca/healthlink/ http://www.calgaryhealthregion.ca http://www.health.gov.ab * Including HEALTHlink Alberta and InformAlberta ** Prominent on RHA website, and direct link on HEALTHlink Alberta website	*Yes	Yes	**Yes
Capital HealthLink – Capital Health Region (AB)	http://www.capitalhealth.ca/Health+Services/Capital+Health+Link/default.htm http://www.capitalhealth.ca http://www.health.gov.ca * No evident link to HealthLink Alberta ** No visual ID *** Prominent on RHA website, and direct link on HealthLink Alberta website	*Yes	**Limited	***Yes
Healthline – Ministry of Health & Safety (SK)	http://www.health.gov.sk.ca/ps_healthline.htm http://www.health.gov.sk.ca * Poor branding ** Linked on Ministry of Health webpage, but no visual ID.	Yes	*Yes	**Yes

Organization Name	Website URL	Linked to Other Health Websites?	Branding Evident?	Promotion Evident?
InfoHealth Guide – Government of Manitoba	http://www.gov.mb.ca/health/guide/ http://www.gov.mb.ca/health/index.html * Linked on some (but not all) regional sites. Prominent on Manitoba Health site.	Yes	Yes	*Yes
Healthontario.com & Telehealth Ontario – Ministry of Health and Long-Term Care (ON)	http://www.healthyontario.com/english/index.asp http://www.health.gov.on.ca/english/public/program/telehealth/telehealth_mn.html http://www.health.gov.on.ca/index.html *Both are prominent on Ministry of Health website, as well as on each others'.	Yes	Yes	*Yes
Ministry of Health and Social Services (QB)	http://www.msss.gouv.qc.ca/index.php *Few sites have links/promotion back to this site.	Yes	Limited	*Limited
Atlantic Health Sciences Corporation – New Brunswick (health region site)	http://www.ahsc.health.nb.ca/healthinfo.shtml http://www.gnb.ca/0051/rha/index-e.asp * Poor branding evident. ** Can be found on gov't health site, but not prominent.	Yes	*Yes	**Limited
Healthquest – Government of Nova Scotia	http://www.avdha.nshealth.ca/healthquest/hq_welcomepage.htm	Yes	No	No
Department of Health and Social Services – Nunavut	http://www.gov.nu.ca/hsssite/promo.shtml	No	No	No

Organization Name	Website URL	Linked to Other Health Websites?	Branding Evident?	Promotion Evident?
Department of Health and Social Services – Government of NWT	http://www.hlthss.gov.nt.ca/	Yes	No	No
Department of Health and Social Services – Government of PEI	http://www.gov.pe.ca/hss/index.php3	Yes	No	No
Department of Health and Social Services – Yukon Goverment	http://www.hss.gov.yk.ca * Link on government website.	Yes	No	*Limited
Canadian Health Network – Government of Canada	http://www.canadian-health-network.ca http://www.hc-sc.gc.ca/english/affiliates/index.html * Linked from Government of Canada site (under Affiliates) and linked from nearly every Canadian health website researched, including visual ID.	Yes	Yes	*Yes
Health Canada	http://www.hc-sc.gc.ca * Links to provincial sites. Some provincial sites linked to Health Canada. Many regional sites linked to Health Canada for specific information (e.g. West Nile/SARS)	Yes	Yes	*No
Canadian Institutes of Health Research - Government of Canada	http://www.cihr-irsc.gc.ca/index.shtml *Mostly to affiliated institutes. ** Site difficult to find on Government of Canada	*Yes	Yes	**No

APPENDIX F

Marketing Materials Creative Assessment

Overview

Existing Health Lines print materials were requested from the four western provincial and three territorial government representatives (members of the Multi-Jurisdictional Collaboration Committee, MJCC). Materials were received from five jurisdictions only; two territorial governments did not submit materials as none are currently available.

Scope of Review

This review has been made from the materials received. Some jurisdictions may or may not have additional print materials that were not provided to us, and therefore not part of this review. Comment can not be made on the marketing effectiveness of the material based on how they have been distributed or implemented. Ratings in the assessment are based on presentation and production from a consumer oriented perspective.

Evaluation Parameters and Definitions

Members of Andrew Hume and Associated Ltd. (AHA) developed a simple description and rating system for materials received. The parameters of this review focus on Health Lines initiatives only, as some materials included other initiatives.

- BRAND POSITIONING: Refers to the use of a logo and/or positioning line and their reproduction (size, colour, quality, consistency)

- DESIGN AND CONCEPT EFFECTIVENESS: Refers to the effectiveness of graphic design elements (type, photos, illustrations, use of colour, use of space) in regards to their effective communication of a concept. There is a minimal value placed on the marketing strategy/concepts involved.

- PRODUCTION VALUES: Refers to the level of value put on production issues such as typography (use of typefaces/fonts), design and layout (use of colour, placement of elements, use of space), use of visual elements (photographs or diagrams), and printing (paper choice, quality of printing)

- BEST PRACTICES EXAMPLE: Briefly describes the features of this material that makes it a “Best Practices” example. Only those jurisdictions that received an aggregated score of 14 or more qualified as a Best Practices example.

Evaluation Goals

The goals of this review are to identify best practices from the existing materials. No comment has been made about suggested improvements in existing materials or strategies and concepts for the development of effective new materials.

Marketing Materials Creative Assessment: Alberta

Materials Received

Alberta submitted a number of materials specific to the Calgary Health Region. Materials supplied are from an initial launch (regional) and a subsequent launch conforming to provincial standards.

Poster (new), Poster with tear-off pad (old)

**Mini Poster,
Tent Card,
Fridge Magnet, Telephone Sticker**

Rack Cards with tear-off wallet card, 3 languages.

Various Ads

Assessment

DESCRIPTION		Yes	Somewhat	No
a)	Is patient/consumer health information clearly linked to a provincial/regional initiative or program?	✔		
b)	Is the material promoting a Regional program?	✔		
c)	Is the material promoting a Provincial program?		✔	
d)	Is the program branding consistent and effectively positioned?		✔	
e)	Is the program being promoted/clearly dedicated to patient/consumer health information?	✔		
f)	Is there an evident "self-care" focus? (ie. designed to support individual informed decision-making)		✔	

RATING	1 poor	2	3	4 average	5	6	7 excellent
Brand Positioning				✔			
Design and Concept Effectiveness					✔		
Production Values						✔	

Overall Rating (Aggregate Score) = **15**

"Best Practices" Example

The materials from Alberta meet "Best Practices" more from a production value than Branding or Design Effectiveness.

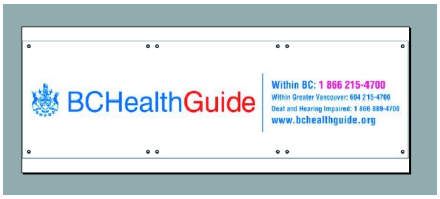
Summary

The Alberta materials were average in respect to "Branding"; defining "who" is sending the message and "what" is being offered (as a brand) is not as strong as it could be. The "first launch" materials appear to be stronger in Design and Concept Effectiveness, as the "new launch" materials do not address "patient/consumer health information" and "self care" as well as they could.

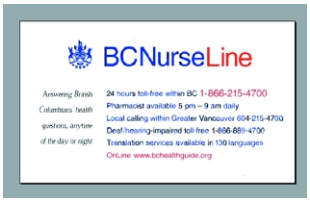
Marketing Materials Creative Assessment: British Columbia

Materials Received

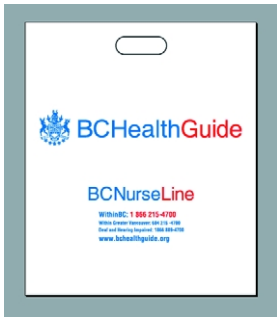
BC submitted a number of materials relating to their "BCHealthGuide" program. This review only assesses the materials supplied which relate directly to the Health Line initiative called "BCNurseLine".



Banner



Business Card/Handout?



Handbag artwork

Magnet

4" x 9" brochure

Assessment

DESCRIPTION		Yes	Somewhat	No
a)	Is patient/consumer health information clearly linked to a provincial/regional initiative or program?	✔		
b)	Is the material promoting a Regional program?		✔	
c)	Is the material promoting a Provincial program?	✔		
d)	Is the program branding consistent and effectively positioned?	✔		
e)	Is the program being promoted/clearly dedicated to patient/consumer health information?			✔
f)	Is there an evident "self-care" focus? (ie. designed to support individual informed decision-making)			✔

RATING	1 poor	2	3	4 average	5	6	7 excellent
Brand Positioning				✔			
Design and Concept Effectiveness			✔				
Production Values				✔			

Overall Rating (Aggregate Score) = **11**

"Best Practices" Example

The materials from BC did not meet the criteria for "Best Practices".

Summary

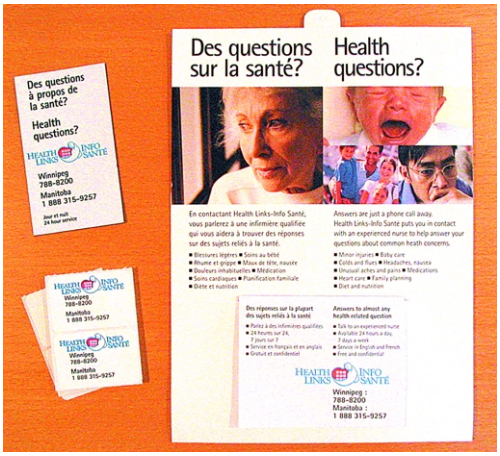
The BC materials were strong is one aspect of "Branding" with consistent use of colour, provincial crest, and fonts. However, there appears to be some confusion as to the appropriate use of the provincial crest, and how BCNurseLine and BCHealthGuide interact (possible confusion as to the service provider). Materials from BC were received in digital PDF format therefore it is difficult to assess the quality of production other than visual elements. The insides of the telephone service brochure were not supplied so it was not possible to review its contents. The materials from BC lack a cohesive concept development and delivery. These materials appear to be support materials which require other forms of marketing in order to be implemented.

Marketing Materials Creative Assessment: Manitoba

Materials Received

Manitoba submitted a variety of print materials including a bilingual brochure, magnet, stickers (8) and table-top display with removeable bilingual post-it notes.

6" x 12 3/4" Brochure
(English and french, with removeable wallet-sized cards on bottom)



Magnet (bilingual)
Stickers (bilingual)

Table-top display
with removeable post-it notes

Assessment

DESCRIPTION		Yes	Somewhat	No
a)	Is patient/consumer health information clearly linked to a provincial/regional initiative or program?		✔	
b)	Is the material promoting a Regional program?		✔	
c)	Is the material promoting a Provincial program?	✔		
d)	Is the program branding consistent and effectively positioned?			✔
e)	Is the program being promoted/clearly dedicated to patient/consumer health information?	✔		
f)	Is there an evident "self-care" focus? (ie. designed to support individual informed decision-making)	✔		

RATING	1 poor	2	3	4 average	5	6	7 excellent
Brand Positioning		✔					
Design and Concept Effectiveness						✔	
Production Values						✔	

Overall Rating (Aggregate Score) = **14**

"Best Practices" Example

The materials from Manitoba display best practices due to the wide variety of materials produced and the effectiveness of design and the quality of production. The materials are interactive in a number of ways and provide useful tools for the target audience to access information/services.

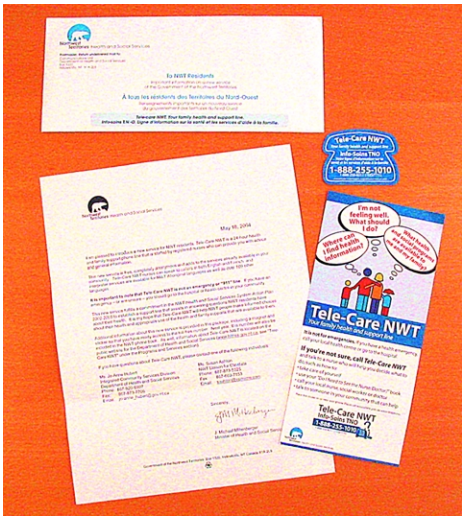
Summary

Manitoba scored well in the area of Design Effectiveness and Production Values categories. However, the Brand Positioning scored poorly based on the seemingly unconnected and unrelated design strategies (refer to the left and right photos above) and the weak placement of provincial logo/crests. The reader is left with an impression that these materials could be "junk mail".

Marketing Materials Creative Assessment: North West Territories

Materials Received

The materials from NWT arrive in an envelope clearly identifying the sender.



#10 Envelope (Mailer)
Contents listed below

Magnet

Direct-mail Letter

4" x 9" Flyer
Two-sided English/French
Removeable sticker with telephone information

Assessment

DESCRIPTION		Yes	Somewhat	No
a)	Is patient/consumer health information clearly linked to a provincial/regional initiative or program?	✔		
b)	Is the material promoting a Regional program?			✔
c)	Is the material promoting a Provincial program?	✔		
d)	Is the program branding consistent and effectively positioned?	✔		
e)	Is the program being promoted/clearly dedicated to patient/consumer health information?	✔		
f)	Is there an evident "self-care" focus? (ie. designed to support individual informed decision-making)	✔		

RATING	1 poor	2	3	4 average	5	6	7 excellent
Brand Positioning				✔			
Design and Concept Effectiveness						✔	
Production Values				✔			

Overall Rating (Aggregate Score) = **14**

"Best Practices" Example

The materials from NWT display best practices based on the simplicity and effectiveness of communication. There is no doubt as to the identity of the sender, and the message is clear.

Summary

NWT scored above average in the area of Brand Positioning based on the envelope which clearly identifies the sender. Despite the limited volume of material, the design concepts are executed in a simple, effective manner.

Marketing Materials Creative Assessment: Saskatchewan

Materials Received

Saskatchewan submitted posters, flyers and stickers. The posters and flyers are available in two versions representing different audiences.

11" x 17" Posters
(Caucasian english and french, Aboriginal two languages)

4" x 9" Flyers
(Caucasian english only;
Aboriginal two languages plus english)

Stickers

Assessment

DESCRIPTION		Yes	Somewhat	No
a)	Is patient/consumer health information clearly linked to a provincial/regional initiative or program?		✔	
b)	Is the material promoting a Regional program?			✔
c)	Is the material promoting a Provincial program?		✔	
d)	Is the program branding consistent and effectively positioned?	✔		
e)	Is the program being promoted/clearly dedicated to patient/consumer health information?	✔		
f)	Is there an evident "self-care" focus? (ie. designed to support individual informed decision-making)		✔	

RATING	1 poor	2	3	4 average	5	6	7 excellent
Brand Positioning					✔		
Design and Concept Effectiveness					✔		
Production Values			✔				

Overall Rating (Aggregate Score) = **13**

"Best Practices" Example

The materials from Saskatchewan did not meet the criteria for "Best Practices".

Summary

The strength of the Saskatchewan materials is consistent use of colour and graphic elements. However, the provincial crest/logo is insignificant so effectiveness as a "provincial" program is lost. A good effort has been made to target language-based audiences. Although the use of graphic design elements was average, the quality of images and paper choice was below average.

Marketing Materials Creative Assessment

Conclusion

Brand Positioning

Only one participant's materials displayed better than average brand positioning (Saskatchewan) based on their consistent, clear, and large use of their brand identity. Most materials were weak or average in this category, mostly due to the insignificance of brand association with the service provider. Most materials did display consistent use of colours and other brand-sensitive features with the exception of Manitoba whose materials appeared to be prepared as two separate identities.

Design and Concept Effectiveness

Most participants rated better than average in their graphic usage in order to communicate a concept. There are concerns that some of the materials are weak in their effectiveness in communicating two critical themes: "patient/consumer health information" and "self care".

Production Values

Production values are difficult to ascertain without research into the budgets allowed for production (ie. value received for money spent). However, on a comparative basis, Alberta and Manitoba scored well based on the variety and quality of materials produced.

"Best Practices" Examples

The following Best Practices can be identified from the materials supplied:

- Alberta materials displayed high production values, and a wide range of materials (including ad placements in a variety of media) to support the program.
- Manitoba materials displayed a clear concept, supplied the information in an effective and easy to read format, and provided a number of ways for the recipient to engage and retain information. This product would have been improved with better brand association.
- NWT materials are simple. They clearly identify the sender, communicate the objective in a clear and concise format, and leave behind several methods for the recipient to engage and retain information.