

# CASSIES 2011 Cases

**Brand/Case: That's Why It Matters**

**Not for Profit—Gold  
Best Insight—Bronze**

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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 CASSIES1997. The full set for CASSIES 2011 can be downloaded from the Case Library section at [www.cassies.ca](http://www.cassies.ca)

**Crossover Note 1.** What a Brand Stands For.  
**Crossover Note 20.** Emotional versus Rational.  
**Crossover Note 26.** Awareness Alone.  
**Crossover Note 32.** Internal Marketing.

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

## SECTION I – BASIC INFORMATION

**Business Results Period in Consecutive Months:** May 2009 – May 2010

**Start of Advertising/Communication Effort:** November 2, 2009

**Base Period as a Benchmark:** May 2008 – May 2009

**Geographic Area Covered:** Greater Toronto Area (GTA).

**Annual Budget Range:** Under \$250,000

## SECTION II – SITUATION ANALYSIS

Sunnybrook Health Sciences Centre (“Sunnybrook”) was opened as a Veteran’s Hospital after World War II. It has grown and evolved to become one of Canada’s largest and most comprehensive hospitals. It has also been successful as a fund-raising organization and up to this point had not needed to advertise or actively consider marketing. Fund-raising consisted of direct mail or events and tended to rely on patients that had been treated at the hospital.

The past five years have seen an explosion in charitable organizations. According to the Canada Revenue Agency there are 85,311 registered charities in Canada. Charitable giving is arguably the most competitive category in Canadian business and charities have become extremely sophisticated in their approach to marketing.

Sunnybrook also suffered from the misperceptions that the government already funds all hospital-related programs and that it’s “rich” because it is located in one of the wealthier parts of Toronto. In fact, hospitals like Princess Margaret and Sick Kids both invest significantly in marketing based programs.

To compete, and meet fundraising goals, Sunnybrook had to start actively communicating.

Initial research revealed that Sunnybrook had high awareness but limited understanding of what Sunnybrook offered. **Crossover Note 26.** With overall aided awareness of 90% almost everyone in Toronto knew of Sunnybrook, but they didn’t “know” Sunnybrook. It was generally thought of as the trauma hospital – the place people are medivaced to after a car accident or other life-threatening injury. This is true. Sunnybrook is indeed Canada’s largest trauma centre and many of its trauma techniques have been adopted by hospitals all over the world. But it is much more than trauma.

Sunnybrook is a teaching hospital affiliated with the University of Toronto and has become one of the leading medical research facilities in North America. The hospital’s commitment to innovation and research is world-renowned in the medical community – but not outside.

We needed to expand people’s understanding; to expose them to the amazing research and innovation that Sunnybrook is pioneering. This became the “what.” The “how” was also critical because the end goal was to *drive donations*. **Crossover Note 1.**

### SECTION III – STRATEGIC THINKING

Research revealed that people donate to causes that they have a connection with, and to organizations that they believe are truly making a difference.

#### REASON FOR CHOOSING A CHARITABLE CAUSE – Top 2 Boxes:

I believe my donation can make a significant difference	38%
I like to support organizations that help children	36%
Have affected me/a family member or close friend in some way	35%
Help those that need it the most	30%
Local charities because I feel I have the most impact	25%

Proprietary research conducted 2009.

There is a powerful emotional component to this. **Crossover Note 20.** Often people describe the charities they give to as being “close to them.” Certainly, if you or someone close to you has been treated at Sunnybrook this will predispose you to giving. But to meet fundraising goals we could not rely on this. We needed to connect with people even if they (or someone they knew) had never been to Sunnybrook.

The Sunnybrook target has a desire to do good. They will most likely be older than 45 with the children close to leaving home, or already gone. As they have aged, they or someone they care about has had to deal with a significant health problem – a heart attack, Alzheimer’s, cancer etc. Unless there is an immediate issue, however, they get on with life – though with these worries still in the back of their mind.

This mindset helped frame up an insight that is important to driving donations; the belief that a donation to a hospital is an investment in your own personal future (or the future of someone you care about).

Our strategy therefore centred on balancing the rational and emotional components that drive donations. Innovative treatments and research will help show why donations are needed, but they must be brought to life in a way that draws people in emotionally.

We immersed ourselves in the hospital to learn as much as possible about innovations. We sat in on procedures and met with the doctors and scientists. Through this immersive process we found the perfect creative vehicle to deliver the emotional and the rational. Surprisingly, it had little to do with research and innovation themselves, but everything to do with why they were so important.

### SECTION IV – KEY EXECUTIONAL ELEMENTS

#### a) Media Used

TV, Radio, Newsprint, On-line, Transit, OOH, Posters. The campaign theme and creative elements were also integrated into Direct Mail and Events.

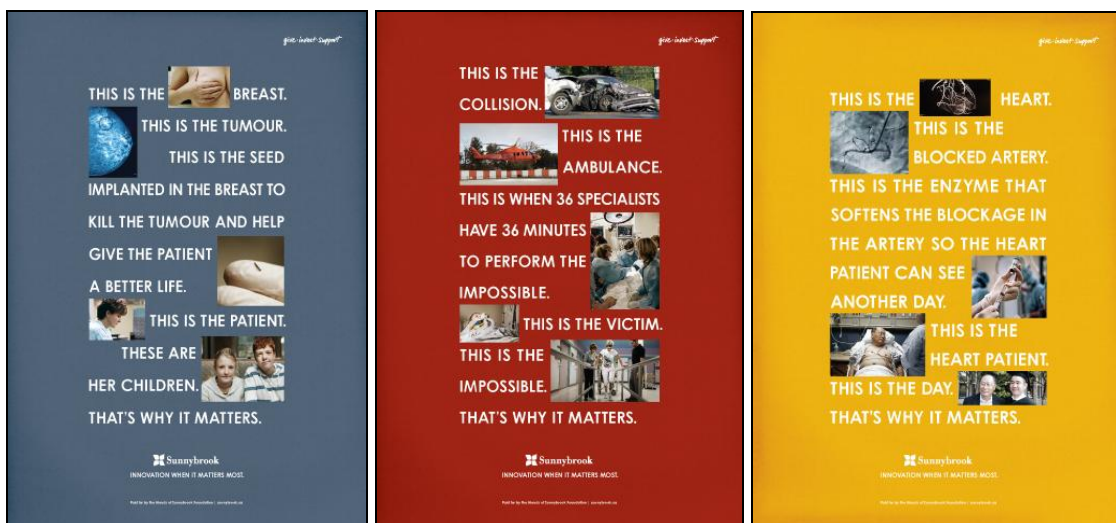
## b) Creative Discussion

Our first instinct was to treat Sunnybrook's science and innovation in a rational, numbers-centric way. But in meeting with the teams in heart, stroke, cancer, high-risk births and trauma we had our epiphany.

By far the most powerful element – what gave us a gut-level reaction that stayed with us for days and weeks after – what made us absolutely believe in the power of what was being accomplished at Sunnybrook was hearing the stories of the patients whose lives had been saved.

Hearing a mother speak about surviving breast cancer and seeing tears well up in her eyes when she talked about her kids, or seeing a baby born at 26 weeks and the around-the-clock care and attention that kept her alive when it seemed impossible, or meeting a young woman who was in a horrific car accident and knowing a team of 36 medical professionals had minutes to save her life. Every day incredible stories happen at Sunnybrook. It is joyous and incredible and terrifying and heart wrenching and inspiring. Using these true stories to showcase how Sunnybrook's innovative treatments are helping save lives would be much more impactful and effective than anything we could “create.”

We told these stories.



The campaign was anchored with television because it is still one of the best story-telling vehicles available and we felt it key to creating the emotional connection we needed.

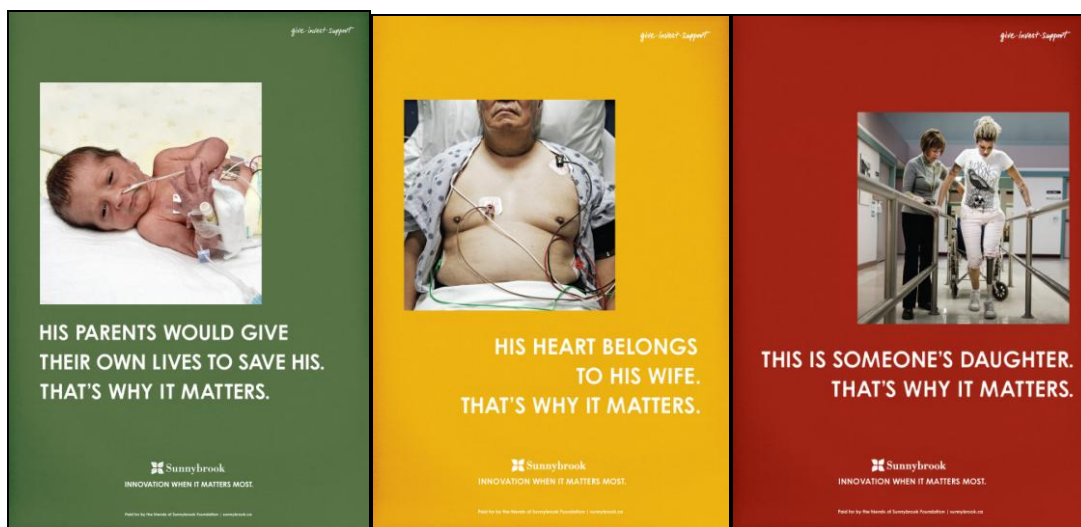


Sunnybrook TV: 30 seconds – “Tumour”

Radio, on-line and multiple print pieces (newsprint, transit, OOH, and posters in the hospital) augmented the TV to broaden our coverage and – where possible – expose people to the breadth and depth of the innovations Sunnybrook is working on.

With all the creative we tried to be simple and straightforward. To let the power of the story speak for itself. We purposely chose to be as “real” as possible. No phony stock shots of smiling doctors and patients – real people in a real story. A real life saved.

Often the most powerful aspects of these stories were seen through the eyes of the people closest to the patient (vs. the patient themselves). Hearing a wife talk about a husband’s heart surgery or the interaction of parents and kids. Saving a single life impacts many many lives in the most powerful and profound way. The line “That’s Why it Matters” summed this up perfectly.



### c) Media Discussion

The media plan was somewhat traditional – anchored by TV and supported by secondary media to maximize efficiencies and impact. But the way we went about building the plan was very innovative.



Sunnybrook TV: 30 seconds – “Trauma”

Often pro-bono projects create a message and then send it to media suppliers and hope for as much exposure as possible. Executions may run in some remnant space or in off-hour programming if scheduling allows. Personal relationships might help a project get to the top of the pile, but it is often more hope than detailed media planning.



We had all become convinced of the power and importance of what Sunnybrook was doing. We decided to share this with media companies in an attempt to treat them as partners – not suppliers.

We met the senior decision makers and broader teams from all the top media companies to share the creative with them – before it was produced. We wanted them to understand Sunnybrook as we now did. To give them the chance to determine if this was a cause they would support and if so to what degree.

The media companies that were interested (and there was only one that wasn't because of a conflict) worked with us to build a plan that reflected what they were willing to invest in Sunnybrook to bring the message to life. It was time consuming but it worked. We turned a small budget into real media value of \$2,000,000 – generating an 8 to 1 return in value with our limited funds.

TV ran on high-profile programming. Print was placed in high-value locations. Transit ran in innovative flying patterns involving consecutive postings. Radio ran during drive times. We achieved exceptional value.

**Campaign for Sunnybrook**

Sunnybrook is Canada's leading trauma care hospital and a trailblazer in the field of medical research and innovation. And with thousands of Canadians walking through its doors everyday during the most critical times of their lives, the stakes are higher than ever.

With a goal of raising 420 million in five years, this campaign tells real stories of real patients. And while it buzzes at the headstings, it also gives people a reason to believe by highlighting some of the many groundbreaking innovations taking place at the hospital every single day.

Launched across a multitude of media along with fundraising events, the campaign was kicked off with the help of media companies generously providing eight times the value for every dollar spent once they saw the message it carried.

**RADIO**  
These stories were brought to life on Radio for the daily commuters.

**SUBWAY DOMINATION**  
Consecutive banners dominated subways and streetcars across Toronto.

**TRANSIT/ON PREMISE/WILD POSTINGS**  
Short copy posters along with their longer counterparts appeared as TBA, wild postings, as well as within the walls of the hospital.

**NEWSPAPER**  
The campaign was launched and sustained with full-page ads and consecutive page banner ads in national newspapers.

**ONLINE BANNERS**  
Online banners encouraged people to click through to view the rest of the story and linked them to the website where they could make donations.

**NEWSPAPER WRAP**  
A newspaper wrap on the weekend edition gave people an idea of the weight of some of the premature babies that are being treated and saved at Sunnybrook.

**DIRECT MAIL**  
Booklets were handed out at the hospital and at the key catchments areas around it.

**TELEVISION**  
Three television spots told touching stories of survival and innovation in the fields of Cancer, Trauma and Heart & Stroke.

**BREAST 3D**

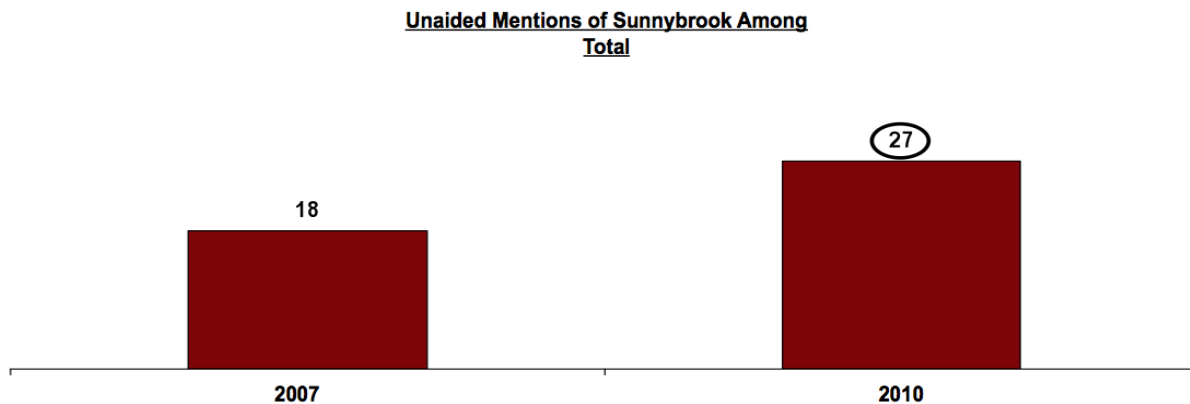
**HEART 3D**

**TRAUMA 3D**

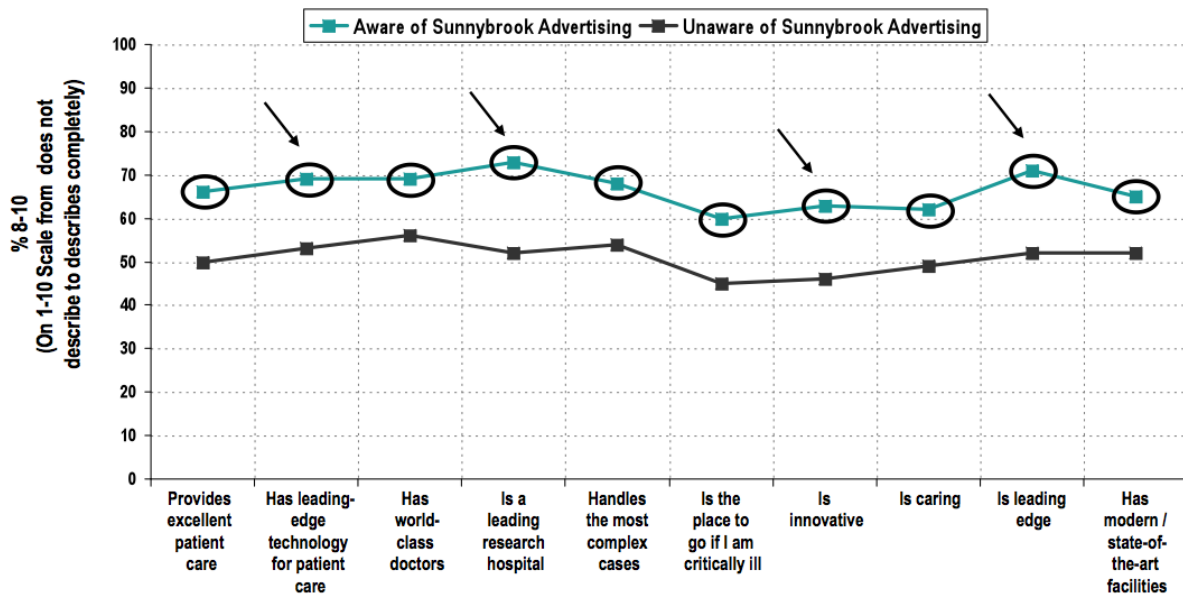
## SECTION V – BUSINESS RESULTS

Sunnybrook raised \$52,184,145 - the most money in its history. Donations increased 25% versus the previous year in one of the worst economic downturns in recent history. These donations are critical to continuing the research and innovative programs that are helping Sunnybrook invent the future of healthcare.

Sunnybrook unaided awareness increased 50%, the highest jump of any hospital over the period. Sunnybrook moved from 5<sup>th</sup> to 2<sup>nd</sup> in unaided awareness of Toronto hospitals – trailing only Sick Kids. 1 in 5 Torontonians reported seeing (correctly) some form of Sunnybrook advertising. We reached 20% of Toronto with a budget under \$250,000.



The advertising improved Sunnybrook perceptions against all key attributes.



It is also worth highlighting the effect the advertising has had internally.

One of the most powerful moments last year was the unveiling of the campaign to the Sunnybrook staff. It was overwhelmingly positive. People cheered. People cried. People smiled. People hugged. People lined up to be the next department featured. Interestingly the campaign is about patients – not staff – but it perfectly captured their passion, their commitment and their resolve. Sunnybrook (like all service organizations) will ultimately succeed or fail based on the performance of the staff. This campaign captured why they work at Sunnybrook and why it matters to them. It reflects what motivates them to do their job in the most extreme circumstances. This may ultimately be more important than any of the hard numbers above. [Crossover Note 32](#).

## **SECTION VI – CAUSE & EFFECT BETWEEN ADVERTISING AND RESULTS**

The number of patients Sunnybrook treated did not significantly change over the time period so the results cannot be attributed to more people having a direct experience with Sunnybrook.

The increased donations occurred during one of the worst overall economic downturns in recent history so the results cannot be attributed to an overall buoyant economy (just the opposite).

The increased donations were achieved by more people giving – not by a single massive legacy donation.

This campaign was the only difference in marketing. Direct mail and events were as in previous years – but were now integrated into the campaign so all elements worked together, leading to more donations, and inspiring the staff that makes all of this possible.