

Cassies 2008 Cases

Brand/Case: Colon Cancer Check

Winner: Events, Seasonal & Short-Term—Silver

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Crossover Notes: All winning cases contain lessons that cross over from one case to another. David Rutherford has been identifying these as Crossover Notes since Cassies 1997. The full set for Cassies 2008 can be downloaded from the Case Library section at www.cassies.ca

Crossover Note 2. Brand Truths.
Crossover Note 11. The Eureka Insight.
Crossover Note 18. Keeping it Simple.
Crossover Note 22. Humour in a Serious Category.
Crossover Note 24. Tough Topics.

To see creative, go to the Case Library Index and click on the additional links beside the case.

EXECUTIVE SUMMARY

Business Results Period (Consecutive Months): March 14, 2008 to May 25, 2008
Start of Advertising/Communication Effort: March 14, 2008
Base Period for Comparison: July 2007 to February 2008

a) Introduction

Colon cancer is the second biggest cancer killer in Ontario. And yet, it is amongst the most preventable. Early detection would save millions of lives. Our job was to raise awareness of the issue and encourage regular screening. This is a story of how this was addressed with a breakthrough campaign that stayed positive, avoided scare-tactics, and generated outstanding results. [Crossover Note 24](#).

b) Essential Challenge

The challenges were brutal. We needed to get people to order kits for a cancer they didn't recognize. We needed to overcome the barrier of embarrassment. We needed to take a potentially highly complex program and make it simple. [Crossover Note 18](#).

Above all, we needed to achieve this in a manner that avoided scare tactics. This would fall into a sea-of-sameness and fail to deliver the uniqueness of the colorectal cancer issue. It would fail to deliver the hopeful message of the program.

c) Summary of Business Results

Program awareness more than doubled in a 4 month period, while intention to screen and incidence of screening increased dramatically — see later for details.

SITUATION ANALYSIS

a) Overall Assessment

Can you name a cancer that is 90% treatable when caught early?

Drawing a blank? Let us give you a hint. It's estimated to affect almost 8,000 Ontarians annually, with approximately half losing their lives to a battle that they could have won. How? It's simple: By speaking to their Health Care Provider (HCP) about colorectal cancer and the screening options.

Colon cancer or colorectal cancer (CRC) has never been well documented and understood. In fact, it's often not thought about when Ontarians go in for their annual check-ups. It seems as though breast cancer, prostate cancer and heart disease have dominated the social marketing and pro bono landscape for the last 5 to 10 years. While there has been quiet and consistent support for CRC, more often than not the disease has been out of sight, out of mind. In fact, it's said that CRC is the most common cause of cancer deaths in non-smokers in Ontario; exceeding both breast and prostate. ¹

¹ Canadian Cancer Statistics, 2006

This left a serious challenge: Getting Ontarians to become aware of a disease and its treatment that they had little or no knowledge about. This was coupled with the fact that Ontario has one of the highest rates of CRC in the world, with low screening rates. More often than not CRC does not become prevalent in someone's life until they or someone they know is diagnosed, usually in the late stages of the disease.

b) Resulting Business Objective

- Drive awareness of CRC
- Drive awareness of ColonCancerCheck and the screening options
- Move 50+ Ontarians from awareness to adoption of regular screening
- Acquire support from HCPs

c) Budget Range/Share of Voice

The campaign had a media budget in the \$2 to 3 million range — all in Ontario.

STRATEGY & INSIGHT

a) Analysis & Insight

Ontarians 50+ are living an increasingly busy and youthful life. They've revitalized themselves into 35-year old kids again. With all of the health messaging that they see on a daily basis, it was our job to deliver a campaign that would break through, initiate talk, and get action.

Our primary target is Ontarians 50+. It is at this age that CRC becomes a health concern. We called these people Health Inquisitive Ontarians. We identified them as low hanging fruit, which allowed us to gain momentum for CRC screening. They take responsibility in their health and pride themselves in making good choices. They don't wait for health issues to get out of hand. They are not afraid to ask tough questions because they know that the payoff is a longer life. These are the people that we wanted to target and make ambassadors of ColonCancerCheck.

Our secondary targets were influencers and HCPs. Influencers are people with parents and spouses in the primary target. HCPs are the people who will help drive screening.

Target segmentation was done for a few reasons. The first was obvious; HCPs are key to assuring the buy-in of the general public. Doubly important, HCPs needed to provide viable and timely screening options to the patient. Also, many HCPs overlapped into our primary target. Thus, we needed a campaign that not only spoke to Ontarians 50+, but also to those in healthcare.

CRC has never been an easy conversation (a) for lack of knowledge and (b) because of embarrassment. These two factors were taking lives in Ontario; meaning that we needed to attack the problem in a different way. We didn't want to use scare tactics. Rather, we wanted to talk in an educated, pragmatic, meaningful way. But how?

As we worked to uncover key messaging, we used Ipsos-Reid Omnibus studies from the Ministry of Health and Long-Term Care. These studies allowed the team to get a fuller sense of Ontarian's perceptions about CRC. Additionally, we got a stronger impression for the tone and message that Ontarians would be receptive to. We found a reluctance among our target to speak about CRC, not only with their HCP, but to friends as well.

It was in this hesitation that we found the direction of the campaign. But instead of going down the road of embarrassment, we had a powerful insight. [Crossover Note 11](#).

With many cancers, there are early visible signs — a lump in one's breast, a misshapen mole, and so on. But with CRC there are no noticeable early stage symptoms. You could have a golf ball sized polyp and you would have no idea. This is why Ontarians needed to speak to their HCP about getting screened. [Crossover Note 2](#).

The lack of a noticeable symptom helped craft the campaign idea, "You're probably not see-through, so get your insides checked out." We wanted our spots to be light-hearted, but serious enough that we weren't being flippant. We wanted to re-assure the audience that there is more than just "potty" humour when you talk about your backside; there's the opportunity to be screened and live a longer life. [Crossover Note 22](#).

b) Communication Objective

We used a phased approach. Phase 1 focussed on building awareness, acquiring HCP participation and driving our target to their HCPs. Phase 2 introduced the Fecal Occult Blood Test (FOBT) home test kits.

CREATIVE EXECUTION

Creative was based on see-through characters drawn from teaching models. Showing where a polyp could exist played itself out in everyday conversations between our main characters. These took place in classic Ontario situations, so as to widen reach, and appeal in smaller Ontario markets.

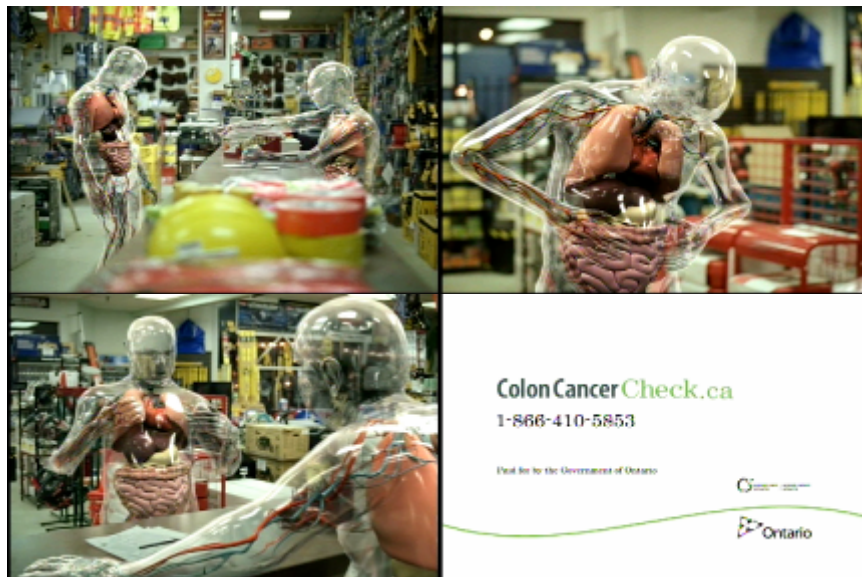
The first spot was in a hardware store; speaking to Thunder Bay and Toronto with one piece of communication. The two characters fell into primary target. The tone and setting helped alleviate the pressures that come with discussing a serious message. It showed that Ontarians can speak about the disease openly, with nothing to be embarrassed about.

The second spot took place in a kitchen with an influencer and our primary target. The spot highlighted the need to be screened and introduced the FOBT Kit.

We extended the see-through idea using a number of media vehicles, as described next.

Phase 1 TV – Hardware (March 14 to May 25)

This first spot carried an awareness message about the program, CRC, and the need to be screened. It also introduced our re-assurance line, “If caught early, colon cancer is 90% treatable.”



Phase 1 – Print

Print also drove awareness and the need to be screened. We launched it to coincide with TV for a strong in-market presence, using Ontario major dailies and local dailies. It lifted one of our see-through characters in order to have a quick connection.

IF YOU WERE SEE-THROUGH, IT WOULD BE EASIER TO SPOT COLON CANCER.

Unfortunately you're not. So talk to your health-care provider about screening. If caught early enough, colon cancer is 90% treatable. To learn more visit ColonCancerCheck.ca, or call 1-866-410-5853. Paid for by the Government of Ontario.

SI VOTRE CORPS ÉTAIT TRANSPARENT, LE CANCER DU COLON SERAIT PLUS FACILE À REPÉRER.

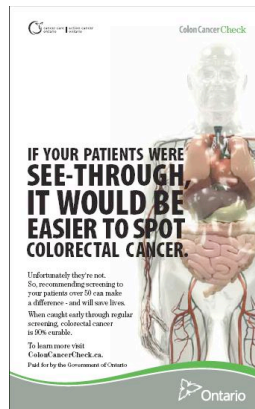
Malheureusement, ce n'est pas le cas. Parlez donc de dépistage à votre fournisseur de soins. Décelés tôt, 90 % des cancers du côlon sont traitables. Pour en savoir plus, consultez ColonCancerCheck.ca ou appelez le 1 866 410-5853. Payé par le gouvernement de l'Ontario.

如果你是如此透明，發現結腸癌就容易得多。

很遺憾，您不是。所以，請向醫護人員諮詢檢查事宜。如果發現得早，90%的結腸癌都可以治療。如想了解更多詳情，請瀏覽 ColonCancerCheck.ca，或致電 1 866-410-5853。本廣告由安省政府贊助。

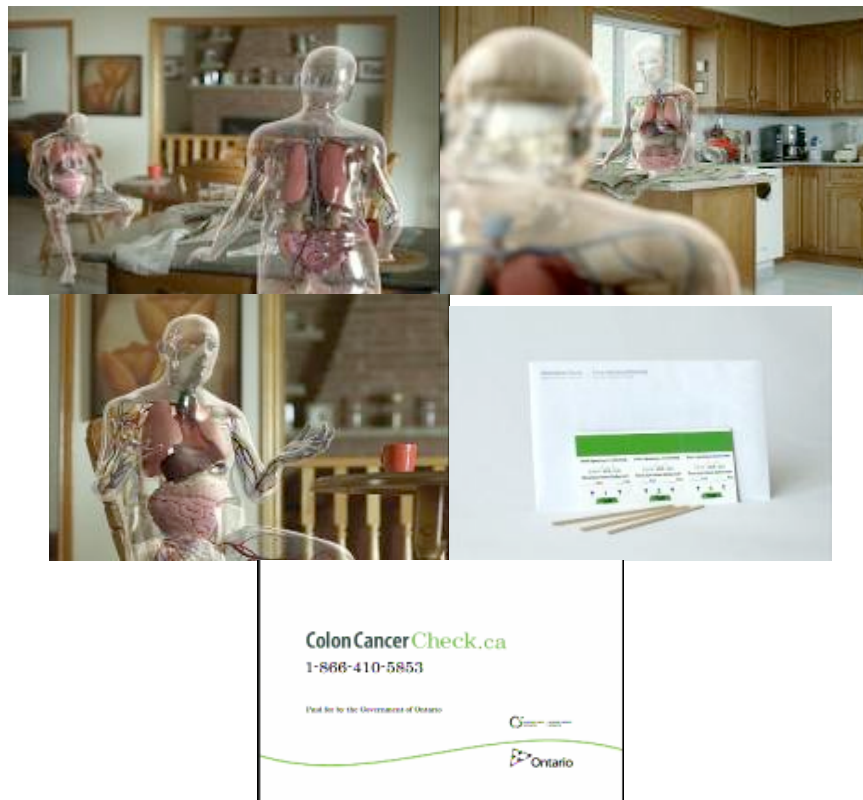
Phase 1 – HCP Targeted Magazine

We ran an HCP targeted message in MedPost. This was done to enhance the importance of our HCP target and their role in the program.



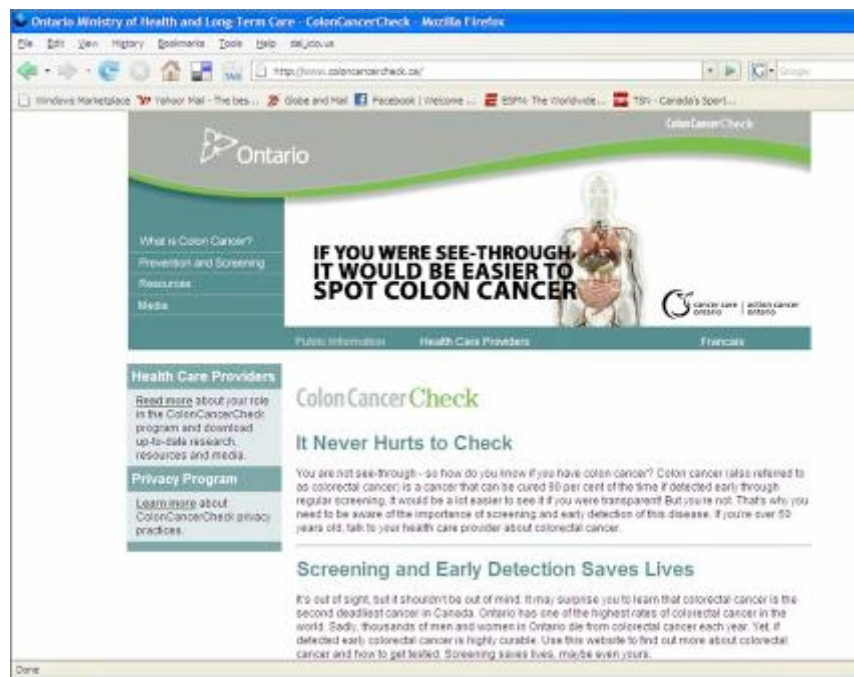
Phase 2 TV – Kitchen (April 14 to May 25)

Here, we introduced the influencer target and the FOBT Kit. The spot was made to resemble a conversation that could take place in any Ontario household.



Website – ColonCancerCheck.ca and Interactive Advertising

A microsite gave Ontarians a private and comprehensive place to learn more about CRC. The see-through idea carried into the masthead. Banner ads were also created to extend the campaign. End frame messaging was changed slightly to hit with a harder message in order to drive click through.



MEDIA EXECUTION

The campaign launched in March 2008, which coincides with CRC Awareness Month.

The goal was to connect with our target through highly targeted media that fit the media habits of 50+ Ontarians. We used high awareness media that achieved high reach and frequency numbers in a quick and efficient way. TV was bought to fit appointment viewing habits (Top 20 programming) allowing us to capture our audience at their full attention span. We also bought time around news segments to link our message with the seriousness that is inherent in newscasts. Media was also bought to target 19 ethnic groups in order to raise awareness of the disease in their communities.

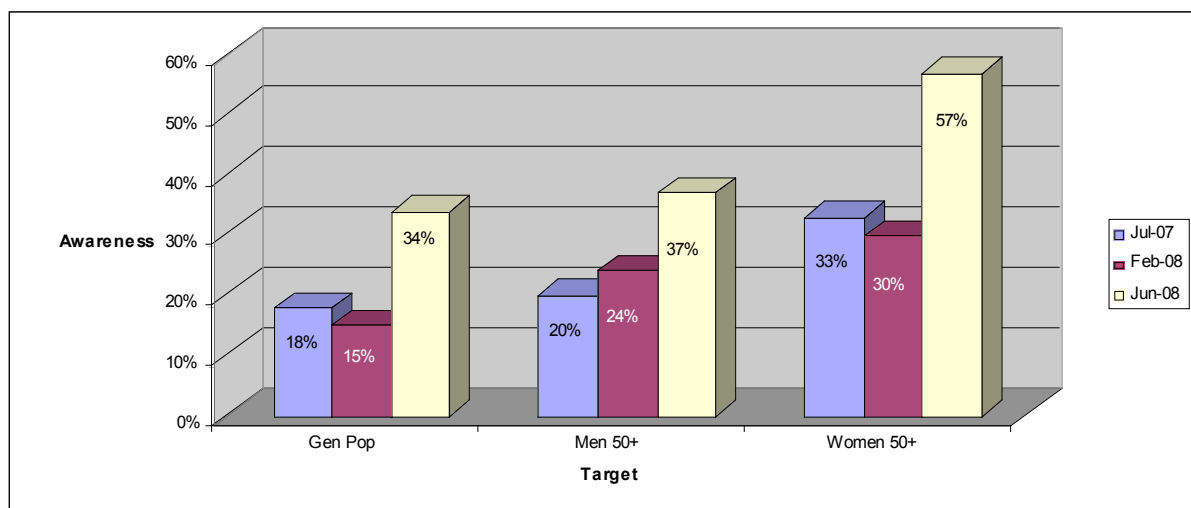
We bought Google Word Search to drive traffic to the site, as well as geo-targeted space on high traffic news websites: Globe and Mail, Toronto Star, CBC.ca, MSN.ca, Canoe.ca, weathernetwork.ca and Medibroadcast.

Additionally, we deployed See-Through Street teams in Toronto at launch. They gave 50+ Ontarians information on ColonCancerCheck and CRC screening. We also issued multiple DM pieces to HCPs — items like Program Key Features sheets, FOBT Kit reference cards, Program FAQ's.

RESULTS

Program Awareness

We established awareness benchmarks in July 2007, and again in February 2008, a month before launch. Post launch results came 3 months after launch, almost a month after in-market activity had stopped. The chart shows that awareness indexed at 226 versus the general population (February 2008 to June 2008). Against our Male 50+ target group the program indexed 154 (February 2008 to June 2008). Our female 50+ target indexed at 190 (February 2008 to June 2008).



Incidences of Screening

With awareness levels being raised considerably, it was important to see how well our message enticed and provoked Ontarians to get screened. In a six month period (February 2008 to June 2008) we saw a lift of 10 points (Index 125 – from 40% to 50% of Ontarians 50+) of people being screened. More importantly, we saw a lift of 6 points in screening for those at high risk (e.g., have a family history of the disease) and an increase of 10 points for screening among Ontarians at average risk. This, needless to say, is a step in the right direction.

It's also important to note, of our target that had not been screened, a full three-quarters (75%) now intend to be screened for CRC.

How People are Being Screened?

At the outset of the program, it was one of our goals to drive awareness and usage of the FOBT Kit. Prior to the program launch, there was little to no usage. This meant people who did not need a colonoscopy were being referred for them – tying up wait times and healthcare dollars. In a four month period, starting a month before our program launched, 5% of Ontarians had used an FOBT Kit as a means of screening. In June of 2008, this number had more than quadrupled to 22%, indexing at 440.

Since the launch of the FOBT Kit in April 2008, over 30,000 kits have been completed by Ontarians. In April, approximately 9,000 kits were completed. With advertising hitting the market April 14, the FOBT kit indexed at 283 from April 2008 to May 2008 (increase from 9,000 to 25,500 kits).

Advertising Recall

One of our objectives was to achieve high awareness scores. Our unaided recall was 64%. When asked about the message, 41% recalled that it was to “get tested/checked.” Of all the media that we used in our launch the highest recalled was TV at 78%.

When we asked for aided recall 38% recalled seeing both TVC's and our print ad, while 78% recalled seeing at least 1 of the 3 executions. More importantly, our message resonated with our target. We reached a message credibility score of 91% (Top 2 Box).

CAUSE & EFFECT BETWEEN ADVERTISING AND RESULTS

As shown earlier, there has been a direct link between the program and its advertising. CRC does not get as much coverage through pro bono or social marketing efforts as it needs compared to breast cancer and prostate cancer. Therefore, it was important for this campaign to drive home the message that there is something that you can do for yourself, get checked. Screening rates are increasing and more people are willing to talk to their doctor – step one in our bigger plan of driving Ontarians from awareness to adoption.