

# THE BOLD QUARTERLY

**A Few Surprises For Pharma About Patient Empowerment** + Can Facebook Give You Measles? +  
Curing Pharma's Unhealthy Reputation + **Being A Woman Is Bad For Your Health**



HEALTH — EDITION

## HELLO

PLACING YOURSELF AT THE LEADING EDGE OF HEALTH INNOVATION MEANS EMBRACING THE UNKNOWN. DARING TO BE BOLD.

AND BOLD CAN BE LIFE-CHANGING.

THE SAME IS TRUE WHEN IT COMES TO HEALTH COMMUNICATIONS. TAKING A BOLD, CREATIVE APPROACH IS ALWAYS MORE EFFECTIVE, MORE REWARDING AND MORE ABLE TO CHANGE LIVES THAN PLAYING IT SAFE. BOLD ENGAGES EMOTIONALLY. BOLD IS BRAVE.

OUR BOLD IDEAS HELP COMPANIES LIKE YOURS COMMUNICATE THEIR LIFE-CHANGING WORK. WEAVING HUMAN STORIES THROUGH DIGITAL AND TRADITIONAL MEDIA PLATFORMS, WE CUT THROUGH THE NOISE TO CONNECT MEDICAL INNOVATIONS WITH THE PEOPLE AFFECTED BY THEM.

THIS SPECIAL ISSUE OF THE BOLD QUARTERLY IS AN OPPORTUNITY TO DISCUSS HOW THIS APPROACH TO CREATIVE COMMUNICATIONS CAN BRING HEALTH AND WELLBEING TO LIFE.

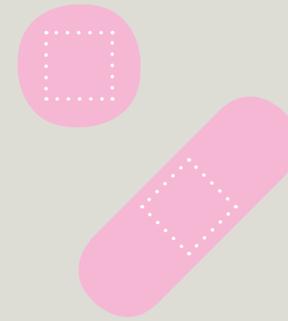
ENJOY – AND GET IN TOUCH IF YOU'D LIKE TO DISCUSS WHAT WE CAN DO FOR YOU.

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### A FEW SURPRISES FOR PHARMA ABOUT PATIENT EMPOWERMENT

Associate Planner Thea McGovern reveals unexpected insights, explains why feeling empowered can be a dangerous thing and discusses a novel use for a margarine tub.

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# A FEW SURPRISES FOR PHARMA ABOUT PATIENT EMPOWERMENT

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The 2019 European Week Against Cancer was abuzz with talk about #PatientEmpowerment. And rightly so. Because what use are cutting-edge diagnostics, personalised medicines and billion-dollar clinical trials if, in the real world, Jim can't face preparing his poo for a bowel-screening test? Or if Sandra thinks a change in her breast is OK because it's not a lump? Or if Karima declines treatment for lung cancer because she feels it's a death sentence, anyway?

As the Scottish Government's lead creative agency on the Detect Cancer Early public health programme, we've spent the last nine years talking to people about cancer and learning what patient empowerment means in the real world. Particularly for those living in areas of deprivation with low health literacy.

We discovered that to increase empowerment you have to meet people on their own terms. Sometimes with approaches that are counter-intuitive – making more than a few health professionals choke on their morning tea. As more and more pharma companies create direct-to-patient campaigns about cancer, here are four things we learned that challenged our views.

## Feeling empowered can be dangerous

In 2012, we set out to create a campaign that would encourage women aged 45+ in lower socio-economic groups to see their GP about changes to their breasts.

Breast cancer communications had perhaps become victims of their own success. Women had come to think that it was all about lumps, and weren't concerned about the other symptoms mentioned in breast-screening leaflets and charity communications.

We sat through many distressing focus groups where women discussed having nipple discharge or inverted nipples and dismissed these as mere oddities, safe in the knowledge they weren't lumps. So we produced a campaign using photographs of these symptoms, and gave people the language to recognise and talk about them. "Skin like orange peel", for instance.

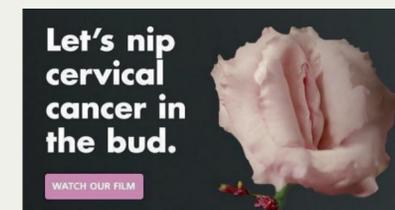
Awareness doubled. And women who saw the campaign were almost twice as likely to mention a symptom shown in the ad, compared to those who hadn't seen it.

The lesson: when people feel knowledgeable and empowered, that can be our biggest challenge.

## I CAN believe it's not butter

People aged 50-74 in Scotland are sent a home bowel-screening test to complete and return by post. But for the best part of a decade, response was poor; particularly among men in the most deprived areas.

The barrier? Working out how to deal with their poo. So we invested in roadshows in the relevant areas. Using margarine and ice cream tubs as props, we passed on hygienic poo-catching and tub-disposing tips. Enamoured though pharma marketing may be with the cult of the new – AR, VR, AI, etc. – sometimes all you need is 1: a key insight, and 2: an empty tub.



## No fibbing or fanning around

In 2016, we were asked to encourage young women to go for a smear test. Campaigns that suggested smear tests were "no big deal" were badly received. For women, exposing themselves to a stranger so they can have an implement inserted inside them was, unsurprisingly, a very big deal indeed.

We questioned qualitative research that warned against addressing negative feelings. We discovered that acknowledging them showed empathy and provided the impetus for conversations about screening, discomfort and preventing cervical cancer.



Image credit: Twitter

One more taboo to break was using informal language, such as the f-word: fanny. This was initially met with some resistance, but hearts, and minds (and fannies) were soon won over. And our Flower campaign won the British Medical Association Patient Information Resource of the Year 2018.

The Flower campaign is a reminder that empowerment can begin by acknowledging negative emotions. Respecting these feelings is sometimes a vital first step to helping people overcome them.

## Scotland the braver than before

Throughout our Detect Cancer Early work, we've seen how fear of cancer has stopped people taking part in screening or from taking action early when they have symptoms. Particularly in deprived areas with higher levels of cancer mortality and late diagnosis.

Here, we regularly talk to people who don't know anyone who's survived cancer. Literally no one. Add to this a lifetime burden of stress and feelings of having little control, and a cancer diagnosis can often be too much to bear.

In 2018, we explored how social marketing might help reduce the fear of people aged 45+ in areas of high deprivation. We tested a wide variety of approaches. And we discovered a curious fact.

The message framing that worked most effectively wasn't about cancer. It was about what it means to be Scottish.

One of our ideas was about Scots being survivors. If Scots can survive the grim Scottish weather and the abject misery of supporting the Scottish football team, they've got what it takes to survive the fears and embarrassment of cancer tests and screenings.



Our humorous campaign got the audience to reflect on their Scottish strength in the face of adversity. Whether for the dreaded squish of a mammogram or a finger up the bum. Not nice; but not insurmountable either.

Rejecting an authoritarian "you should" campaign for an audience-led "we can" approach, the Survivors work produced a tsunami of comments on social media. Cancer survivors encouraged others, offering themselves as living proof of advances in cancer detection and treatment.

The best route to patient empowerment isn't always the most obvious one. By making the effort to meet people on their own terms, we might find a weirder and more wonderful path instead.

# CAN FACEBOOK GIVE YOU MEASLES?

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Anti-vax attitudes are on the rise. Senior Planner Caitlin Mackie looks at the responsibility tech giants have to protect the public from false medical claims and sees how digital media can be used to communicate that vaccines work.



Researching a medical issue online can be an endless and demoralising task. The more reading you do, the more overwhelmed you become. Clicking from one website to the next, trying to assess the credibility of the information, is a horrible experience. And this is especially true of vaccine research.

Loud anti-vax voices are now drowning out scientists and vaccine advocates. Pseudoscience is spreading – like a virus – via hundreds of websites, influencers, crowdfunds and committees. Type something like “can vaccines cause SIDS?” into a search engine, and you’ll be faced with truth and lies. You’ll have to determine which is which yourself.

As someone who is a new parent, facing a series of vaccinations for their infant, I can understand why some parents panic and opt for what might seem like the safest option: refusing vaccines altogether.

### What are the vaccine myths?

Perhaps the most pervasive myth is that the MMR vaccine is linked to autism. This can be traced back to a single, debunked 1998 study, later retracted by The Lancet. The doctor responsible had falsified data and was struck off the UK medical register.

### Other common, debunked beliefs are that:

- Vaccines inject a small amount of a disease into patients, making them ill with that infection
- Vaccines contain harmful chemicals, such as formaldehyde and mercury
- Natural “remedies”, such as vitamin C, offer better protection
- Giving children multiple vaccines at the same time overwhelms their immune systems
- Vaccine-preventable diseases have been eradicated and vaccines only exist so pharmaceutical companies can make money

### The virus of misinformation

Social media plays a huge role in spreading scepticism about vaccines. Writing in Nature, Heidi J Larson, anthropologist and Director of The Vaccine Confidence Project at the London School of Hygiene and Tropical Medicine, called this “an emotional contagion, digitally enabled”.

**The American Medical Association warned Amazon, Facebook, Google, Pinterest, Twitter, YouTube and others about the role they play in amplifying anti-vax propaganda. Ironically, measles – a disease eradicated from the US in 2000 – has now been reported at Google’s Silicon Valley HQ.**

Dr Matthew Zahn, a liaison representative to the CDC’s Advisory Committee on Immunization Practices, told CNN: “This anti-vaccine issue has been driven by social media and will continue to be driven by social media.”

Along with their open Facebook pages, anti-vaxers also have closed Facebook groups where they plan campaigns to silence and intimidate pro-vaccine voices. Anti-vaxers use social media ads to target parents and amplify doubt. One of their methods is to describe themselves as “pro safe vaccines”, rather than “anti-vaccine”, to sound less extreme.



A 2010 study found that viewing an anti-vaccine website for just 5-10 minutes increased perceptions of vaccination risks and decreased perceptions of the risks of not vaccinating. There’s an ongoing debate about how responsible search engines and social media should be for enabling vaccines hesitancy.

But regardless of their culpability in spreading anti-vaccine rhetoric, it’s clear we need better ways of assessing the validity of this type of information.

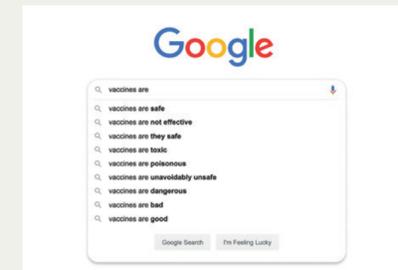
### Trying to do the right thing

Children’s health is a highly emotional topic, not a logical one, so people’s beliefs are strongly held. No matter how many facts, perspectives or truths you share, it won’t change their minds.

Vaccine supporters might think it’s madness not to vaccinate, but many parents are caught in the middle; they’re overwhelmed and terrified of putting their children at risk.

Is this an opportunity to join their conversation and acknowledge their fears without trying to silence them?

If vaccine deniers are influencing people who are hesitant about vaccines, the same open forums can be used to spread accurate information on the value of vaccines.



Screenshot showing Google UK autocomplete queries, 28 April '19.

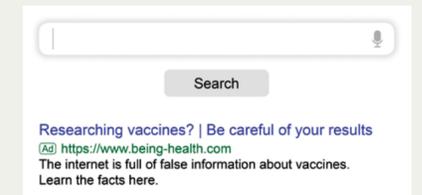
Some of the most popular search-engine queries about vaccines in the past year have shown specific areas of concern:

- Vaccines autism
- Vaccines cause autism
- Do vaccines cause SIDS
- Measles outbreak
- Deaths from vaccines
- Spacing out vaccines

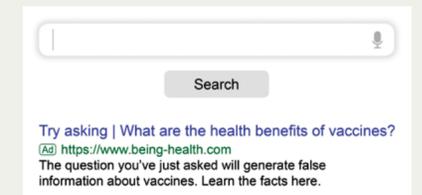
Data taken from Google Trends, global queries, April 2018 – April 2019.

**What if we could use Google to acknowledge these concerns, show that we’re listening to them and appeal to their emotional reasoning?**

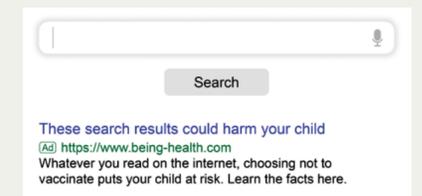
Using PPC to bid on a selection of vaccines queries, we can use Google’s paid listings to offer an alternative to fake news:



Or a safer question to ask:



Or a warning that anti-vax beliefs can have real-world consequences:



Mass vaccination is one of the world’s greatest medical successes.

**Our ultimate goal is the same: we want to protect our children. Not just some children, but all of them.**

But the R&D of vaccines has to be supported by communications strategies that answer the right questions and demonstrate the good that can be done through immunisation.

# CURING PHARMA'S UNHEALTHY REPUTATION

Diagnosing a malaise, Leith Partner Brian Coane prescribes improving the pharma industry's reputation in order to benefit us all.

European healthcare faces a perfect storm of an ageing population, increasing life expectancy and a rise in chronic disease. Having 7,000+ medicines in development can only be a good thing for patients. But, despite governments claiming that more money than ever has been invested in healthcare, there is a debate raging about the cost implications.

The case according to the pharma industry:

**“There needs to be more money for new, innovative medicines. But it's a risky and protracted business with no guarantee of success. Profit from successful drugs will need to cover the costs of unsuccessful ones.”**

The case according to critics:

**“There should be a clear correlation between the price of new medicines and their development costs.”**

In this debate, the pharma industry struggles to be anything other than the bad guy, putting profit before people. Edelman, the reputation specialists, say pharma is seen as carrying the can for the high cost of care. Trust in the pharma sector is now at a woeful 55%. Carolyn Paul at Edelman: “To me that's simply not good enough for an industry that is about saving lives. When you see industries like tech, which every single year are way higher – at the top of the pack, around the 70s – and healthcare is always around the 50s, that is disturbing, I think”.



Image credit: Matthew Bennett

Is it worrying? Does it really matter what kind of reputation the industry has and how trusted it is? It should be something that matters to us all. We need pharma. Society is used to scientific advances getting from the lab to patients. But they often don't think about the role pharma (and many others) play in making that happen.

## Reframing the picture

Change is afoot; both for pharma and for healthcare systems. There's a new era dawning of genomics and data analytics. Better management of chronic diseases like diabetes can avoid costly complications, but an underlying distrust of pharma might adversely affect a collaborative approach to working.

Reputation is about more than just marketing gloss. It's the oil in the machinery. It decides if things flow smoothly or grind painfully. And if it fails to reflect reality, it can prevent progressive companies from getting the attention, interest and investment they deserve.

At Leith, we work with companies, brands and organisations to improve their reputation. This activity comprises three elements:

- 1. Competence: how your performance is perceived.**
- 2. Intention: the motivation you have as an organisation.**
- 3. Character: your personality and public face.**

Our work has given us some valuable insights into the perceptions of the pharma sector.

**Competence: the industry is highly regarded for its life-changing medicines.**

**Intention: its motivations are questioned. As long as pharma is framed the way it is, it will continue to be the bad guy.**

**Character: despite the industry's complexity, it has made its communications more human – bringing the emotions of better health to the fore.**

Our “We Won't Rest” campaign has been reframing the industry in Europe for the European Federation of Pharmaceutical Industries and Associations (EFPIA) since 2017. Reframing can make a world of difference. It's how disabled athletes become superhumans; volunteers become Gamesmakers; and cancer becomes something preventable, detectable and survivable. And it's how we've shown EFPIA members to be dedicated, passionate individuals who want to improve lives.

We've met many healthcare professionals, scientists, people who buy medicines and people who sell medicines. All have been motivated by what they can do for patients. And there's often a personal angle.



Examples of previous “We Won't Rest” campaigns.

For example, 20 years ago, Jacob Sten Peterson at Novo Nordisk began his research into type 1 diabetes. Then, in 2016, his daughter was diagnosed with the disease. Needless to say, his determination to find a cure shows no signs of diminishing.

## Credit – not just blame – where it's due

We face significant challenges in shaping the future of healthcare. Many of which are hard to solve. But one that's within our ability is to change reputation. And it should matter to all of us.

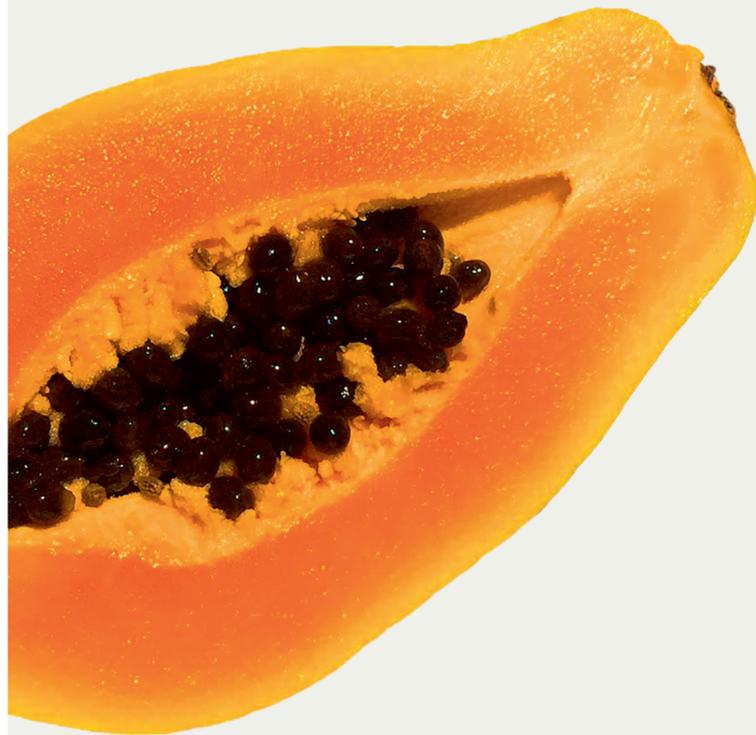
There have been a few rotten apples in the pharma barrel in recent times: greedy organisations demanding excessive prices for medicines. These make big news stories; often accompanied by an awkward silence from the rest of the industry. Instead, pharma should be openly condemning rogue companies. To do otherwise is to appear apathetic. Or worse, complicit.

The whole sector needs to share the responsibility for the cost of healthcare. As Edelman's survey shows, pharma's taking most of the blame. But how many innovative medicines would get to patients without the pharma industry? More needs to be said about the many roles it plays. And not leave healthcare professionals to monopolise the feel-good stories.

**A better understanding of pharma is good for the health of us all.**

# BEING A WOMAN IS BAD FOR YOUR HEALTH

Women get a rough deal when it comes to healthcare, says Pamela Brankin, Head of Health Partnerships.



Since the dawn of time, being female has been a definite health hazard. Childbirth, witch trials, lung-crushing corsets, deadly lead-based whitening make-up, and mouse-hair eyebrows – you name it, the female sex has put up with a LOT.



Thomas Gainsborough's portrait of *A Lady in Blue* donning mouse-hair eyebrows. Image credit: National Theatre Collection

You might think that in the more enlightened 21st century, things would be looking up for women. I mean, medical science has moved on dramatically since Hippocrates declared that any number of female maladies could be explained by a "wandering womb" that could be lured back into position by applying pleasant scents to the vagina. Hmmm.

We can roll our eyes at such ancient theories. But, maddeningly, women are still on the receiving end of some pretty shocking – and relatively unknown – health inequalities based on misunderstandings of the differences between female and male physiology, gender bias, expression of symptoms, and response to treatment.

Not only is this shocking, it has serious consequences.

From the mother who dies of a heart attack, having dismissed days of symptoms because she didn't have chest pain, to the thousands of

endometriosis sufferers who wait an average of 7.5 years to get a formal diagnosis, being female literally means being treated differently.

This isn't just a medical issue. It's a public health issue with far-reaching impacts on families, the economy and society as a whole.

The publication of Caroline Criado Perez's *Invisible Women* earlier this year revealed that, in today's data-driven world, largely male researchers, planners, policy makers and politicians are turning a blind eye to women's needs; health and otherwise.

Criado Perez searingly demonstrates that a world designed by and around men is literally costing women their health and lives.

**For the health and pharma industry, this opens up a powerful opportunity: what if we can reduce suffering for half the population by designing more effective health communications specifically for and about women?**

How many lives could be saved by the widespread dissemination of thoughtful, effective communications which clearly demonstrate that women experience heart attacks as a collection of symptoms which includes stomach pain, breathlessness, nausea, and fatigue?

It's not the public's fault they don't know about heart symptoms in women. It's just that men's symptoms have, for decades, been publicised as 'everyone's symptoms', when they're not.

Everyone needs to know the different set of symptoms women experience around heart attacks – so they know when to act fast, seek medical help, or give CPR if a woman goes into cardiac arrest. And heart attack symptoms are just the tip of the iceberg.

**In 2015, the US National Institutes of Health introduced a policy that requires medical researchers to take sex into consideration as a biological variable when applying for funding.**

It will take time to understand the impact of this policy on research outcomes, but it's likely that we're about to learn a whole lot more about the world's population – not just the 50.5% of it that's male. Much like 'one size fits all' medications, the days of generic health communications are numbered.

Reaching specific target audiences with tailored health campaigns is nothing new. But healthcare is changing. No longer a strictly top-down service, patients are increasingly empowered by their own research and are demanding the most effective treatments. To do so, they need to understand their symptoms and treatment options more than ever before.

This gives us a real opportunity to make a difference to how women experience healthcare. By focusing communications around the existing evidence of how symptoms manifest differently in men and women, and arming women with the language they need to make sure that these symptoms aren't dismissed by doctors, we could go a long way towards mitigating the serious, and sometimes fatal, biases that currently exist. And we can ensure that when it comes to healthcare, women become less invisible – and all without the need for mouse-hair eyebrows.

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