

## ABSTRACT

Title of thesis: PUBLIC RELATIONS AND BRANDING IN HEALTH  
COMMUNICATION PROGRAMS: A CASE STUDY OF A  
SUCCESSFUL CAMPAIGN

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The purpose of the current study is to better understand how public relations health campaign programs can successfully incorporate branding strategies to improve program effectiveness. In this case study of the *Heart Truth* campaign, the excellence theory of public relations and social marketing theory provided a framework for integrating concepts from the literature on branding, marketing, and public health campaigns into current knowledge of public relations perspectives. The research questions were examined through a content analysis of internal materials and interviews with the campaign managers. The findings of this study contribute to our current understanding of how public relations theory, social marketing theory, and branding principles impact the effectiveness of health campaigns. The practical implications of this study suggest that brands should be viewed as an asset and key tool in health campaigns; brands help achieve campaign goals when they are strategically planned and consistently implemented through a process that involves formative research in creating and managing brand identity, positioning, and awareness.

**PUBLIC RELATIONS AND BRANDING IN HEALTH COMMUNICATION  
PROGRAMS: A CASE STUDY OF A SUCCESSFUL CAMPAIGN**

by

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## DEDICATION

To my mother; I hope that I can help others and  
make an impact on their lives to the extent that you have.

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## CHAPTER I - INTRODUCTION

Branding has been established by researchers and practitioners in the advertising and marketing worlds as a central component of business strategy (Grimaldi, 2003). Public relations scholars and practitioners, however, have been hesitant to incorporate the principles of branding strategy in communication programs for their strategic publics. If the goal of the public relations function is to build relationships with strategic publics (Grunig & Hunt, 1984), it seems logical that public relations departments would be concerned with how the organization's brand contributes, supports, and enhances relationships with publics through the strong cognitive associations established via brand loyalty, identity, positioning, and reputation. It stands to reason that, by strategically managing and strengthening brand equity, public relations programs can enhance an organization's reputation among its publics, which would in turn have a positive impact on building and maintaining relationships with these publics (Cutlip, 1991; Duncan & Moriarty, 1997; Grunig, Grunig, & Dozier, 2002; Keller, 2000).

Public relations could, in fact, *extend* the uses of branding outside of those that marketing has examined. Marketing merely sees the brand as a tool to sell products and services to a customer. Thus, the marketing function studies and uses brands within a narrow range of functions, for a narrow range of publics. If brands were to be examined and implemented strategically within the context of public relations programs, however, they would be applied to a wider range of functions (e.g., supporting relationships, identity building, reputation management, issues management), for a wider range of publics (e.g., customers, stakeholders, stakeseekers, investors, suppliers, activist publics). Implementing branding strategies in public relations programs can help communication



managers achieve the goals of the organization which would, in turn, contribute to the value of the public relations function in that organization.

The current thesis posits that public relations would benefit from integrating concepts from the branding literature with concepts from J. Grunig's (1992) Excellence theory. This study contributes to public relations research by providing a synthesis of the ways in which branding concepts can contribute to excellent public relations programs. This study also contributes to public relations research by providing a case study of a public relations program that has successfully applied branding strategy in program planning and execution while fulfilling some of the principles of excellent public relations.

Thus, the purpose of the current study is to better understand how public relations programs can successfully incorporate branding strategies (and, in the case of health programs, social marketing principles) to improve program excellence. This study contributes to the body of knowledge about public relations excellence and health campaign program effectiveness by analyzing one example of a public relations program that has successfully implemented branding strategies.

Branding has traditionally been associated with commercial products and services; however, health communication practitioners are beginning to realize that branding principles are also relevant to people, places, ideas, and messages surrounding health issues (Keller, 1993). A number of health communication practitioners have adopted branding concepts and strategies typically used for marketing commercial products, and have applied them to the marketing of health issues in order to make them more "visible" to the public.

When health issue branding is successful, more members of the target audience are able to recognize and become familiar with the health issue. Eventually, with proper strategic planning and campaign management (i.e., sufficient repetition and dissemination of messages and materials), awareness of the health issue may increase, and members of the target audience may become educated about increasing preventative behaviors, maintaining healthy behaviors, and/or removing or reducing risky and unhealthy behaviors (Andreasen, 2002; Chapman-Walsh, Rudd, Moeykens, & Moloney, 1993; Pirani & Reizes, 2005).

A brand is defined as, “a combination of attributes, communicated through a name, or a symbol, that influences a thought-process in the mind of an audience and creates value” (Grimaldi, 2003, p. 1). As applied to public health, Keller (1998) states that branding “involves attaching a ‘label’ (for identification) and ‘meaning’ (for understanding) to a product, service, person, idea, etc.” (p. 299). The goal of branding a health issue is to establish a relationship between the target audience and the brand, and to establish a connection between the brand and the health cause in the consumer’s mind (Evans, Price, & Blahut, 2005). Implementing branding strategies can help health communication practitioners achieve the major goals of most health campaigns: gaining awareness of the health issue and promoting behavior change. Keller (1998) describes the challenges of branding in a social marketing context; the issues involve deciding “what labels and meaning to connect to desired, or perhaps even undesired, behaviors as well as to the personal or social costs and benefits that result from these behaviors” (p. 299)

Numerous studies report that branding has been a successful marketing strategy of companies that produce unhealthy and harmful products (i.e., Hastings & MacFayden, 1998; Pucci & Siegel, 1999). Only a few case studies have indicated that branding has been successfully implemented for prosocial, health issues, such as anti-smoking (Evans et al., 2005) and hospital and health care services (Mathieson, 2004). The lack of literature on the application of branding to health campaigns or health issues must be addressed because of the potential utility of this information for both practitioners and researchers. Thus, the current study examines how branding strategy is successfully implemented in a nation-wide health campaign—the National Heart, Lung, and Blood Institute’s (NHLBI) *Heart Truth* campaign for women and heart disease. The *Heart Truth*’s implementation of branding strategy will be analyzed within the context of the program’s use of excellence theory principles and social marketing as frameworks for campaign planning, production, and execution.

## CHAPTER II – LITERATURE REVIEW

### Excellence Theory

#### *Definition of Public Relations*

Public relations and marketing have distinct goals and communication strategies that should not be confused. Thus, before describing J. Grunig's (1992) Excellence theory, it is important to define public relations, thereby differentiating it from marketing. In this study, public relations is conceptually defined as the "management of communication between an organization and its publics," and public relations practitioners are those who "manage, plan, and execute communication for the organization as a whole" (Grunig & Hunt, 1984, p. 6).

#### *Normative Principles of Excellent Public Relations Programs*

Grunig, Grunig, and Dozier (2002) cite that public relations programs are important because they help organizations achieve their goals by creating relationships with strategic publics: "Individual communication programs such as media relations, community relations, or customer relations are successful when they affect the cognitions, attitudes, and behaviors of both publics and members of the organization—that is, the cognitive, attitudinal, and behavioral relationships among organizations and their publics" (p. 91). Thus, effective public relations programs are valuable to organizations because of their contribution to the organization's mission, goals, and bottom line.

According to Grunig, Grunig, and Dozier (2002), "the program level has been the traditional focus of evaluative research in public relations" (p. 91). Public relations programs are ongoing strategic efforts to communicate and develop relationships with

publics (Grunig, Grunig, & Dozier, 2002). Public relations campaigns, on the other hand, are communication strategies that end at a specific point (e.g., after a certain amount of time elapses, after the campaign's objectives are achieved). Although it is commonly referred to a health campaign, the *Heart Truth* is qualified as a public relations program because it is an *ongoing* movement without a predetermined endpoint. Thus, the current case study is an analysis of a public health campaign program and its adherence to the normative principles of excellent public relations *at the program level*.

J. Grunig (1992) established the Excellence theory as a normative model for public relations. This model serves as a guideline or benchmark for effective public relations programs that help achieve organizational goals. According to Grunig (1992), "Excellent public relations departments will practice public relations in a way that is similar to our normative model, in contrast to the way that public relations is practiced in the typical, less excellent department" (p. 12).

J. Grunig (1992) provides a summary of the 10 normative, generic principles of excellent public relations programs:

1. Involvement of public relations in strategic management;
2. Empowerment of public relations in the dominant coalition or a direct reporting relationship to senior management;
3. Integrated public relations function;
4. Public relations as a management function, separate from other functions;
5. Public relations unit headed by a manager rather than a technician;
6. Two-way symmetrical model of public relations;
7. A symmetrical system of internal communication;

8. Knowledge potential for managerial role and symmetrical public relations;
9. Diversity embodied in all roles
10. Organizational context for excellence

Although this thesis uses the Excellence theory of public relations as a theoretical framework, the review and application of its generic principles will focus on those that are relevant to the current research, including: public relations as an integrated function; formative research, environmental scanning, and evaluation; building and maintaining relationships with publics; and two-way symmetrical communication. This case study focuses on examining a particular campaign at the program level, so several of the principles that address public relations at the organizational or societal level cannot be measured. The literature review below also describes the relevancy and value of public relations in social marketing programs.

#### *Strategic Management Principles of Public Relations Programs*

Grunig and Repper (1992) outlined a model for the strategic management of public relations. The first three stages of the model—the stakeholder, public, and issue stages—describe the development of publics and issues. The current research will focus on the last four steps of strategic management that the public relations function should apply to each program it develops at the stakeholder, public, and issue stages. These program-level steps include developing objectives, formally planning, implementation, and evaluation. Public health campaigns commonly follow this method of strategic management in planning, execution and evaluation of campaign programs.

According to Grunig, Grunig, and Dozier (2002), “communication programs organized by excellent departments should be *managed strategically*” (p. 16, emphasis in

original). The authors explained what it means to manage a program strategically, and they advocated an approach in which the public relations function is fully involved in the decision-making process:

When they participate fully in strategic management, communicators scan the environment to identify stakeholder publics likely to be affected by a potential decision or who can affect the implementation of the decision, communicate with publics to involve them in the decision process, and develop ongoing communication programs to develop relationships with the publics affected by the consequences of decisions...at each step of the strategic process (the stakeholder, publics, and crisis stages) (p. 383).

The following sections discuss the importance of an integrated public relations function; research and environmental scanning, relationship building, and two-way symmetrical communication in the strategic management of public relations programs.

#### *Integrated Public Relations Function*

Many public relations researchers claim that public relations and marketing should be considered and implemented as two separate communication functions in the organization because of their vast differences in theory and practice (see Ehling, W. P., White, J., & Grunig, J. E., 1992; Grunig, 1992; Grunig & Grunig, 1998; Grunig, Grunig, & Dozier, 2002). First, public relations and marketing have very different goals. The goal of public relations is to build relationships between the organization and its strategic publics, whereas the goal of marketing is to sell a product to a target audience composed of potential customers.

Second, public relations and marketing define and segment their publics differently (Grunig, Grunig, & Dozier, 2002). Public relations defines its strategic publics as all groups who are affected by the organization's actions (e.g., stakeholders, customers, activist publics, competitors). Marketing only identifies customers as relevant publics. Thus, the relationships marketing forms between an organization and its customers are exchange-based (i.e., economic relationships). The relationships public relations forms between an organization and its strategic publics are the opposite; organizations develop relationships with all of the publics that are affected by its actions, and these relationships are not dependent on reciprocity.

Third, public relations and marketing will also diverge in the different kinds of research they conduct about their publics (Grunig, Grunig, & Dozier, 2002). Public relations research involves boundary spanning and environmental scanning, which involves the identification of an organization's strategic publics and their issues. Marketing research simply involves examining the traits and characteristics of the customer target audience. All consumer publics are lumped together by similar demographic variables, and their attitudes and behavior are assessed.

Last, public relations and marketing follow two different communication models (Grunig, Grunig, & Dozier, 2002). Public relations focuses on two-way symmetrical communication, where the organization and its publics engage in an active, continuous dialogue. This is a process of listening, dialogue, and feedback among the organization and its strategic publics where the ideas of publics are brought back to the dominant coalition for consideration in the decision making process.



According to Grunig and Grunig (1998), organizations and programs are “best served by the inherent diversity of perspectives provided by *separate* public relations and marketing functions” (p. 141, emphasis added). However, Grunig, Grunig, and Dozier (2002) found that the public relations function was equally likely to be excellent when it was located in either a structured or a centralized department. The results of the excellence study indicated that organizations with excellent public relations had three important features in common: (a) marketing did not dominate as the most important communication function, (b) the public relations and marketing functions were treated as equal partners in management, and (c) supplementary technical services were sought from outside public relations firms (especially preparation and placement of publicity/advertising materials and formative research).

Marketing scholars are beginning to understand the importance of public relations principles and practices in integrated communication (IC) (Caywood, 1997; Duncan & Moriarty, 1997; Gronstedt, 2000). They are including a more diverse set of publics, outside of only customers, in the IC model. They are also acknowledging public relations concepts in the explanation of the IC model, such as the importance of strategic management and inclusion of the communication function and input from publics in the decision making process.

A few marketing scholars have started to adopt the public relations conception of IC; Grunig, Grunig, and Dozier (2002) cited Hunter (1999), who “concluded that the concept of brand is at the center of thinking about IC and recommended that public relations and marketing be integrated into a single function” (p. 264). Gronstedt (2000) supported the inclusion of public relations concepts in marketing theory. He stated that

the purpose of IC is to build relationships with publics; brand strategy and positioning perform this function by influencing reputation. Gronstedt (2000) defined IC as a “strategic management process” that is “a process of adding value and cultivating relationships with key customers and stakeholders” (p. 8-9).

Grunig, Grunig, and Dozier (2002) expressed their agreement with Gronstedt’s definition, and they took it a step further. They described integrated communication as a link between marketing and branding strategies, public relations, and strategic management:

Marketing communication concepts such as identity, image, brand, and reputation (e.g., Rebel, 1997; Van Riel, 1995) suggest that the right message can implant the corporate ‘identity’ into the public’s ‘image’ and, by implication, that one can manage reputation by managing the production and distribution of messages...The value of a brand lies not just in the recognition of a name, but in the trust people have in a company and its products. Thus, we believe the most effective way to *manage* a reputation or brand image is by using two-way symmetrical communication to help manage the organizational behaviors that produce a bad reputation and to develop a trusting relationship with both consumer markets and publics (p. 281, emphasis added).

Thus, marketing and branding strategy can contribute to public relations excellence by strengthening an organization’s reputation, image, trustworthiness, and credibility. However, brands will only improve excellence if they are strategically managed by the public relations function and communicated using two-way symmetrical communication.

Similar to Gronstedt (2000), Duncan and Moriarty (1997) combined principles of branding strategy, IC, and public relations and examined these concepts from a marketing perspective. Duncan and Moriarty (1997) described the IC function of the organization as “using cross functional rather than departmental planning” (p. 17). The authors created several integrated communication strategies (to use their own terminology, “strategic drivers of brand equity”), which implemented IC concepts and a brand-relationship building process to create a new organizational model.

Moriarty (1994)—another marketing scholar who has supported the inclusion of public relations concepts in marketing theory—best summarized the strengths of including public relations strategy in the practice of IC: “Organizational communication factors such as relationships, motivation, and involvement are often addressed by PR programs and PR practitioners may be the people in an organization who are most competent to function as change agents—a critical task in creating and managing IMC [IC] programs” (p. 144).

*Formative Research, Environmental Scanning, and Evaluation.*

Based on Grunig, Grunig, and Dozier’s (2002) assertions, to be considered excellent, public health campaign programs must conduct rigorous formative research via environmental scanning and program evaluation. Environmental scanning is the first stage of the formative research process for public relations programs, and it should inform the selection and segmentation of the campaign’s target audience. Environmental scanning should also inform the strategic planning of message design and channel selection for the campaign’s target audience.

According to Dozier and Repper (1992), environmental scanning or monitoring is conducted to detect and assess potential problems and should happen in the early stages of planning a public relations program. This type of research is exploratory in nature, and it is best conducted through focus groups and surveys. The authors described the importance of the environmental scanning function in public relations programs: “the strategic function of scanning is early detection of emerging problems as well as quantification of existing or known problems in the environment” (p. 187).

After the environmental scanning function is completed, Grunig, Grunig, and Dozier (2002) claimed that public relations programs should be evaluated through scientific, clip-file, or informal evaluation. According to Dozier and Repper (1992), evaluation research is an important step for determining how effective public relations programs were in achieving the goals that were set based on information from the environmental scanning phase. In order to be considered excellent, an evaluation should find evidence that the “programs have positive outcomes, such as meeting their objectives, changing relationships, and avoiding conflict” (p. 439). Thus, in order to be excellent, public health programs must also evaluate campaigns, and the evaluation must produce sufficient evidence that the campaign was effective in achieving its goals for awareness or behavior change. Grunig and Repper (1992) described that public relations programs can be evaluated by monitoring effects on behavior, attitudes, perceptions, or cognitions. After evaluation, the elements of the campaign that are unsuccessful according to the results found during evaluation should be modified and re-evaluated.

Dozier and Repper (1992) divided program evaluation into three separate levels: preparation, implementation, and impact evaluation. Preparation evaluation is concerned

with evaluating the adequacy of background information taken into consideration in preparing a program, the appropriateness of message content and organization, and the quality of message presentation. Implementation evaluation assesses the distribution, coverage, and circulation of program messages after they are disseminated. Impact evaluation is the final form of program evaluation, and it assesses whether or not goals were achieved via maintenance or change in target publics' behavior, attitudes, or levels of awareness or knowledge.

It must be noted that public relations is not the only organizational department that recognizes the importance of formative research. Marketing scholars also discuss the importance of formative research that is similar to public relations' monitoring functions of environmental scanning and program evaluation. Duncan and Moriarty (1997), for example, claimed that organizations should build relationships and enhance reputation through communication with strategic publics "based on findings from its formal and informal monitoring of its stakeholder contacts" (p. 178). The authors also claimed that organizations should "determine what can be done to correct messages that are weakening relationships, as well as determine how to leverage those messages that are strengthening relationships" (p. 178). This evaluative practice is similar to the public relations function of issues management.

Similarly, social marketing scholars have also discussed the importance of research in monitoring the environment and evaluating public health campaign programs. Andreasen (1995) claimed that social marketers put a lot of effort into formative research, especially when pretesting the components of their public health programs before implementing them in the field. Furthermore, Andreasen described that social marketers

believe research is important in post-implementation evaluation of public health programs because “they recognize that a great deal can change as a program goes into a complex field environment, where there can be interference and distortion in what a campaign is trying to do” (p. 17).

Engelberg and Kirby (2001) took Andreasen’s (1995) assertions a step further by discussing the importance of research in social marketing and brand identity building. The authors claimed that social marketing and brand identity building are “not just about communications or reshaping and manipulating target audience perceptions and opinions” (p. 13). Rather, the authors argued that: “Effective identity building is rooted in databased, strategic decision-making” (p. 14). Thus, by strategically building brand identity through formative research, social marketing campaign programs have a better chance of reaching and influencing their target publics to effectively develop a relationship with them and thereby achieve their public health objectives.

#### *Building and Maintaining Relationships with Strategic Publics*

Grunig and Repper (1992) stated that “public relations makes organizations more effective by building long-term relationships with strategic constituencies,” and more specifically, by “developing relations with stakeholders in the internal or external environment that constrain or enhance the ability of an organization to accomplish its mission” (p. 117-118). Based on the importance of this relationship building function in achieving organizational goals, it is only logical to deduce that building relationships with strategic publics is the primary objective of most public relations programs.

Hendrix (1998) identified all of the different strategic publics with whom organizations need to build and maintain relationships through public relations programs:

employee publics, member publics, community publics, government publics, investor publics, consumer-client publics, media publics, international publics, and other special publics that do not fit into any of the aforementioned categories. It is important to manage relationships with strategic publics because they have the ability to facilitate or hinder the achievement of organizational and program goals.

Similarly, Grunig, Grunig, and Dozier (2002) stated that an excellent public relations program will show evidence that it “had improved the relationships of the organization and its publics” (p. 16). They described the value of relationship building and how relationships with strategic publics should be managed:

Because the value of public relations to an organization and society exists in the relationships developed with strategic publics, objectives should consist of strategies to *develop, maintain, and enhance relationships* and the *relationship outcomes* that the organization strives to achieve with these strategies” (emphasis in original, p. 550).

The authors described these strategies to develop, maintain, and enhance relationships in public relations programs as *process objectives*, whereas relationship outcomes are described as *outcome objectives*. Both types of relational objectives are important in creating a successful public relations program that will help achieve organizational goals.

It must be noted that marketing scholars also recognize the importance of building and maintaining relationships with strategic publics. From a marketing perspective, Duncan and Moriarty (1997) described that organizations with integrated marketing functions focus on “creating nourishing relationships rather than just making transactions” (p. 16). Although marketing has typically focused primarily on selling a

product or service, the authors believe that this shift in focus is so important to the success of organizations that they claim the unit of value in business has changed from products (a marketing focus) to relationships (a public relations focus). In fact, McKenna (1991)—another marketing scholar—argued that a successful brand is nothing more than a successful relationship.

Marketing has also typically focused primarily on selling a product or service by using brands, logos, and other images to act as symbols of the organization and/or its product. However, because the primary goal of public relations is to build relationships between organizations and publics, the public relations function does not rely on symbols alone to achieve program goals; rather, symbols are a means as opposed to an end. In public relations, symbols are used as a tool to support and facilitate relationship building. As Grunig (1993) described it, “Communication of symbols alone does not make an organization more effective” (p. 121). Cutlip (1991) took this argument a step further by stating that public relations must be concerned with reputation instead of image. However, an organization’s image—as represented through symbols of identity such as brands—can help communicate the organization’s culture and mission to publics (Chajet & Shachtman, 1991). Organizations would benefit from building relationships with publics by enhancing organizational reputation through strategic management and use of symbols of identity (i.e., brands and other images) under the direction of the public relations function.

Grunig (1993) stated that the most important factors contributing to the quality of behavioral relationships between organizations and publics are: reciprocity, trust, credibility, mutual legitimacy, openness, mutual satisfaction, and mutual understanding



(p. 135). Duncan and Moriarty (1997) claimed that these factors can be cultivated and nurtured through a strong brand (whose creation is informed by environmental scanning of publics' characteristics and needs). However, Grunig (1993) cautioned that symbolic relationships must be used in unison with behavioral relationships; symbolic relationships alone will not solve the organization's problems and will therefore be of little value.

Thus, when supported by a strong behavioral relationship, brands can help add value to the organization by helping to build the behavioral relationship factors of trust, credibility, loyalty, and awareness. These factors resemble Duncan and Moriarty's (1997) seven common features that characterize a strong brand: trust, consistency, accessibility, responsiveness, commitment, affinity, and liking. The authors stated that when organizations act with integrity, give consistent and reliable performance and service, are accessible and responsive to feedback, communicate commitment to their publics, and achieve awareness and liking, they will inevitably build strong, lasting relationships with strategic publics. Duncan and Moriarty described that relationship benefits apply to all stakeholders, including customers, employees, investors, and other strategic publics.

#### *Two-Way Symmetrical Communication*

According to Grunig, Grunig, and Dozier (2002), public relations programs are most likely to build healthy long-term relationships with internal and external publics if they establish a dialogue with these publics via the two-way symmetrical model of communication. The authors described that public relations programs help build relationships by facilitating and managing communication "between subsystems of the organization and publics in and around the organization." The following section

discusses how excellent public relations programs implement a symmetrical system of communication with both their external and internal publics.

*Two-way symmetrical system of communication with external publics.* Grunig, Grunig, and Dozier (2002) argued that the two-way symmetrical model produces stable long-term relationships with external publics because it “attempts to balance the interests of the organization and its publics, is based on research, and uses communication to manage conflict with strategic publics” (p. 15). The authors also described this model as a mixed-motive model where “organizations try to satisfy their own interests while simultaneously trying to help a public satisfy its own interests” (p. 309).

Grunig, Grunig, and Dozier (2002) defined what it means to communicate in a two-way symmetrical manner. When the authors described communication as *two-way*, they meant that organizations should establish an open dialogue with strategic publics; they should give and receive feedback, and make changes based on information learned from this feedback loop. J. Grunig and L. Grunig (1992) compare two-way communication with a one-way communication model where information is disseminated to publics without obtaining feedback from them; one-way communication resembles a monologue, and is frequently used in public relations departments that achieve a low ranking on the excellence scale.

Grunig, Grunig, and Dozier (2002) claimed that the concept of *symmetry* is also important in communicating with strategic publics because symmetrical communication is “based on values that reflect a moral obligation to balance the interests of the organization with the interests of publics with which it interacts in society...it brings both *diverse* perspectives and *ethical* considerations into organizational decisions and

behavior” (emphasis in original, p. 306). Symmetrical communication is a balanced method of communicating with publics that “adjusts the relationship between the organization and its publics” (J. Grunig & L. Grunig, 1992).

Marketing scholars also recognize the importance of establishing an equal, mutually beneficial dialogue with their publics. Duncan and Moriarty (1997) acknowledged the importance of symmetrical communication and feedback between an organization and its publics. They argued that organizations should “have frequent, in-depth interactions with customers and stakeholders in order to detect more quickly their changing wants, needs, and concerns. The more feedback that is facilitated, the more integrated the customers and stakeholders will be in the company’s planning and operations” (p. 25).

McKenna (1991) claimed that, “The marketer must be an integrator...bringing the customer into the company as a participant in the development and adaptation of goods and services” (p. 4-5). This aspect of the organization—openness to listening and incorporating feedback from publics—must be reflected in its brand identity.

Keller (2000) supported McKenna’s (1991) claim by describing the importance of establishing a brand identity that “involves the creation of consumer perceptions of a company as responsive to and caring about its customers” (p. 121). The public relations perspective would take this branding strategy a step further by expanding the target audience to include the perceptions of a wider range of publics other than just customers. This public-focused branding strategy serves to build and maintain strong relationships by communicating to publics that “‘their voice[s] will be heard’ and that the company is not being exploitative;” the company’s reputation will likely benefit when the

organization is described as “listening to [publics] and having their best interests in mind” (Keller, 2000, p. 121). However, Grunig (1993) cautioned that the organization’s brand identity must be supported by its actions and the behavioral relationship that it builds with publics.

Grunig, Grunig, and Dozier (2002) summarized how symmetrical communication is valuable to public relations, marketing, and branding practices:

The value of a brand lies not just in the recognition of a name, but in the trust people have in a company and its products...the most effective way to manage a reputation or brand image is by using two-way symmetrical communication to help manage the organizational behaviors that produce a bad reputation and to develop a trusting relationship with both consumer markets and publics. (p. 281)

Thus, the authors indicated that relationships with publics cannot be built through marketing and branding strategies alone—in order to be successful, a strong brand identity and long-term relationships with strategic publics must be built through two-way symmetrical communication and other public relations practices.

*Two-way symmetrical system of internal communication.* According to J. Grunig (1992b), organizations must also develop two-way symmetrical systems of communication for establishing a dialogue with internal publics, in addition to external publics. He claimed that a symmetrical system of communication should be present throughout all levels of an organization—it should operate at the interpersonal, group, and organizational level. Grunig also argued that two-way symmetrical internal communication is a necessary condition of excellent public relations departments and programs because it allows the organization’s communication function to participate in

strategic planning and decision making. Grunig summarized this idea: “internal communication must be an integral part of the strategic management of an organization just as communication programs for other [external] strategic publics must be” (p. 568). He described that this symmetrical system of internal communication allows the public relations function to be regarded as “part of the management team” at the organizational level (p. 568).

Grunig, Grunig, and Dozier (2002) argued that excellent public relations departments and programs are likely to be found in organizations with structures that are more open and organic, and less hierarchical. Among employees in the public relations department, the technicians and management team should communicate openly and share feedback about public relations programs. The authors claimed that, in order for a public relations program to be effective at the organizational level, the senior public relations officer or communication manager must be a participating member of the dominant coalition. The individual who manages the organization’s communication function must also be involved in the decision making and strategic planning process of the organization.

Similarly, social marketing scholars suggest that it is important for social marketers to participate in strategic planning alongside members of the dominant coalition and establish an open dialogue with them (Engelberg & Kirby, 2001; Newton-Ward et al., 2004). Newton-Ward et al. (2004) argued that:

Social marketers should be at their clients’ public and corporate affairs strategy tables. Their roles should include offering an evidence-based approach that demonstrates the connection between policy change and socially desired behavior

change...This is the best first step to gaining professionals' appreciation for the capacity of social marketing (p. 20).

Thus, the authors indicated that practitioners who wish to use social marketing strategies must explain their value to the dominant coalition to gain entry into the group and become a part of the strategic planning process.

### The Value of Public Relations to Social Marketing

Social marketing is defined as “the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society” (Andreasen, 1995a, p. 7). Thus, social and commercial marketing share several fundamental components (Pirani & Reizes, 2005).

First, both social and commercial marketing require audience segmentation—a process that identifies “a small group of individuals for whom a uniquely appropriate program and interventions can be designed” (Pirani & Reizes, 2005, p. 132). It is in this phase of marketing that the target audience (i.e., public) is selected based on factors that are central to the health campaign program’s goals for attitude and/or behavior change.

Second, both social and commercial marketing require extensive market research to “enhance understanding of the target audience’s characteristics, attitudes, beliefs, values, and behaviors” (Pirani & Reizes, 2005, p. 132). Both types of marketing create their materials and messages based on feedback from the target audience research. Furthermore, both social and commercial marketing advocate testing materials and messages before they are disseminated to the target audience on a large scale.

Third, both social and commercial marketing are based on exchange theory—“the concept that people adopt or reject or maintain a new behavior in return for benefits that they believe outweigh the cost of the behavior” (Pirani & Reizes, 2005, p. 132).

According to Rothschild (1999), the concepts of exchange and transaction are inherent in, and central to, marketing philosophy. The author argues that both parties engaging in the transaction must assess potential costs, risks, and value of the exchange.

Fourth, both social and commercial marketing face competition from outside sources. Competition is a fundamental component of marketing; if competition did not exist in the marketplace, there would be no need for marketing practices in the first place. Pirani and Reizes (2005) described that competition in marketing involves “the behaviors that the target audiences are accustomed to or may prefer over the behavior you are promoting” (p. 132).

Finally, Pirani and Reizes (2005) cited that both social and commercial marketing follow the “4 Ps of the marketing mix.” The U.S. Department of Health and Human Services (2002) stated that the 4 Ps can be applied specifically to social marketing and health campaigns:

- **Price**—what the consumer must give up in order to receive the program’s benefits (these costs may be intangible [e.g., changes in beliefs or habits] or tangible [e.g., money, time, or travel])
- **Product**—what the program is trying to change within the intended audience and what the audience stands to gain
- **Promotion**—how the exchange is communicated (e.g., appeals used)

- *Place*—what channels the program uses to reach the intended audience (e.g., mass media, community, or interpersonal) (p. 218, emphasis in original)

Although the core components of social marketing are based on commercial marketing principles, there are a few essential differences that distinguish social marketing from commercial marketing (Pirani & Reizes, 2005; Rothschild, 1999; U.S. DHHS, 2002). First, social and commercial marketing focus on different purposes and outcome goals (Andreasen, 2001; Pirani & Reizes, 2005; U.S. DHHS, 2002). Social marketing focuses on providing benefit to individuals and society by changing unhealthy behaviors, as opposed to commercial marketing which focuses on procuring benefits for a company or making a commercial profit (Pirani & Reizes, 2005; U.S. DHHS, 2002). With social marketing, there is an emphasis and “focus on behavior, not awareness or attitude change” (U.S. DHHS, 2002, p. 218). Andreasen (2001) explained that the essential difference between the two types of marketing is inherent in the fact that social marketers are driven to do good for the public, whereas commercial marketers are driven to make money.

Second, social and commercial marketing have very different “products” that they seek to promote (Pirani & Reizes, 2005). In social marketing, the product is usually a health behavior (e.g., getting a mammogram, quitting smoking, using condoms during sex). Commercial marketers, on the other hand, often focus on selling a company’s goods and services for profit.

Finally, social and commercial marketing have different sources of competition (Kotler, Roberto, & Lee, 2002; Pirani & Reizes, 2005). In social marketing, “competition is most often the current or preferred behavior of the target market and the



perceived benefits associated with that behavior” (Kotler, Roberto, & Lee, 2002, p. 10).

In commercial marketing, however, the source of competition is “often identified as other organizations offering similar goods and services or that satisfy similar needs” (p. 10).

According to Ries and Ries (2002), although advertising can be a useful strategy for maintaining the brand, brands should be built and promoted through public relations. Clifton and Simmons (2004) described the public relations perspective on branding. The authors argued that both public relations and branding have the power to shape perceptions; they also implied that the two are mutually dependent and must therefore be jointly implemented in health campaigns. Clifton and Simmon’s argument is supported by Ries and Ries (2002), who described a current shift in marketing trends from advertising-oriented to public-relations-oriented marketing. Ries and Ries explained that this shift to a marketing emphasis on public relations happened because public relations is the best outlet for building, launching, and promoting a new brand. The authors argued that public relations is best for brand building because it is credible, creative, and able to reach a specific target audience. In essence, public relations is responsible for building the brand through media messages, whereas advertising is responsible for maintaining the brand through commercials. Ries and Ries (2002) summarized the key to success in marketing and branding: “PR first, advertising second” (p. 266).

Grunig, Grunig, and Dozier (2002) created a method for assessing public relation’s value to the organization. They developed a formula to help practitioners calculate the concrete, monetary value of public relation’s contribution to the organization through benefit-cost analysis. The authors found that, in most organizations, communication is a highly valued function that contributes an average of 186% return on

investment for the cost of implementing the program. If return on investment were quantified for public health campaigns and their contribution to the health of society, the monetary figure of costs *saved* on healthcare would probably be quite high. However, a price cannot be calculated for the benefits that public health campaigns have on improving (and, in some cases, saving) individuals' lives.

Social marketing researchers have expressed similar viewpoints about the positive contribution public relation provides in public health campaigns. According to Newton-Ward et al. (2004), social marketing and public relations principles should be concurrently implemented in public health programs. The authors described how this strategy contributes to the program's effectiveness: "Social marketers must be a credible voice that can describe the 'return of investment' of policy change and implementation programs vis a vis their clients' missions, as well as a liason among a range of partners and allies" (p. 20). Thus, social marketers achieve public health goals by building relationships through open dialogue with their clients, partners, and other strategic publics. From a public relations standpoint, Grunig, Grunig, and Dozier (20002) would add many more strategic publics to this list—including activist publics.

Engelberg and Kirby (2001) described how branding strategies and public relations principles should both be applied in public health programs. The adoption of branding strategies in public relations practices is a recent phenomenon; the authors explained public relations practitioners' new view of branding strategies:

In the past 10 to 20 years, the commercial sector has been engaged in identity building using a coordinated, strategic approach. Brand identity is no longer seen as public relations fluff. It is viewed as a critical business asset that provides real

value to stockholders, employees and customers...many businesses now realize that some of their most valuable company assets stem from their identity and the goodwill associated with their firm.” (Engelberg & Kirby, 2001, p. 8)

Thus, the authors claimed that branding contributes to the effectiveness of public relations programs when implemented in a strategic manner. Public health practitioners now realize that building a program’s brand attributes (i.e., brand identity, awareness, loyalty, reputation, etc.) helps establish, build, and maintain relationships with key publics. The authors inferred that brands should be viewed as a key tool and an asset to the program and the organization.

#### *Social Marketing and Public Health*

Public health practitioners implement a variety of theoretical approaches and practices to achieve behavior change. Pirani and Reizes (2005) asserted that, as a theoretical approach, social marketing “can be an effective tool for achieving public health goals” (p. 181). The use of social marketing practices in public health campaigns has been shown to be particularly effective in situations where health education is not sufficient, and regulation or lawmaking measures prove to be too extreme (Pirani & Reizes, 2005). This may explain why social marketing theory has grown in popularity and use within the public health community in recent years (Grier & Bryant, 2005).

Grier and Bryant (2005) specifically described social marketing in public health campaigns as “the use of marketing to design and implement programs to promote socially beneficial behavior change” (p. 1). Smith (1999) gives a slightly different definition of social marketing public health campaigns, stating that they are “...a process

for influencing human behavior on a large scale, using marketing principles for the purpose of social benefit rather than commercial profit” (p. 9).

Social marketing is particularly useful in public health interventions where the target audience is aware of the health issue/problem, but is not yet considering change (Turning Point Social Marketing Collaborative, 2002). According to Pirani and Reizes (2005), “when an audience is ready for the message but still is not able to adopt the behavior, social marketing can be used to understand and address the specific needs of audience segments and can help identify their specific barriers, using the marketing mix” (p. 132).

Public health campaign programs that implement a social marketing framework accomplish attitude and behavior change goals through a multi-step process that includes three phases: research and planning, strategy design, and implementation and evaluation (Chapman- Walsh et al., 1993). First, practitioners must define the health problem and establish goals and objectives for the ensuing campaign program. At this stage, practitioners identify the potential actions and behavior change that would alleviate the health problem. Second, practitioners identify the preliminary target audience—those individuals who must act to solve the health problem. Next, formative research is conducted with members of the target audience to determine their “needs, wants, hopes, fears, knowledge, attitude, behavior, perceived risk” (Turning Point Social Marketing Collaborative, 2002, p. 26). After completing all formative research, practitioners incorporate the results, as well as marketing principles, into the development of the campaign program and interventions. It is in this stage where the 4 Ps of marketing are taken into account: product, price, place, and promotion. After campaign materials are

developed, practitioners must deliver and monitor the program. Finally, an evaluation of the program materials, messages, and results must be conducted. Turning Point Social Marketing Collaborative (2002) suggests evaluating the program based on the following questions:

- Did you reach the target audience?
- Did [the] program have an impact?
- Did desired outcome occur? Why/why not? (p. 35)

Based on the evaluation results, revisions and changes should be made in future implementations of the campaign program.

#### *Social Marketing and Branding Principles*

Social marketing is important to the current research because it acts as a framework for the use of branding—a strategy that is normally implemented in commercial marketing—in health campaigns (Andreasen, 2002). Specifically, Keller (1998) argued that, “branding perspectives and principles can be useful in a social marketing context to address public health problems” (p. 301). Keller described that branding principles have become more prevalent in social marketing public health campaigns. He attributed this shift in strategy to an increasing understanding that branding principles are not only applicable to products and services; they can also be applied to other entities, such as people, places, or ideas. Many of these new applications are relevant to health issues, and they extend the potential uses of branding strategies to include public health campaigns (e.g., branding principles are applicable to health behaviors, attitudes, and beliefs—factors practitioners attempt to change in public health programs).

Newton-Ward, Andreasen, Hastings, Lagarde, and Gould (2004) took a stance similar to Keller's (1998). The authors argued that branding strategies can strengthen the "position and practice of social marketing" (p. 18). They described how the use of branding principles in social marketing is "a proven approach to encouraging voluntary behavior change (either product/service consumption or other behavior) that delivers a social benefit" (p. 20).

Rothschild (2001) provided support for Newton-Ward et al.'s (2004) assertions, and he took the argument a step further by summarizing how branding principles contribute to the success of social marketing public health campaigns. He stated that successful social marketing campaigns will "provide immediate benefit, reduce barriers and costs that inhibit the behavior...and, in general, provide greater value to the target [audience] than is provided by any of the available competitive options" (p. 36).

A branded social marketing campaign is focused, and it uses brand symbols and logos *consistently* throughout all campaign materials and messages. Harvey (1997) summarized his assertions on this idea: "For these reasons...social marketing programs focused on brands have usually succeeded better than...campaigns built around ideas alone" (p. 157).

### Branding

Although the literature on branding strategy primarily refers to corporate branding of commercial products, the following review will attempt to translate this literature on corporate branding strategies and ideas and apply it to the branding of health issues.

*Brand equity.* Strong, successful brands require management of brand equity (Aaker, 1996). Brand equity is defined as, "a set of assets (and liabilities) linked to a

brand's name and symbol that adds to (or subtracts from) the value provided by a product or service to a firm and/or that firm's customers" (Aaker, 1996, p. 7-8). Brand equity is thus managed by creating and enhancing the brand's set of assets, which can be divided into four categories: awareness, quality, loyalty, and associations. Strengthening all four major asset categories will enhance the value of the brand.

The first asset, brand awareness, refers to "the strength of a brand's presence in the consumer's mind" and it is measured through the target audience's recognition, recall, and dominance of the brand (Aaker, 1996, p. 10). Simply being able to recall and associate the product with its brand strengthens the audience's awareness of the brand, which enhances familiarity and liking. Aaker (1996) argued that, "recognition alone can result in more positive feelings toward nearly anything...the familiar brand will have an edge" (pp. 10-11). When applied to health issues, awareness of the association between the issue and its brand symbol, logo, and slogan are central to the success of the health issue brand.

The second asset, brand quality, is a brand association that, "is usually at the heart of what customers are buying...it is a bottom line measure of the impact of a brand identity...perceived quality reflects a measure of 'goodness' that spreads over all elements of the brand" (Aaker, 1996, p. 19). Perceived quality is more applicable to product brands than health issue brands. However, the target audience must trust that the organization branding the health issue is a credible source. According to Aaker (1996), "generating high quality requires an understanding of what quality means to customer segments, as well as a supportive culture...that will enable the organization to deliver quality products and services." The target audience must believe that the organization is

truthful about the risks of the health issue and the benefits of changing behavior to reduce risk. The audience must also accept that the organization's educational programs and interventions associated with the brand will help them in their efforts to reduce risk, live a healthier lifestyle, etc.

The third asset, brand loyalty, develops and strengthens individuals' relationship with the brand, and enhances brand value and awareness. Those who are loyal to the health issue brand are supporters of the health cause who will spread the word about the organization's brand and will wear its symbol, logo, slogan on pins, t-shirts, and other paraphernalia. Often, these loyal supporters are those who are personally affected by the health issue (i.e., they have the disease themselves, or they know a family member or friend who is afflicted with the disease). These supporters will consistently participate in fund-raising activities, educational programs, and other events and they will enlist others to participate as well. They form an important central core of individuals outside of the organization who publicize the health issue and spread the messages of the organization.

The final asset, brand associations, refers to the associations that the target audience makes with a brand's symbols, slogans, logos, or a celebrity spokesperson. Brand associations are extremely important to health issue branding; the strategists' goal is to increase the target audience's awareness and recognition of the health issue by increasing awareness and recognition of its symbol. Aaker (1996) described brand associations as the "heart and soul of the brand," which are driven by brand identity (p. 68).

Rothschild (2001) argued that social marketers must separate their health issue brands from those of competitors by establishing strong brand equity. The author



suggested that this can be accomplished by creating unique and meaningful brand symbols that the target audience can identify with, and that enhance the target audience's self image. Thus, it is essential that social marketing public health programs attempt to establish bonds between the target audience and the brand. Rothschild emphasized this point by criticizing current efforts: "As social marketers, I feel that we have not been concerned enough with developing brands or bonds; we have been more concerned with telling people how to behave and less concerned with building relationships" (p. 37).

Keller (1998) supported Rothschild's assertion that brands "serve as symbolic devices, allowing consumers to project their self-image" (p. 299). Furthermore, Keller argued that brand equity is central to social marketing health campaigns because it allows the target audience to receive reinforcement for positive health behaviors by identifying with brand symbols:

*Branding may provide an important function in social marketing programs by helping individuals to communicate and signal to themselves as well as others that they are engaging in desirable behaviors so that [they] are better able to realize more immediate benefits and receive positive reinforcement. . . . In other words, branding personally and/or socially desirable behaviors could help individuals receive more immediate awards from the public approval and recognition of others as well as from the benefits of self-expression and personal approval and recognition (p. 299, emphasis included in original).*

Keller suggested that social marketing health campaigns implement multiple brand elements such as "names, logos, symbols, characters, packaging, slogans, etc—i.e., any trademarkable piece of information that serves to identify and differentiate a brand" (p.

300). These elements of the brand should contribute to behavior change by enhancing brand image and awareness.

However, Keller stipulated that the success of social marketing campaigns is dependent on the target audience's awareness of the brand and its symbols. Furthermore, they must be able to "link the brand to strong, favorable, and unique associations" (p. 300). Keller claimed that successful social marketing campaigns establish brand equity through an "integrated marketing communication program" that "consider[s] a full range of communication options...e.g., media advertising (broadcast or print), promotions, sponsorship, direct response and interactive media, public relations, and so on" (p. 301).

Similarly, Duncan and Moriarty (1997) argued that brand equity needs to be managed and integrated across all messages and materials to build and strengthen both mental and behavioral relationships with publics. The authors claimed that building "brand relationships requires managing a brand's total 'communication package'—everything it says and does" through brand equity (p. 70). By building brand equity and focusing on strategic consistency of messages and branding, the organization will strengthen relationships with its publics, which will contribute to goal achievement.

Keller (2000) discussed the importance of brand equity and its impact on relationship building and maintenance. Keller argued that brand equity must be managed externally and internally to ensure that relationships are developed with both internal and external publics. External brand management "involves understanding the needs, wants, and desires of consumers to create marketing programs for brands that fulfill and even surpass consumer expectations" (Keller, 2000, p. 134). Although he only discussed consumer publics, Keller's description of the importance of external brand management

can be applied to public relations and marketing programs that attempt to reach many different publics:

With these [external brand management] marketing programs, consumers would have a clear picture of what the brand represents and why it is special.

Consumers would then view the brand as a ‘trusted friend’ and value its dependability and superiority. With external brand management, marketers engage in dialogue with consumers, listening to their product joys and frustrations, and establishing a rapport and relationship that would transcend mere commercial exchanges. Marketers would develop a deep understanding of what makes their brand successful, retaining enduring core elements while modifying peripheral elements that fail to add value. (p. 134)

Keller thus claimed that strengthening brand equity and credibility offers benefits for building relationships with publics such as consumers and target audiences, and for avoiding problems with publics such as activists and government or legal officials (i.e., issues management) by enhancing trustworthiness and likability toward the brand.

Keller also discussed the importance of internal brand management, which “involves activities that ensure that employees and marketing partners appreciate and understand basic branding notions, and how they can impact and help—or hurt—the equity of brands” (p. 134). Internal brand management requires that the brand is implemented in a consistent manner across all branded materials and messages that are distributed to strategic publics. Thus, proper internal brand management helps to ensure that the brand is consistently and effectively managed externally. The next section describes how the management of brand identity has a significant impact on brand equity.

*Brand identity.* Brand identity is defined as “a unique set of brand associations that the brand strategist aspires to create or maintain...[that] represent what the brand stands for and imply a promise to customers from the organization members” (Aaker, 1996, p. 68). Aaker argued that brand identity provides “direction, purpose, and meaning for the brand, it is central to a brand’s strategic vision” (p. 68). Kapferer (2004) cited several questions that must be answered when creating a brand identity: (1) what is the brand’s purpose and aim, (2) what makes the brand different, (3) what need is the brand fulfilling, (4) what is the brand’s permanent nature, (5) what are the brand’s values, (6) what is the brand’s field of legitimacy and/or competence, and (7) what are the signs and symbols that make the brand recognizable (p. 98).

*Emotional and self-expressive benefits.* Aaker (1996) suggested that it is important for target audiences to develop brand associations that include emotional and self-expressive benefits. Keller (1998) further claimed that individuals must “‘feel good’ about doing the ‘right thing’ by understanding and appreciating the benefits they accrue” if they perform the behaviors that the brand advocates (p. 299).

A brand provides the target audience with emotional benefits when it is attached to positive feelings and experiences (Aaker, 1996). Aaker argued that emotional benefits “add richness and depth to the experience of...the brand” (p. 97).

Feig (1997) also described that brands can create an emotional connection or involvement with the target audience. He called this the brand’s *Share of Heart*, and he argued that this emotional appeal infuses the brand with “something of great emotional and personal value to the individual” that causes the individual to make a commitment to the brand (p. 5). Feig stated that a brand’s *Share of Heart* should answer two key

questions: 1) How is this brand going to “reach out and touch” its target audience, and 2) how is it going to improve the lives of target audience members? (p. 5).

Self-expressive benefits are similar to emotional benefits, however, they focus on the self, rather than feelings. Aaker (1996) stated that brands have self-expressive benefits when they “become symbols of a person’s self-concept...[and provide] a way for a person to communicate his/her self-image” (p. 99). For example, a breast cancer survivor can express herself and what she has experienced by wearing the symbolic pink ribbon pin on her lapel. Her family members may participate in the “Race for the Cure” and wear the pink ribbon t-shirt to communicate their support of the cause to others. Wearing branded apparel is a symbolic way of indicating that one is a “survivor” or “supporter” of the breast cancer cause.

Self-expressive benefits are especially important for health issue brands because many health campaigns urge the target audience to adopt new behaviors and/or cease old behaviors; such actions will often be in opposition to the individual’s self-image and self-interest (Keller, 1993; Rothschild, 1997). Therefore, the brand must address these issues through self-expressive benefits that provide individuals with positive reinforcement through promotion of the immediate benefits of desirable behavior, and suggestions for easy solutions to overcome barriers to action.

The brand must also help individuals create a new self-image that will support their healthy lifestyle changes (i.e., by providing examples of healthy replacement behaviors or examples of healthy individuals to act as models). For example, anti-smoking brands should suggest the immediate benefits of quitting (e.g., one will have more energy, breathe better, stop smelling like smoke, etc.) instead of concentrating on

long-term benefits (e.g., one will reduce his/her risk for lung cancer, emphysema, heart disease, etc.). Anti-smoking brands should also help smokers change their self-image so that they view themselves as healthy non-smokers, and should provide suggestions for activities to replace smoking that support this healthy self-image.

*Brand identity perspectives.* Aaker (1996) suggested that there are four brand identity perspectives that should be taken into consideration: the brand-as-product, the brand-as-organization, the brand-as-person, and the brand-as-symbol. Aaker's (1996) idea of brand-as-product relates to the functional issues of the brand's attributes and characteristics, including quality, value, and functional use of the product. For health issue branding, the brand-as-product perspective is difficult to apply (Rothschild, 2001). Promoting the functional health benefits of the brand is important, but these benefits must outweigh the unhealthy behaviors and barriers to action of the target audience (i.e., focusing on the functional benefit of living a long, healthy life will not be effective for smokers who feel that the emotional and expressive benefits of smoking are more important at present).

Aaker's (1996) concept of brand-as-organization relates to the strength of the organization's image as a brand. The brand-as-organization can be an important perspective if the organization is seeking to position itself as the dominant authority on the health issue. However, very few health organizations have the power and recognition to implement the brand-as-organization perspective. Rothschild (2001) suggested that government organizations have the brand equity to implement this perspective, but implementing the brand-as-organization perspective may not be wise because "the general public views many of these organizations with skepticism" (p. 38).

Aaker's (1996) idea of the brand-as-person relates to the personality of the brand and the relationship between the brand and the target audience. Rothschild (2001) suggested that, "a personality can create a bond between the person and the brand, as well as assist the person in the development of self" (p. 38). The health issue brand must establish a strong image or personality for the brand that the target audience can associate and interact with. The brand must serve to promote the self-expressive benefits of behavior and attitude change to the audience. However, health campaigns that implement such brands often ask for a significant behavior or attitude change, if this is the case, the brand must first cultivate a powerful relationship and meaning among the audience before attempting to incite change. For example, the CDC's VERB campaign encourages a healthy, physically active lifestyle for adolescents by helping them express themselves through creative physical activities and by establishing and enhancing their identities as active individuals. The messages of the campaign depict teens participating in a variety of different physical activities; the promotions then ask teens, "What's your VERB?" The branded messages essentially urge teens to express themselves as unique, creative individuals through physical activities that reflect their personal interests.

According to Rothschild (2001), Aaker's concept of the brand-as-person is one of the most important and relevant perspectives for health issue branding. Rothschild argued that social marketers who seek to bolster health issue brands should "focus on the brand as person and the meaning of the brand. When we can associate our offering with the enhancement of the target's life experiences and the realization of the target's goals, we are more likely to achieve commitment" (p. 39).

Aaker's (1996) concept of the brand-as-symbol is another perspective that is particularly important and relevant to health issue branding. Aaker (1996) claimed that a strong symbol "can provide cohesion and structure to an identity and make it much easier to gain recognition and recall" (p. 84). He mentioned three types of symbols: visual imagery, metaphors, and the brand's heritage. Verbal symbols such as slogans (or logos that contain slogans) are also important in aiding brand awareness and recognition. Visual imagery, metaphors, and verbal symbols are particularly applicable to health issue branding. Associating a health issue with a visual image and accompanying metaphor can be a particularly memorable and powerful way to spread awareness of the health cause. For example, the breast cancer pink ribbon is a simple, yet strong image that serves as visual cue that people associate with breast cancer. The symbol is full of metaphors: pink stands for femininity, and the ribbon serves as a figurative reminder for women to get screened for the disease. Breast cancer's "think pink" slogan serves as an additional branding link that also reminds women to get screened for breast cancer.

Public relations serves a pivotal role in building the identity of a health brand by helping to integrate the components of the brand that are implemented in a campaign. From a social marketing perspective, Engelberg and Kirby (2001) described the process of identity building as "one that serves to integrate the mission, quality, philosophy and perceptions that define an organization, product or service within the context of a competitive arena. Identity building integrates internal and external perceptions to help... a brand stand out from others" (p. 14).

Engelberg and Kirby (2001) stated that brand identity can be used as a tool to help strategically plan, develop, execute, and promote social marketing programs. The



authors claimed that “identity building can help strengthen support for social organizations, improve effectiveness and use of programs by target audiences, help organizations determine the most unique and valuable benefits they can offer their stakeholders, and provide guidance for delivering those benefits” (p. 8). Thus, Engelberg and Kirby described that building a strong brand identity and image contributes to the effectiveness of social marketing programs. They stated that brands with strong identities allow the target audience to “connect” with the brand by increasing brand awareness, recall, and perceived quality, and by strengthening brand associations and loyalty (p. 11).

Feig (1997) provided an in-depth description of how the concept of brand identity is linked to brand loyalty. He argued that emotional involvement with a brand builds loyalty and commitment to a brand. He stated that it is important to establish a dialogue with the target audience to let them know that their loyalty is valued. Feig described the best way to build brand loyalty: “Care about your customers [i.e., publics] and they’ll care about you” (p. 125).

Hastings and Saren (2003) also discussed how the concept of brand identity is linked to brand loyalty in social marketing campaign programs. Furthermore, the authors described the link between brand loyalty and relationship building—the goal of public relations programs. They claimed that social marketing practices have been significantly improved by shifting public health campaign objectives and approaches from a transactional to a relational mode of thinking. Thus, social marketing campaigns have become more effective because they focus on building relationships with publics, and campaign messages are now customized for individual publics. Building relationships based on mutually beneficial interactions instead of consumer transactions help social

marketing campaign programs gain publics' commitment, trust, and loyalty. Hastings and Saren (2003) described this idea: "relationship building in social marketing can benefit from its non-commercial nature...the phenomena of consumer loyalty and identity can influence health as well as consumer behavior" (p. 312).

Other public relations and marketing scholars also claim that brand loyalty is based on the creation of long-term relationships with publics (Duncan & Moriarty, 1997; Grunig, 1993; Jones & Slater, 2003). Duncan and Moriarty (1997) argued that brand loyalty develops and strengthens stakeholder relationships with the brand, and enhances brand value and awareness. The authors stated that loyalty benefits apply to all relationships, and that an organization and its brand should remind publics of the benefits produced by their loyalty. The public relations functions of environmental scanning, boundary spanning, and issues management are key elements in this process of building brand loyalty (Grunig, Grunig, & Dozier, 2002).

Some public relations and marketing scholars also mention trust as an essential component of brand identity that helps facilitate relationships between organizations and publics (Duncan & Moriarty, 1997; Grunig, 1993). Organizations that communicate the desired meaning of their messages and brands among publics in order to build and maintain a wider variety of relationships with *symmetrical* goals (profitable, philanthropic, issues management, etc.) will build trust among their key publics, which will contribute to the organization's success in achieving program goals.

*Brand positioning.* While brand identity expresses the brand's characteristics and associations, brand positioning situates the brand in its respective competitive field. The position of the brand is defined as, "the part of the brand identity and value proposition

that is to be actively communicated to the target audience and that demonstrates an advantage over competing brands...the brand position guides the current communication programs” (Aaker, 1996, p. 71). Arnold (1992) described the objective of the brand positioning process:

If a brand is a simple, unified personality, then it follows that the variety of activities contributing to it must be guided by a similar target position. Each of the individual ways in which the consumer experiences the brand can then reinforce the basic position. The message can be adopted unaltered by the consumer as the brand image, and there is no dissonance between message and experience” (p. 92).

Thus, the objective of brand positioning is to guide the target audience’s thoughts about and reactions to the brand. Arnold also suggested that brand positioning is strengthened by achieving a unified use of the brand across all elements of the campaign program.

Duncan and Moriarty (1997) further emphasized the importance of managing and maintaining strategic consistency of brand symbols, messages, and communication. Clear and consistent use of these brand elements will strengthen brand positioning. The authors define strategic consistency as “the coordination of all messages that create or cue brand images, positions, and reputations in the minds of customers and other stakeholders” (p. 70). According to Duncan and Moriarty, the organization benefits from implementing brands and symbols of identity in its communications (because they help build and maintain relationships with publics); especially if the symbols are disseminated in a similar and consistent manner across content, channels, and publics. They claimed that strategic consistency can be successfully achieved through integration, and that it

will enhance brand trust, awareness, identity, recall, identification, and ultimately, brand equity.

Duncan and Moriarty (1997) argued that brand identity and positioning play significant roles in establishing strategic consistency in the minds of publics. Consistency in brand identity helps publics easily identify the brand—which in turn facilitates brand awareness, recognition, and recall. On the other hand, consistency in brand positioning helps to differentiate the organization's brand from its competitors and establishes contextual meaning for a brand. Organizations must research the needs of their publics and receive feedback to find out the best way to position their brand—the best way to obtain feedback and incorporate it into new messages is by establishing open dialogue with publics.

In terms of public health campaigns or social marketing campaigns, practitioners should take control of the positioning of the health issue brand by selecting representative, clear, and consistent messages about the health issue. Kapferer (2004) cited a few questions that can help guide practitioners during the brand positioning process, including: (1) who is the target audience, (2) what does the brand promise and what are the benefits to the target audience, and (3) what should the brand be associated with (pp. 99-100).

In most cases, competing brands do not exist for health issues; however, a number of health organizations have launched campaigns that pit themselves against corporate organizations or products (e.g., the truth® campaign promotes an anti-tobacco sentiment among youths by rallying them against the tobacco companies who are harming their health). Positioning is important for health issues in that the brand must effectively

communicate its identity and values in the proper context and situation (Kapferer, 2004). Aaker (1996) described that brand positioning is actively communicated through “specific communication objectives focused on changing or strengthening the brand image or brand-[target audience] relationship” (p. 180).

Thus, brand positioning is inextricably linked with brand image, which reflects the current perceptions of the brand, and brand identity, which is the goal image strategists strive to attain for the brand (Aaker, 1996). Therefore, it is important for health issue brands to establish a goal for the brand’s identity, and routinely assess the brand’s current image among members of the target audience to assess whether it needs to be augmented, reinforced, or specified.

Social marketers must separate their health issue brand from competitors through proper brand positioning. According to Engelberg and Kirby (2001), brand positioning is an important element of brand identity that is also important in the strategic planning, development, execution, and promotion of social marketing programs. The authors described that brand positioning “concerns how the ‘image’ of an organization is perceived by target audiences, relative to other organizations and causes. Positioning is a result of both branding and a customer’s actual experience” (p. 10).

However, Kotler and Roberto (2002) argued that brand positioning must be based on formative research in order to achieve public health campaign goals of awareness or behavior change. The authors discussed the importance of testing the brand name and imagery, which will make the health issue brand “easily identifiable and recognizable, to convey an image that reinforces the [brand’s] positioning, and to win the target group’s acceptance” (p. 70-71).

Newton-Ward et al. (2004) also stressed that public health campaigns using a social marketing framework must focus on brand positioning. They suggested that practitioners “brand social marketing more precisely and around positive attributes such as behavior change as the bottom line, an audience focus, segmentation, and comprehensiveness (marketing mix)” (p. 18).

*Applying Branding Strategy to Health Issues: Tactics and Limitations*

Rothschild (2001) summarized the challenges facing health communication practitioners who wish to establish a strong brand for a health issue:

There is an increasing recognition of the existence of strong competition against any behavior social marketers wish to manage. To succeed we must provide immediate benefit, reduce the barriers and costs that inhibit the behavior we seek, and, in general, provide greater value to the target than is provided by any of the available competitive options. There is always competition in free choice society, as our targets can choose to act as we wish or go their own ways. (p. 36)

These challenges are formidable; health issue brands often ask the target audience to adopt a major lifestyle change, whereas commercial product brands usually supplement individuals’ lifestyles and only demand that the audience chooses their product over the competition. However, Rothschild argued that such challenges can be overcome if the brand implements the proper strategies. He claimed that health issue brands will be more successful by marketing relationships between the brand and the target audience, and by presenting the target audience with a cost-benefit ratio. Health issue brands should concentrate on emotional and self-expressive benefits rather than functional benefits in the cost-benefit ratio.

To create a successful health issue brand, the characteristics of the health issue will influence the type of brand that will be created and which branding strategies will be implemented. Before creating a brand for the health issue, branding strategists must consider the outcome that the health issue brand (within the context of a health campaign) seeks to accomplish. Specifically, strategists must ask whether the health brand will be used to promote awareness or behavior change.

Branding strategies work particularly well in health campaigns and health organizations that seek to spread awareness about their health issue. Linking the health issue to a visual symbol and slogan will help to create a brand identity that the target audience can easily associate with the health issue. Such symbols will also enhance the audience's recognition and recall of the health issue.

Although the brand may only be used to gain awareness and recognition for the health issue at first, this may not be its ultimate purpose. Eventually, once enough members of the target audience are aware of the health issue (and its risks, causes, and prevention methods), the brand may also serve to remind people to engage in a behavior, maintain a behavior, or support the health cause.

However, some individuals may need to cease or change an unhealthy or risky behavior. Branding strategies are also useful for health campaigns and health organizations that seek to accomplish this objective. It is very difficult to successfully change a person's behavior; risky health behaviors are typically resistant to change due to their habitual, addictive, pleasurable, cheap, easy, or convenient nature. These unhealthy behaviors and lifestyle factors are also difficult to change because they are often an integral part of a person's identity. To make matters worse, the behaviors that

practitioners encourage individuals to adopt are often difficult to learn, expensive, and inconvenient.

To successfully change a person's behavior, practitioners must provide the individual with alternative behaviors that are less risky or harmful. Practitioners must also ensure that the health brand demonstrates the self-expressive benefits of adopting these alternative behaviors, and provides a new identity that supports the person's new self-image as one who leads a healthy lifestyle. The most successful behavioral branding strategies reinforce messages and prompt behavior change through initiatives (such as community outreach programs, education programs, etc.) that also incorporate the health issue's recognized brand symbols, logos, and slogans.

Evans et al. (2005) described an example of a health campaign that implemented a behavioral branding strategy. The authors evaluated the truth® campaign that sought to promote anti-smoking values through the truth® brand, which they developed as a competitor to cigarette brands. This campaign was one of the first to create a health issue brand and attempt to "establish high levels of brand awareness and brand equity" (p. 181). Evans et al. indicated that the idea for the truth® brand was based on social marketing research that suggested:

The relationship between a brand and a consumer can be a powerful one . . . brands can also serve as symbolic devices that allow consumers to project their self image...consumers can communicate to others and themselves about the type of person they are or aspire to be by consuming a particular brand. (p. 182)

The truth® brand thus sought to produce a "youth-oriented aspirational brand built on appealing social images" (p. 182). That is, the truth® brand attempted to create an



alternative brand and self-image that youths could adopt instead of the brand and self-image promoted by cigarette companies. The campaign creators wanted the anti-smoking brand (and the self-image of the users of this brand) to be considered “independent” and “cool”—thus mimicking the branding strategy of cigarette companies.

The findings of Evans et al. indicate that behavioral branding (which they defined as branding a behavior or lifestyle) is an important public health strategy. The truth® campaign was successful because it associated not smoking with socially appealing characteristics and images using branding techniques similar to those used in commercial advertising. Evans et al. argued that the campaign supplied at-risk youths with “a positive role model for identification or aspiration” through promotion of the truth® brand (p. 190).

It must be noted that only certain kinds of public health issues are conducive to establishing and implementing branding strategies. It is essential that the health issue not be too controversial, stigmatized, or gruesome. For example, breast cancer has successfully implemented branding strategies because it is an emotional and feminine disease that is not associated with controversial lifestyle risk factors. Today, breast cancer is not stigmatized because any woman can be afflicted with the disease, regardless of her lifestyle or age. On the other hand, health issues such as mental illness or sexually transmitted diseases are much more difficult and risky to brand because these diseases are still stigmatized, embarrassing, and are associated with controversial lifestyle factors. Because of these factors, such diseases are rarely discussed in public, and it seems unlikely that their brand would be supported and embraced by the public and corporate partners.

Most importantly, Rothschild (2001) reminded practitioners that health campaigns are often lacking in financial resources, and he argued that “limited budgets are less forgiving and call for best-practice tactics” (p. 39). Because of such significant differences in funding between corporate and non-profit organizations, corporate branding strategies are limited in their application to health issue branding. However, if a health organization is able to build up their health brand equity and establish a moderate level of awareness and recognition, they may be able to attract corporate sponsors. This marriage between public health brands and corporate brands has led to the birth and proliferation of cause-related marketing, which has had the advantage of generating greater financial support for health causes.

#### Women and Heart Disease

According to the American Heart Association ([AHA], 2005), heart disease is the leading cause of death in American women: “Cardiovascular disease claims more women's lives than the next six causes of death combined—about 500,000 women's lives a year.” They claim that cardiovascular disease accounts for one in 2.5 deaths (40% of deaths) of women in the United States. Furthermore, although cardiovascular disease is a significant health risk for both men and women over the age of 50, women are more likely to die from heart attacks. According to the AHA (2005), 38% of women will die within one year after a heart attack (compared with 25% of men).

Thus, heart disease is a significant health problem that must be addressed, especially because it is preventable and many women are not even aware of the fact that it is their greatest health risk. The AHA (2005) claimed that, “a mere 13 percent of women in America believe that heart disease and stroke are the greatest health threat to

women” (p. 2). Furthermore, the AHA stated that minority groups who are the most at risk for heart disease have the lowest level of awareness about risk factors.

Mosca, Jones, King, Ouyang, Redberg, and Hill (2000), investigated women’s perceptions of heart disease and knowledge of risk factors. The results indicated that women have misperceptions about their health risks: “Only 8% of the respondents identified heart disease and stroke as their greatest health concern, less than 33% identified heart disease as the leading cause of death” (p. 1). The authors found that women’s health fears may be misplaced; a majority of women (34%) perceived breast cancer as their greatest health problem, whereas only 7% of women perceived heart disease as the greatest threat. Mosca et al. (2000) cited a study conducted by the National Council on Aging that reported similar findings, with 61% of women indicating that breast cancer was the health condition they feared most, and only 9% indicating that they fear heart disease most.

These results suggest that there is a serious need to address women’s attitudes and knowledge about heart disease. Women must be educated about the risks of heart disease, and they must feel that it is personally relevant to them (i.e, they must feel susceptible). Once women perceive and identify heart disease as their greatest health threat, they will be more inclined to take steps to reduce their risk.

Many of the risk factors for heart disease are related to unhealthy lifestyle behaviors. In most cases, lifestyle risks are easily reduced through behavior change, and heart attacks can be prevented. Although women cannot change certain risk factors such as age, ethnicity and heredity, they can change many other risk factors such as smoking,

high cholesterol levels, high blood pressure, high fat/high sodium diet, physical inactivity, and obesity (AHA, n.d.).

The goal is for women to reduce and/or eliminate as many of their risk factors for heart disease as possible. Often, at-risk women will present numerous lifestyle-related or environmental risk factors because the factors are correlated (e.g., smoking, poor diet, and obesity contribute to high blood pressure). The presence of multiple hereditary and environmental risk factors significantly compounds a woman's risk for cardiovascular disease and heart attack.

### *Smoking*

According to the AHA (2005), smoking is a major risk factor for cardiovascular disease: "About 1 in 5 deaths from cardiovascular disease is attributable to smoking. About 37,000-40,000 nonsmokers die from CVD each year as a result of exposure to environmental tobacco smoke" (p. 33). Thus, smoking is a risk for both smokers and nonsmokers who are exposed to fumes in the environment.

The Surgeon General's 2001 *Women and Smoking* report supported these claims, stating that smoking is a major cause of coronary heart disease among women, especially for women younger than 50 years old. The report indicated that heart disease risk increases with the duration of smoking and the number of cigarettes smoked, and it claims that women who smoke and use birth control increase their risk significantly. Furthermore, smoking impacts early onset of heart attacks—"Women who smoke risk having a heart attack 19 years earlier than non-smoking women" (WomenHeart, n.d.).

However, the report also suggested that heart disease risk can be reduced if women quit smoking: "The risk for coronary heart disease among women is substantially

reduced within 1 or 2 years of smoking cessation. This immediate benefit is followed by a continuing but more gradual reduction in risk to that among non-smokers by 10 to 15 or more years after cessation.” Thus, heart health campaigns targeting women must reiterate the dangers of smoking. They must inform smokers that quitting reduces their heart disease risk (and that it’s never too late to reduce risk), and nonsmokers must be informed that their heart disease risk is increased by exposure to secondhand smoke.

### *High Cholesterol Levels*

According to a study by the National Heart Lung and Blood Institute (NHLBI), middle-aged Americans have a 90% chance of developing high blood pressure (Ramachandran, Vasan, Beiser, Seshadri, Larson, Kannel, D’Agostino, & Levy, 2002). Furthermore, the AHA (2005) cited that, among Americans age 45 and older, women are more likely than men to have high cholesterol levels.

According to the NHLBI (n.d.), high cholesterol is caused by a diet high in saturated fat, physical inactivity, and obesity. These factors can be changed to lower cholesterol levels and reduce heart disease risk. Thus, heart health campaigns targeting women must inform them that such behaviors are linked with high cholesterol and heart disease. They must also advise women about how to reduce cholesterol levels—by eating a low-fat diet, exercising regularly, and achieving a healthy weight.

### *High Blood Pressure*

According to the NHLBI (n.d.), more than half of American adults who are 60 years of age or older have high blood pressure. High cholesterol is more prevalent among African American women than women of any other ethnicity. It is also prevalent among individuals who are overweight, and individuals who have family histories of high

blood pressure. Other factors that contribute to high blood pressure include stress, a diet high in sodium and/or low in potassium, excessive alcohol intake, and a sedentary lifestyle.

If left unchecked and uncontrolled, high blood pressure can lead to congestive heart failure or heart attacks (NHLBI, n.d.). However, high blood pressure is easily prevented and controlled through healthy lifestyle changes (e.g., improvements in diet, exercise, and weight loss). Individuals may also choose to take medicine to control high blood pressure (e.g., diuretics, beta blockers, ACE inhibitors). The NHLBI suggests that the most effective way to lower cholesterol is to combine medicine with healthy lifestyle changes.

Thus, heart health campaigns targeting women must inform them of the importance of checking blood pressure regularly, and controlling high blood pressure through healthy lifestyle changes and/or medication to reduce the risk of heart disease.

### *Diabetes*

According to the AHA (2005), 6.3% of American women have been diagnosed with diabetes. Among individuals with diabetes, two-thirds to three-fourths of them will die from some form of heart disease.

The AHA reported that minorities are at a greater risk of developing diabetes. Prevalence of diabetes is disproportionately high in Native American (16%) African American (12.6%) and Hispanic (9.4%) populations when compared to Caucasians (4.7%). Other factors that contribute to diabetes are an unhealthy diet, sedentary lifestyle, obesity, and family history of diabetes.

The National Institute of Diabetes and Digestive Kidney Diseases (2005) claimed that diabetes can be prevented and controlled through healthy lifestyle changes (e.g., improvements in diet, exercise, and weight loss) and insulin injections. Heart health campaigns targeting women must inform them of the importance of taking action to prevent and control diabetes in order to reduce the risk of heart disease and improve overall health.

*Obesity, Unhealthy Diet, and Sedentary Lifestyle*

According to the AHA (2005), these three lifestyle behaviors are risk factors that often occur simultaneously, and that significantly contribute to the development of heart disease. The AHA (2005) indicated that 61.6% of American adult women are overweight and/or obese (33.2% of women fall within the category of obesity). Prevalence of being overweight/obese is disproportionately high among African American (77.2%), Hispanic (71.7%), and Native American (61.7%) populations when compared to Caucasians (57.2%). There is a significant positive correlation between weight and heart disease risk—as a woman’s weight increases, so does her risk of heart disease. Being overweight also increases the chance of developing other heart disease risk factors, such as diabetes, high blood pressure and cholesterol.

Individuals are often obese because they eat diets high in fat and sodium, combined with a sedentary lifestyle involving very little regular physical activity. Both these factors—unhealthy diet and sedentary lifestyle—contribute to heart disease risk in and of themselves. Heart disease risk associated with a sedentary lifestyle ranges from 1.4 to 2.4%, an increase in risk similar to that of smoking, high blood pressure or cholesterol (AHA, 2005).

Similar to obesity, prevalence of these risk factors is also disproportionately high among minorities—African American, Hispanic, and Native American women are all less likely to eat a healthy diet and exercise regularly than Caucasian women (AHA, 2005).

However, women *do* have control over their diet and exercise habits—and improving these two factors helps to achieve and maintain a healthy weight. Most women have the ability to make healthy changes in their eating and exercise patterns that will help them reduce the risk of heart disease. The NHLBI (n.d.) recommends eating a healthy diet “to prevent or reduce high blood pressure and high blood cholesterol, and maintain a healthy weight.” They also recommend regularly engaging in “moderate-to-vigorous” physical activity to “help control blood cholesterol, diabetes and obesity as well as to lower blood pressure.”

Thus, heart health campaigns targeting women must inform them that such lifestyle changes *will* make a difference in reducing heart disease risk. Campaigns must also increase women’s efficacy over their behavior by teaching them how to exercise and improve their diets.

### The *Heart Truth* Campaign

The *Heart Truth* campaign for women and heart disease, commissioned and conducted by the National Heart, Lung, and Blood Institute (NHLBI) of the National Institutes of Health (NIH) was the first national women’s heart health awareness campaign. In October 2001, Ogilvy Public Relations Worldwide won a competitive contract to help plan, design, and execute the *Heart Truth* campaign. Ogilvy PR was



responsible for designing the campaign strategy and implementing it under the supervision of NHLBI communications staff.

The *Heart Truth* is an example of a health campaign that has successfully implemented both social marketing and branding perspectives. The *Heart Truth* Executive Summary (Ogilvy, 2005) stated that social marketing was, in fact, the strategic planning system implemented by the *Heart Truth* campaign. According to the Ogilvy PR website (n.d.), all of the agency's social marketing campaign programs, including the *Heart Truth*, include the following elements of social marketing: "Audience insights; communications research; strategic planning; motivational platforms and messages; agenda-setting interventions; innovative partnerships; creative materials and tools; and evaluation."

Although these factors are found in social marketing campaigns, many of them are also central to the public relations function. Relationship building, formative research, strategic planning, communication, and evaluation are all necessary components of excellent and successful public relations and social marketing programs.

Branding strategies were also implemented in the *Heart Truth* campaign. The Ogilvy PR Website (n.d.) describes the branding strategy developed and used by the company (and the *Heart Truth* campaign managers) as a process that "combine[s] the right messages, with the right messenger and the appropriate communications channels to reach brand influencers and ultimately our target audience." The Ogilvy PR Website discusses the motives and central components of its branding strategy:

Ogilvy PR developed *360° Brand Stewardship*<sup>SM</sup> to identify all the potential brand influencers and create a process for communicating to each of them...by

the most powerful channel available depending on the characteristics of the specific target. The premise of the Ogilvy PR process is that the brand must actually surround the target audience through every channel and influencer appropriate whether that includes advertising, direct mail, the Internet, public relations, community relations, events and promotions, word of mouth or product placement...Listening closely to your customer and their customers is important. Understanding the competitive, consumer and cultural context of your product is absolutely essential.

Thus, formative research, individualized messages, establishing an open dialogue, and obtaining feedback from strategic publics are important elements of the branding strategy that is used in the *Heart Truth* campaign.

In September 2002, after 12 months of formative research, NHLBI publicly launched its communication initiative—the *Heart Truth*—to increase awareness about the impact of heart disease on women, as well as to encourage women to take control of their heart health risks. The primary public for this initiative is U.S. women aged 40 to 60 who have at least one heart disease risk factor, and African-American women and Latinas, who face a larger threat of heart disease. Secondary publics include younger women, older women, and health care practitioners. The initiative's primary strategic efforts focus on media exposure, community interventions, and partnerships.

### *Campaign Goals*

The main goal of the *Heart Truth* campaign was to raise awareness (i.e., problem recognition). NHLBI sought to change women's attitudes towards heart disease—their goal was to make women aware that heart disease is not only a “man's disease;” it is also

the #1 killer of women. The campaign also attempted to “increase awareness that having risk factors can lead to heart disease and even death” (*Women’s Heart Health Awareness Campaign*, 2002, p. 12).

The *Heart Truth* campaign also had two secondary goals. First, the *Heart Truth* sought to increase women’s involvement and susceptibility. According to a study by AHA, although 57% of women are aware that heart disease is the #1 killer of women, only 13% of women believe heart disease is a risk for them *personally*. The *Heart Truth* thus attempted to translate awareness of the risk of heart disease into feelings of personal susceptibility that would impel the audience to action. Indeed, behavior change was the *Heart Truth* campaign’s other secondary goal. The end result of campaign messages is to influence women to make healthy lifestyle changes that would reduce their risk of heart disease.

#### *Formative Research and Strategic Planning*

Before creating and launching campaign messages, NHLBI commissioned Ogilvy Public Relations Worldwide (Ogilvy PR) to conduct 12 months of audience analysis, formative research, and materials testing. This research informed campaign planning and production, including “target audience selection, message and materials development, channel and activity selection, and partner recruitment” (Ogilvy, 2005).

The *Heart Truth* is an example of a national-level health campaign program that has achieved a high level of success (i.e., increased awareness) in a short period of time. The campaign conducted and implemented formative research in strategically planning all aspects of the program (including target audience profiling, message design, partnership and event planning). The *Heart Truth* has reached thousands of target

audience members through strategic dissemination of messages via the Internet, events, and media coverage. The current case study proposes that this success was achieved because of the campaign's use of social marketing and branding principles as a framework for the program design, and because of its strategic management of program planning, production, and implementation.

#### Research Questions

This study will examine how the excellence principles apply to a case study of the branding of the *Heart Truth* campaign—the National Heart, Lung, and Blood Institute's (NHLBI) campaign for women and heart disease. This thesis will also investigate how the *Heart Truth* exemplifies the application of social marketing principles in a health campaign program. Given the literature and theory on excellence in public relations programs, health campaign management, social marketing theory, and branding principles and strategy, the following Research Questions were developed to guide the data collection and analysis of this thesis:

RQ1: How does the *Heart Truth* campaign exemplify the program-level, strategic management principles described in the Excellence theory for public relations?

RQ2: How does the *Heart Truth* campaign exemplify social marketing perspectives and branding strategies?

## CHAPTER III – METHOD

This thesis is a descriptive single case study of NHLBI's the *Heart Truth* campaign. Two different methods were implemented to investigate the research questions: a content analysis of internal documents and materials of the campaign and a series of in-depth interviews with the strategic planners and producers of the *Heart Truth*. This chapter includes a discussion of case study method, as well as the specific procedures for the current case study.

### Overview of Case Study Method

#### *Case Studies Defined*

Davey (1991) defined case study research as a method that “involves an in-depth, longitudinal examination of a single instance or event. It is a systematic way of looking at what is happening, collecting data, analyzing information, and reporting the results” (p. 1). The United States General Accounting Office (U.S. GAO, 1990) gave a more specific definition: “A case study is a method for learning about a complex instance, based on a comprehensive understanding of that instance obtained by extensive description and analysis of that instance taken as a whole and in its context” (p. 17).

Yin (2003) offered another description of the case study as a method of conducting social science research which is the preferred strategy when “a ‘how’ or ‘why’ question is being asked about a contemporary set of events over which the investigator has little or no control” (p. 9). Yin stated that case study research may include single- or multiple-case studies, and he argued that case study methods should be used “when the focus is on a contemporary phenomenon within some real-life context” because it enables researchers “to retain the holistic and meaningful characteristics of real-life events” (p. 1-2).

Yin (2003) listed three main types of case studies: explanatory, exploratory, and descriptive (or illustrative). Exploratory case studies are implemented as the first step in research—they are commonly used before more extensive social science research is undertaken. Explanatory case studies, on the other hand, are implemented in the later stages of research—they are commonly used in causal studies. Descriptive or illustrative case studies are “intended to add realism and in-depth examples to other information about a program or policy” (U.S. GAO, 1990, p. 9). They are most commonly used to generate hypotheses about cause and effect relationships. The current thesis is an example of a descriptive case study that will include an in-depth examination of an exemplary campaign program.

This thesis is also an example of a case study that evaluates a program. Yin (2003) suggested that descriptive case studies that evaluate programs are particularly useful for “[describing] an intervention and the real-life context in which it occurred” (p. 15).

Thus, within the framework of the three main types of case studies, there are more detailed case study classifications. One such specific classification that is used within the context of program evaluation is the program effects case study (Davey, 1991). Davey described this type of case study as one that “can determine the impact of programs and provide inference about reasons for success or failure” (p. 1). The current thesis fits within the specifications for a program effects case study.

#### *Case Study Research Design*

Yin (2003) described the basic research design logic of case studies. First, he defined the scope of a case study:

[A case study] investigates a contemporary phenomenon within its real life context, especially when the boundaries between phenomenon and context are not clearly evident...you would use the case study method because you deliberately wanted to cover contextual conditions—believing that they might be highly pertinent to your phenomenon of study. (p. 13)

The current case study follows Yin's requirement for case study scope. The *Heart Truth* campaign is examined because its particular context is an important aspect of studying the phenomenon of interest. Specifically, the *Heart Truth* seems to exemplify a health campaign that has successfully implemented social marketing perspectives and branding strategies within the context of an excellent public relations program.

Next, Yin (2003) described the technical characteristics of a case study. He argued that case studies should compare information from multiple sources of data and use different types of data sources through a technique called *triangulation* in order to increase the reliability and validity of the findings. The author stated that case study inquiry “relies on multiple sources of evidence, with data needing to converge in a triangulating fashion, and as another result benefits from the prior development of theoretical propositions to guide data collection and analysis” (p. 13-14). The current case study is guided by two sources of evidence for data collection and analysis.

#### *Sources of Evidence*

Yin (2003) listed six sources of evidence that are commonly used in case studies: documents, archival records, interviews, direct observation, participant-observation, and physical artifacts. In the current case study, documents and interviews were the primary sources of evidence.

Yin (2003) described that both types of evidence have their strengths and weaknesses. The first source of evidence—documents—can take many forms (e.g., letters, memos, written reports, literature reviews, formative research analyses, administrative documents, campaign materials, media clippings). Yin described the strengths of documents as: “stable—can be reviewed repeatedly; unobtrusive—not created as a result of the case study; exact—contains exact names, references, and details of an event; broad coverage—long span of time, many events, and many settings” (p. 86).

However, Yin (2003) also suggested that there are some potential weaknesses of using documents as sources of evidence in a case study: “retrievability—can be low; biased selectivity, if collection is incomplete; reporting bias—reflects (unknown) bias of author; access—may be deliberately blocked” (p. 86).

Yin (2003) suggested that, in case study research, interviews are “guided conversations” between a respondent and an interviewer where the interviewer asks questions that pursue his/her line of inquiry (p. 89-90). Yin claimed that these interviews are usually “of an *open-ended* nature, in which you can ask key respondents about the facts of a matter as well as their opinions about events...you may even ask the respondent to propose his or her own insights into certain occurrences and may use such propositions as the basis for further inquiry” (p. 90, emphasis in original).

However, Yin (2003) noted that the method of interviewing has its own set of strengths and weaknesses as a source of evidence for case studies. Yin described the strengths of interviewing as: “targeted—focuses directly on case study topic; insightful—provides perceived causal inferences” (p. 86). Yin also described the potential weaknesses of using interviews as sources of evidence in a case study: “bias due to



poorly constructed questions; response bias; inaccuracies due to poor recall; reflexivity—interviewee gives what interviewer wants to hear” (p. 86).

## Procedures and Data Analysis

### *Content Analysis*

The first of the two primary methods for collecting data is a content analysis of the *Heart Truth* campaign’s internal documents and materials (e.g., letters, memos, written reports, literature reviews, formative research analyses, administrative documents, campaign materials). Materials were collected from the Communications Director for NHLBI, who was responsible for the development of the *Heart Truth*, with her permission to use them in the content analysis for this thesis. The materials were organized in two large binders compiled by Ogilvy PR staff on March 31, 2005 for their client (NHLBI) as a final evaluation of the *Heart Truth* campaign. Although all of the materials included in the binders were reviewed by me, only documents relevant to the excellence theory principles and social marketing were analyzed for the purposes of this study.

*Materials.* The most important source of internal information about the campaign was the *Heart Truth* Executive Summary (Ogilvy, 2005). The Executive Summary provides an overview of the campaign’s history, goals, formative research, and strategic planning, development, and management. It also provides a summary of the evaluations that were performed to determine the campaign’s success in achieving its goals and initiatives.

Strategy development materials included NHLBI’s (2001a) Strategy Development Report from a workshop entitled “Women’s Heart Health: Developing a National Health

Education Action Plan.” This workshop and the ensuing report were the first steps NHLBI took in developing a unique campaign for women’s heart health.

Formative research resources consisted of numerous reports and documents written by Ogilvy PR for NHLBI (Ogilvy PR, 2001a; 2001b; 2001c; 2001d; 2002b).<sup>1</sup> These reports and documents included: a review and analysis of the content and quantity of print media coverage that reported on women and cardiovascular disease (Ogilvy PR, 2001b); a review and update of NHLBI’s overview of complementary and competing women’s heart health campaigns (Ogilvy PR, 2001c); an audience segmentation strategy plan that included an audience profile and analysis (Ogilvy PR, 2001b); and focus group research that tested creative concepts and messages of the *Heart Truth* campaign (Ogilvy PR, 2001a; 2002b).

NHLBI and Ogilvy PR took the formative research results into account during the partnership planning and materials development planning phases of the campaign. The main resource for partnership planning was the *Heart Truth*’s partnership development plan outline entitled, “NHLBI Women’s Heart Health Awareness Campaign Partnership Plan” (Ogilvy PR, 2002a). This plan suggests guidelines for partnership principles and practices for the *Heart Truth* campaign. The main resource for materials development planning was a document created by Ogilvy PR (2002c) that describes the campaign framework for developing the *Heart Truth* educational and outreach materials. This guideline contributed to the creation of campaign materials that were available for the launch of the *Heart Truth* in September 2002.

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<sup>1</sup> Authors’ names were not included for any of these reports; reports are cited by the name of the organization responsible for writing the document.

*Data analysis.* After receiving the binders of all the above hard copies of materials, I organized the materials into groupings based on the categories listed above: formative research, strategic planning, partnerships, and materials development. Next I began data analysis; this consisted of reading and coding text for emerging themes that pertained to the excellence principles in strategic program management, branding, and social marketing principles. After carefully reviewing the documents, I noted the emerging themes and wrote them in a journal. Next, I re-read the documents and noted the themes within the documents themselves through a color-coded system of highlighting. The documents were reviewed a final time after collecting data from participants in the in-depth interviews; I checked to make sure that the themes found in the interviews were reflected in the content analysis documents, and vice versa.

The themes I found in the content analysis informed the creation of the protocol questions that were asked in the in-depth interviews.

#### *In-Depth Interviews*

*Participants.* The individuals who were interviewed were the top communication managers from NHLBI and Ogilvy PR. They included: the Communications Director for NHLBI and the *Heart Truth*; Campaign Program Officer/Coordinator from NHLBI for the *Heart Truth*; the Ogilvy PR Senior Vice President/Group Director for the Health and Medical Practice Group from Ogilvy PR who acted as Project Director for the *Heart Truth* campaign; the Vice President of the Health and Medical Practice Group from Ogilvy PR who acted as Deputy Director and Partnership Director for the *Heart Truth* campaign; the Global Creative Director for Ogilvy PR who acted as Creative Director for the *Heart Truth* campaign; and the Vice President of the Health and Medical Practice

Group from Ogilvy PR who acted as Director of Media Relations for the *Heart Truth* campaign.

I must reveal that the Communications Director for NHLBI and The Heart Truth was my mother, with whom I currently reside. To deal with the bias inherent in interviewing a family member, a fellow graduate student conducted the interview with my mother for this study. The graduate student was provided with the interview protocol, and she was trained on the procedures for conducting the interview. Later in this thesis I reflect on the bias that this interview may have caused in this thesis study.

Each interview lasted approximately an hour and a half to two hours. At the end of each interview, respondents were asked to suggest other sources of documentary and material evidence. In this thesis, participants and their comments are identified by job titles. However, it must be noted that this implies the possibility that an individual reading this could potentially research and identify the names of participants by linking them to their job titles. All of the participants were fully informed about the potential risk of being identified in this report, and they still agreed to participate in the study.

*Interviewing process.* To arrange the interviews, I talked to my mother and contacted the other top communication managers from NHLBI and Ogilvy PR who worked on *The Heart Truth* campaign via e-mail. All individuals who were contacted expressed their willingness to participate in interviews. I followed up with each participant to select a convenient location where the session would take place (i.e., the NHLBI office in Bethesda, Maryland or the Ogilvy PR office in Washington, D.C.). All interviews were conducted in a private conference room or office where there was no extraneous noise or interruptions.

I interviewed all of the participants, except for one—my mother. I enlisted the help of a fellow graduate student who interviewed my mother by asking her the same questions listed on the interview protocol for this thesis. I was not present for this interview; I gave the interviewer and interviewee their privacy so that both individuals were comfortable with their setting, and so as not to influence the outcome of the interview. After the interview was completed, I received a copy of the interviewer's notes and a tape recording of the interview (which I later transcribed and analyzed in exactly the same manner as all of the other interviewees).

For those participants I interviewed, efforts were taken to establish rapport before the interviews began. Before asking questions from the research protocol, I asked for participants' consent to audio tape record the session, and I had each person sign a consent form. Next, I informed them that the tape recorder would begin recording the conversation. The graduate student who interviewed my mother had never met her before, and also engaged in rapport building before the interview began.

A protocol of questions was created based on the themes found in the content analysis of internal campaign documents and materials. This protocol was used as a guideline in the interviews (see Appendix A). The protocol was pre-tested with a colleague, and was revised accordingly. In the interviews, I asked participants questions about the strategic planning, design, management, and execution of the *Heart Truth* campaign. Specifically, these questions ascertained how the campaign program was managed, and whether or not it incorporated the Excellence theory principles that contribute to effective public relations programs (RQ1). I also asked participants about the theoretical framework and branding strategies that were implemented in the planning

and execution of the campaign and in the design of the campaign's materials and messages (RQ2).

Upon completion of each interview, I wrote notes to summarize the session, reflect on successes and problems in the interviewing process, and record general themes that appeared. Within a few days of each interview, I transcribed the audio tape recordings from each of the sessions. The transcriptions included "observer comments," where I noted emerging themes, the participants' body language and reactions, my own reactions to the participants, and areas where I could improve my probes and interview style. I also noted any problems or biases that may have occurred in the interview.

*Data analysis.* Interview transcripts were analyzed using a grounded theory approach (Glaser & Strauss, 1967). First, I read through each transcript several times and identified themes based on the participants' realities as recorded in their responses during the interviews. The first time I read through the transcripts, I noted the similarities and differences among the participants' responses. The second time I read through the transcripts, I began to make note of themes in the transcripts themselves, and I created a separate list of themes.

Next, I created a coding scheme that consisted of a system of highlighting and numbering. This coding scheme was used to analyze the themes in the transcripts. To ensure cohesiveness, the coding scheme was thoroughly documented in a codebook, which Weston, Gandell, Beauchamp, McAlpine, Wiseman, and Beauchamp (2001) describe as "a tool for the development and evolution of a coding system and...an important means for documenting the codes and procedures for applying them" (p. 395).

The first step in analyzing transcript themes using the coding scheme ensures that all the themes on the list are substantiated through evidence, and it allows the researcher to make note of the outlying data. Each subsequent time that I read through the transcripts, I edited the themes by crossing out those that did not apply to all participants, and I also attempted to condense the themes into a more generalized, inclusive list. I then organized the new condensed list of themes into major theme categories containing sub-themes.

Finally, I selected the theme categories that pertained to the research questions of this study, and I compiled the final coding theme list in a word processing document. Under each theme category heading, I included the line reference numbers (from respondents' interview transcripts) of descriptive examples from each respondent that displayed instances where he/she talked about that particular theme.

### Validity

In an effort to reduce bias and increase the validity of the current study, the data were gathered through multiple methods (content analysis and in-depth interviews), and multiple sources were used as evidence.

*Content analysis.* The methods of the current study addressed the potential weaknesses of using documents as sources of evidence in a case study. Yin (2003) suggested that content analyses can suffer from low retrievability, biased selectivity in collection of data sources, reporting bias, and blocked access to sources.

Thus, the current case study could potentially be biased if collection of evidence were blocked or incomplete. Steps were taken in an attempt to reduce the risk of bias by ensuring that all the appropriate materials were collected as data and properly analyzed.

First, I asked many different individuals who work on the campaign (i.e., all of the interviewees) for documents and materials. Second, I compared the list of case study materials collected against the campaign materials listed on the website to ensure that nothing was omitted from the content analysis. Third, all individuals working on *The Heart Truth* were informed of the case study, and all expressed their willingness to assist in collecting and sharing campaign documents and materials.

*In-depth interviews.* Yin (2003) suggested that in-depth interviews can suffer from bias due to the researcher (e.g., poorly constructed questions, pointed or leading protocol) or the interviewee (e.g., response bias, reflexivity, inaccuracies due to poor recall). Steps were taken in an attempt to reduce the risk of bias due to both the researcher and the interviewees. First, the interview protocol was written ahead of time (see Appendix A), and it included all questions that were asked during the interviews. The questions were evaluated for content and construction to ensure their quality, accuracy, and inclusiveness by my advisor. The questions were revised further based on a pilot test with a colleague. Second, steps were taken to reduce response bias and reflexivity (i.e., interviewer bias) by informing respondents that their honest and accurate opinions are valued and appreciated. Respondents were also informed that their names would not be attached to their data, nor would they be included anywhere in the research report. The respondents were thus fully aware that they would only be identified by their job title, thus ensuring them some degree of anonymity and confidentiality.

Another significant factor that could potentially affect the validity of this thesis is the fact that my mother was included as one of the participants in the in-depth interviews. My mother is NHLBI's Director of Communications, and therefore she was responsible



for the creation, strategic planning, and execution of the *Heart Truth* campaign. Although my mother was responsible for managing this campaign, I felt comfortable critiquing it when necessary. I was careful to approach the campaign from a neutral standpoint so that I would critique and judge the campaign realistically. To deal with the potential biases inherent in interviewing a family member, a fellow graduate student was asked to conduct the interview with my mother for this study. The graduate student was provided with the interview protocol, and she was trained on the procedures for conducting the interview. Enlisting the help of a neutral researcher to conduct the interview with my mother negated any potential bias that may have been associated with me (a close family member) conducting this interview.

## CHAPTER IV – RESULTS

RQ1: How does the *Heart Truth* campaign exemplify the program-level, strategic management principles described in the Excellence theory for public relations?

The data for RQ1 indicate that the *Heart Truth* campaign exemplified many of the strategic management principles for an excellent public relations program. Although participants differed in how they defined the *Heart Truth* campaign, they agreed that it combined aspects of both traditional social marketing campaigns and public relations programs. Even though the participants did not categorize the campaign purely as a public relations program, the *Heart Truth* still exemplified strategic management principles described in the Excellence theory. First, the organizations combined social marketing with public relations and created an integrated public relations function. Second, the *Heart Truth* conducted extensive formative research and environmental scanning to inform the creation and implementation of campaign messages, design, and content. Third, the *Heart Truth* built and maintained relationships with publics through a careful process of strategic planning and management. Fourth, the *Heart Truth* followed the two-way asymmetrical model of communication when dealing with external publics, and the two-way symmetrical model when dealing with internal publics.

### *Integrated Public Relations Function*

*Combination of social marketing and public relations.* All participants spoke to the fact that they believed the *Heart Truth* campaign included a combination of elements from both social marketing and public relations tools and strategies. The *Heart Truth* Creative Director from Ogilvy PR believed that the campaign should be labeled as a social marketing campaign that uses “PR as one tool of social marketing.”

The *Heart Truth*'s Director of Media Relations from Ogilvy PR believed that the campaign was primarily a “consumer marketing/public relations campaign” that is “steeped in” social marketing theories and practices. However, she stated that, “The rollout of [the campaign] is less traditional social marketing, and more consumer public relations, meaning the partnership, the media relations, and implementation from a grassroots campaign up and a national campaign down.” Furthermore, this participant described her idea of the definition of public relations and why she thought this campaign was best classified as a public relations program; she stated that the team did not “define public relations as simply media relations,” rather the campaign was concerned with building a “relationship with the public on this [health] issue.” Thus, she called the *Heart Truth* campaign a “primary public relations avenue for communicating with women about this [health] issue.”

The NHLBI Program Officer for *Heart Truth* also stated that the campaign was “a mix of both” types of communication strategies. She explained the purpose for implementing each type:

Public relations, I guess, to me is coming up with the creative, attention-getting concepts that draw people's attention to the messages that you're trying to get across. The social marketing part of it is to hopefully hit home with your messages and help to motivate people and empower them to change—to think about it and hopefully change some of their behaviors.

This participant claimed that public relations “played an important role” in achieving the campaign goal of increasing awareness: “To really get your message out, you have to have something that gets people's attention, and that's where the PR comes in. They

have those types of skills and networking contacts to help create that eye-catching message and the strategy to go out there and make a splash out there with the issue.”

### *Importance of Formative Research and Environmental Scanning*

Formative research is a central element of the *Heart Truth* campaign, and many participants attributed the success of the campaign and its strategic planning process to the formative research that was conducted. Extensive formative research was conducted before the launch of the campaign, during the planning process, and during the implementation of the campaign on an ongoing basis (one participant claimed that formative research was “continuously updated through NHLBI”). The most frequently mentioned forms of research in the content analysis materials and in-depth interviews included: the Strategic Planning Workshop, audience segmentation, environmental scanning, and focus groups. These types of formative research were implemented to inform the strategic planning and management of the campaign, including establishing campaign goals, identifying competing campaigns, understanding the target audience and selecting the best channels to reach them, testing campaign messages, creating the partnership strategy, and measuring success in goal achievement through evaluations.

*Establishing campaign goals.* In March 2001, NHLBI held a Strategy Development Workshop entitled “Women’s Heart Health: Developing a National Health Education Action Plan” in order to discuss the development and planning of a nationwide initiative for improving women’s cardiovascular health. The workshop gathered 70+ experts in the field of women’s health and cardiovascular health to talk about the need to raise awareness of heart disease as women’s primary health threat, and how best to address this issue in a national campaign. The workshop and the ensuing Strategy

Development Report (NHLBI, 2001a) were the first steps NHLBI took in developing a unique campaign for women's heart health.

Participants spoke to the importance of formative research in making decisions about the primary goals of the *Heart Truth* campaign. The Strategy Development Workshop, in particular, proved to be a great help in establishing campaign goals. The NHLBI Project Officer for the *Heart Truth* described that the experts in women's health and health communication who attended the workshop "helped us to develop a blueprint for a women's heart health education initiative." She went on to cite that, "some of the goals and stuff came from that, and some of it came from the literature that showed—at that time—less than a third of women were even aware that heart disease is the #1 killer of women...it became the main campaign goal."

*Understanding and reaching the target audience.* After the Strategy Development Workshop, NHLBI hired Ogilvy PR to help develop and manage the *Heart Truth* campaign, and the team began an extensive formative research process in Spring 2002. The *Heart Truth* team devoted six months to formative research in the early stages of campaign development to conduct:

- A comprehensive analysis of mid-life women: demographics, psychographics, geographic and socioeconomic factors, cardiovascular health knowledge, attitudes and behaviors, media preferences;
- Review and analysis of the content and quantity of recent print media coverage that reported on women and cardiovascular disease;
- An NHLBI-conducted literature review of 200+ research articles on cardiovascular health and women;

- A review and update of NHLBI's overview of complementary and competing women's heart health campaigns;
- Focus groups in four cities across the country to test creative concepts and messages;
- Materials review by the campaign's core government and community organization partners. (Ogilvy, 2005, p. 2).

After selecting the primary target audience (women ages 40 to 60, with an emphasis on African American and Hispanic women) through use of this decision-making tool, the *Heart Truth* team conducted an analysis and created a target audience profile. According to the *Audience Segmentation Analysis Report* (Ogilvy, 2001d), the audience analysis consisted of the following six major components:

- *Demographic overview* – a synopsis of the traits of American mid-life women; included variables such as race, ethnicity, income, and educational levels;
- *Cardiovascular disease risk factor overview* – included factors such as the prevalence of high blood pressure, high cholesterol, obesity, physical inactivity, and smoking among the target audience;
- *Cardiovascular health knowledge, attitudes, and behaviors (KAB) overview* – a summary of findings from studies related to mid-life women and heart disease;
- *“Sociographic” overview* – a synopsis of overarching trends and characteristics that offer broad context and insight into mid-life women;

- *Lifestyle and psychographic profiles* – an analysis drawn from MRI 2001 data that gives a general profile of the lifestyles and attitudes of mid-life women; and
- *Channel analysis and media profile* – an analysis of the trends and preferences of media consumption among mid-life women, and their patterns of seeking health-related information, drawn from MRI 2001 data (p. 1-2).

The Creative Director of the campaign from Ogilvy PR argued that:

We've got to understand the environment in which our target audience is living. You know, what they're being exposed to on a day-in and day-out basis...I think a lot of that, and sort of the understanding of what our target audience is reading, watching, going on the Internet, what types of sites they're looking up, what types of stores they're visiting, what are they buying? All of that plays into the direction that we go.

*Identifying competing campaigns through environmental scanning.* In the interviews, participants described that the *Heart Truth* team viewed other campaigns for women and heart disease as “competing” programs; they wanted to make sure that the *Heart Truth* campaign was positioned in a different manner from any other existing campaigns that addressed the same health issue. The NHLBI Project Officer for the *Heart Truth* campaign described this environmental scanning process: “We took a look at what other women’s heart health programs were out there at the time, and there weren’t too many, but we wanted to know...if we were competing with anything.” The Project Director from Ogilvy PR added that, “Sometimes we’ll do interviews with major potential

partners or other groups in the environment that have done similar programs just to kind of understand a little bit more what has been done and what challenges they've faced.”

*Message testing.* After completing the initial background research on the target audience and competing campaigns, the *Heart Truth* team began developing and testing creative concepts and messages. The *Heart Truth* Executive Summary (Ogilvy, 2005) reported that the prospective campaign messages and materials were tested in focus groups with members of the target audience—Caucasian, African American, and Hispanic women ages 40 to 60. In January and February of 2002, a total of 10 focus group sessions were conducted in 4 cities across the nation. The goal of the focus groups was to collect information concerning the target audience's awareness of basic information about heart disease, and to test and compare campaign concepts and messages.

In interviews with the *Heart Truth* team, all participants stated that formative research—focus groups in particular—were helpful in testing campaign messages for the target audience. One participant eloquently stated this concept; the NHLBI Senior Communications Officer for the campaign claimed that, “We used [focus groups] to both get input at a conceptual level, and also to begin to test and get input around the problem—what do women think about this, about heart disease and their own risk?—to gain that general information and also to test concepts.”

*Formative research for partnership planning and strategy.* According to the partnership plan (Ogilvy, 2002a), the *Heart Truth* campaign's initial partnership planning strategy “outlined an approach for founding partners, community partners (via a tiered approach), and outreach to the corporate sector” (p. 1). The plan described that this



overarching partnership strategy informed “campaign activities specific to identifying, engaging, securing, and sustaining partnerships to extend campaign messages” (p. 1). The document listed the main steps in the partnership planning process, which included 1) identifying non-profit organizations whose missions would make them candidates for partnership in the campaign; 2) establishing a tiered approach to prioritize application of campaign resources to maintain relationships among the primary partners; 3) reviewing the trends in cause-related marketing and corporate support for issues that focus on women’s health; 4) reviewing partnership principles that form the basis for past, present, and future relationships with partners; and 5) reviewing NHLBI’s current and potential resources for the campaign and their objectives for partnerships.

*Informal research and the role of experience.* According to NHLBI’s Senior Communications Officer for the *Heart Truth*, experience was another element that informed the execution of the campaign:

You do the best you can to analyze the [formative research] results, but then there always comes a point where you have to apply those results. And so what you glean from that and how much attention you pay to that is only really one element in determining, ultimately, how you are going to play out that campaign, what should that execution strategy be. You have to temper that with your own experience and knowledge, with your understanding about what your stakeholders in the field will accept as part of the execution of your campaign. You have to balance that with your own seasoned judgment about what works, and also with an understanding of what will work creatively...What will give it value and what will connect with your ultimate audience.

Thus, the *Heart Truth* team relied on both formative research results and evaluation based on experience to inform the strategic planning and management of the campaign.

*Measuring success through campaign evaluations.* The Executive Summary (Ogilvy, 2005) described the evaluation of the *Heart Truth* campaign that was conducted in early 2005, which reported enormous success in achieving the preliminary campaign goals in a short period of time. Ogilvy PR commissioned a survey in Fall 2004 to evaluate the campaign, and found that 25% of the target audience identified the Red Dress as the national symbol for women and heart disease awareness only 18 months after the campaign was launched. Yet another survey commissioned in January 2005 by Women Heart—one of the *Heart Truth* campaign partners—indicated similar successful results. Corporate and community partners facilitated the distribution of *Heart Truth* materials at the national and local level; this effort from the *Heart Truth* partners played an essential role in achieving campaign goals (see Appendix C). Ogilvy PR kept track of the *Heart Truth* media impressions, and the Executive Summary (Ogilvy, 2005) reported that 1,089,242,427 total media impressions (e.g., via broadcast, newspapers, magazines) were generated from 2003 to 2005 (see Appendix D).

#### *Importance of Strategic Management and Building Relationships with Publics*

One participant, the Director of Media Relations for the *Heart Truth* from Ogilvy PR, attributed the campaign's success to the team's ability to plan a "comprehensive strategy" and stay on course. In her words, "The tactical plan supports an overall strategy that is on message and on target, and we really map back to that [comprehensive strategy]." This participant explained how the *Heart Truth* team was able to stay on

strategy and keep the campaign messages consistent through the use of a tool she called the “program blueprint” or the “message box.”

*Strategic management of target audience relationships.* In particular, the participants mentioned the importance of strategically managing relationships with the target audience. They claimed that ensuring that the campaign was “focused on the audience” and “audience-driven” was “essential” to the campaign’s success. This theme was best summarized by NHLBI’s Senior Communications Officer for the campaign:

This whole campaign’s aim is to inform our target audience. And so we’re using all of our array of tactics to do that. One strategy is to form very strong partnerships with corporate America, with voluntary and professional organizations, with other government agencies, with community organizations, and with the media—media partnerships. And so that is one of the major ways we have reached our audience, because there’s no way that the government by itself has the channels to reach, to go directly to the public.

*Strategic management of relationships with partners.* The *Heart Truth* team made strategic decisions about the organizations they would select as campaign partners. The *Heart Truth* Partnership Plan (Ogilvy, 2002a) established guidelines for building partnerships with corporate, non-profit, and community partners that were mostly based on experience. This document reported that the team set out to build “long-term relationships” with corporate, non-profit, and community partners, rather than “single, time-limited promotions.,” this document described partnership building as “a strategic and integrated effort” (Ogilvy, 2002a, p. 7).

Similarly, in the interviews, all of the participants expressed that the *Heart Truth* team made strategic decisions about the organizations they selected as campaign partners. According to the Director of Media Relations for the *Heart Truth* from Ogilvy PR, partner selection was a careful process based on choosing a partner who “by design helps us extend into new audiences, helps us take a message deeper.”

*Importance of Two-Way Asymmetrical Communication with External Publics*

*The two-way asymmetrical model in relationships with partners.* The participants all spoke to the fact that they sought to compromise the benefits of their relationships with campaign partners. Participants claimed that the *Heart Truth* team went through a process of analyzing the benefits for potential partners that they considered asking for help in supporting the campaign program. Participants mentioned that mutual benefits were secured through a partnership management strategy called “Memorandums of Understanding” or MOU’s, which outlined expectations for the duties that the partners would perform for the campaign and the benefits they would receive from the partnership. According to one participant, “[MOU’s are] how you ensure that the mutual benefit is realized in the program that you’re about to implement.”

*A system of compromise and flexibility.* Participants spoke to the need for setting up guidelines and responsibilities for each party up front, as well as the need for flexibility and negotiation with partners. One participant pointed out that things don’t always go as planned, and issues must be managed through a process of open dialogue and compromise; the team is willing to address the needs of its partners through changes in strategic planning.

Although the *Heart Truth* team was willing to compromise by “listening to people” and “taking people’s suggestions and working [them] in when we can,” the team was not willing to be totally accommodating and stray away from their focus on achieving the primary goals of the campaign. The participants mentioned that a system of compromise was essential to their success in building and maintaining relationships, and in achieving campaign goals.

*External dialogue and feedback with partners.* The participants emphasized the need for flexibility with partners when they noted that their strategic plan was based on a ‘give and take’ process where both sides sought to achieve a compromise with reciprocal benefits. In the words of the campaign’s Director of Media Relations from Ogilvy PR: “I think that we had from the onset—and I think that’s important—in our strategic planning we had absolutely the right components that allowed us to be nimble enough to adapt to the environment.”

This flexibility in campaign objectives and actions was based on strategic planning that allowed for change and adaptation based on a system of two-way asymmetrical communication. The Project Director for the *Heart Truth* from Ogilvy PR described this system of open dialogue and communication as a give-and-take process where all parties involved made some concessions, and were accommodated in some ways; the team tried to meet partners “as close to halfway” as they could when negotiating so that no one’s needs were compromised. This participant also spoke to the importance of staying on strategy in the negotiation process:

We do take feedback really seriously, and we really try to be flexible and, where possible, change our strategy slightly so that it can be more useful to partners.

We're always careful that we don't abandon our campaign strategy or 'sell out' on our original ideas, but where we can be flexible we always look to do that because we know that we're asking a lot from our partners...we're asking for *their* help in getting our message out.

*External dialogue and feedback with the target audience.* The participants described that the *Heart Truth* partners also helped collect feedback from the target audience through both formal means (e.g., nationwide surveys and evaluations of target audience's awareness, attitudes, and perceptions of the campaign), and informal or anecdotal means (e.g., passing on stories women have shared with them).

The participants suggested that much of the dialogue the *Heart Truth* team engaged in and feedback they received *on their own* about the campaign from their target audience was *informal or anecdotal*. The participants described that a majority of the feedback the team received from the target audience was received via the *Heart Truth* website (where the public can post comments, feedback, or submit a personal story or description of their own local events they have organized on the activity registry), letters, e-mails, stories, article clippings, photos, etc.

#### *Importance of Two-Way Symmetrical Communication in Internal Relationships*

The *Heart Truth* team also made a concerted effort to build partnerships among team members through communication methods that also seemed to follow the two-way asymmetrical model. This was evident in participants' responses during the interviews; they all spoke about the importance of building and maintaining solid relationships among team members. Participants expressed that the strategic management and decision-making process was a "collaborative effort;" all internal stakeholders were

involved in decision-making at the strategic management table. According to one participant, “we work as a cohesive team with everyone responsible for the whole, even if their individual responsibilities are specific to materials, or media, or partnerships, or whatever.”

RQ2: How does the *Heart Truth* campaign exemplify social marketing perspectives and branding strategies?

Participants discussed how the Red Dress brand symbol and logo were strategically managed, how they contributed to achieving campaign goals, and how they were perceived by the target audience. The *Heart Truth* campaign implemented a primary message that served as the campaign’s strategic platform: “Heart Disease Doesn’t Care What You Wear—It’s the #1 Killer of Women.” This message was paired with the campaign’s brand image—the Red Dress—which served as the focal symbol that represented heart disease as an important health issue for women.

#### *Role of Formative Research in Strategic Management of the Red Dress Brand*

Results from the content analysis of internal materials and interviews with the *Heart Truth* team supported the idea that formative research played a central role in informing the creation of the Red Dress brand for women and heart disease, and that branding strategies were included as a part of the campaign’s strategic planning process from the beginning. Formative research elements implemented in the branding process included: focus group testing of brand symbols and logos, environmental scanning for competition, and feedback from the target audience and partners.

The results from interviews with *Heart Truth* team members provided further support for the importance of formative research creating the campaign’s Red Dress

brand. The participants claimed that formative research played a key role in informing the creation of the brand symbol and logo, as well as its positioning.

Formative research was used from the outset of the campaign to understand and identify what the *Heart Truth* brand needed to convey to the target audience. It helped the team understand what aspects or elements the brand needed to include in order to achieve the primary campaign goal of increasing awareness among target audience members. In the words of the campaign's Project Director from Ogilvy PR: "The Red Dress really came out of all the initial research that we had done with women to understand what they knew about heart disease, what they cared about that related to it, what kinds of things might make them pay attention."

The Creative Director of the *Heart Truth* stated her opinion about the most important piece of research that she took into consideration when creating the Red Dress brand: "I think the key piece of research that I took away was women believe it's a man's disease, and they don't make the personal connection. And that they believed breast cancer was the disease they should fear most." She thus created the Red Dress symbol around the target audience's needs—the brand needed to change the target audience's mindset so that they would view heart disease as the primary health threat for women, and as a personal health threat.

#### *Positioning of the Red Dress Brand*

The results from the content analysis and interviews indicate that the Red Dress brand was positioned in a way that would clearly and easily introduce the campaign's health issue—heart disease—to the target audience (i.e., to help catch their attention and spread awareness). In creating the *Heart Truth's* Red Dress brand, the team wanted it to



be a unique brand that would “stand out” from all other brands. In managing the Red Dress brand, the team made an effort to implement the logo and symbol consistently across all campaign messages and materials.

*Unique positioning.* Participants spoke to the importance of coming up with “an identity or a symbol that was strongly associated with heart disease and was unique” when they talked about the environmental scanning process the team went through. For example, the Creative Director said that, “After we developed the Red Dress, we took a look to see how many companies or how many issues, if any, used a red dress. And to our knowledge, there was one group—a very small group—that had a red dress in their logo. But there were not any other organizations or issues associated with a red dress.”

*Consistency.* By using the *Heart Truth* logo and symbol consistently across all campaign messages and materials (e.g., national public service advertisements, educational and marketing materials, the *Heart Truth* website), the campaign was able to successfully generate a significant increase in awareness among the target audience. In the interviews, participants discussed how consistent implementation of the Red Dress brand symbol and logo across all campaign materials was extremely important in creating a strong brand that helped “get recognition for the Red Dress as the national symbol for women and heart disease awareness” and that helped “promote the *Heart Truth*.” The campaign’s Creative Director from Ogilvy PR spoke about the “importance of strong branding;” she indicated that it resulted from consistent implementation of brand symbols, logos, and messages: “the branding of the company and of the campaign needs to be and live across all of the elements. It needs to be consistent, and it needs to be true to the brand, and the sort of essence—the DNA, if you will—of the brand has to live

across all of the touch points.” She described these “touch points” as “consistency in visuals, consistency in messaging, consistency in selection of partners, consistency in what you’re asking those partners to say and do for you. It needs to be consistent and maintain the integrity of the brand.”

*Brand positioning strategy.* The participants spoke about how the team strategically managed brand positioning. In the words of the campaign’s Creative Director:

You look for something that is ownable, you look for something that visually captures attention, and you look for something that begins to introduce the essence of your brand...the visual brand—the logo, if you will, the symbol—does not need to carry the entire weight of the program on its shoulders. It should begin to suggest what the issue [is], what the campaign [is], who the company is—but that’s all it’s ever going to do—it’s going to suggest, and it’s going to attract the target audience. When you look at your brand strategy, you then need to look at other ways to do all of those, you know, reach all of those goals and address all of those strategies that you’ve designed for the campaign. So the Red Dress did what a successful symbol should do: it gets attention, it begins to suggest or introduce the issue.

*Building Relationships with Strategic Publics through the Red Dress Brand*

*Building relationships with partners.* As it gained popularity and recognition as the national symbol for women and heart disease, the Red Dress helped to attract new partners and maintain current partners. The *Heart Truth* Partnership Plan (Ogilvy, 2002a) suggested that the campaign’s branding efforts were most helpful in building—

and had the largest impact on—*corporate* partnerships. This document described that the *Heart Truth* team sought to build relationships with corporate partners by developing a cause-related marketing program that was similar to Carol Cone’s idea of ““cause branding—companies who make long-term commitments to causes [or issues] that become part of the corporate identity and culture”” because “collaborations that are comprehensive and integrated resonate more deeply” with both internal and external publics (Ogilvy, 2002a, p. 7). A participant also described how the partners embraced the campaign and made it their own, which helped the *Heart Truth* gain prominence and attract more new partners. In her words, the *Heart Truth* “became a program that *they* embraced, which allowed us to go national with it and get some media attention, which really set the ball rolling for the momentum for getting all the other partners involved.” She indicated that this “really was part of our design”—it was a pre-meditated element in the strategic management of the campaign.

*Building relationships with the target audience.* In the interviews, participants talked at length about how the Red Dress brand had a positive impact on building relationships with the target audience, and with generating awareness and support for the campaign among women. This idea was best summarized by the campaign’s Creative Director from Ogilvy PR, who discussed how the Red Dress and the strategy behind the brand helped establish a connection with the target audience:

I think developing that symbol and that brand gave us an opportunity to get closer to our target audience by the various partnerships that we formed. So I think that the Red Dress was an entry point to our target audience—we had her attention, we had that initial connection, now we needed to keep her. We needed to build that

relationship, if you will. And the way that we did that was we started to look at the various touch points of our target audience's world or life...that helped us build a partnership strategy that made sense to our target and furthered that emotional connection and relationship.

Participants claimed that the Red Dress brand symbol attempted to feminize heart disease; it countered the male dominance of the health issue by symbolizing the fact that heart disease is also the #1 killer of women. The Red Dress was “directions to really approach [heart disease] from a female perspective and to really make this truly connect with women.”

The participants also talked about how the Red Dress brand is inspirational, aspirational, empowering, and meaningful to women. They claimed that the target audience attached the Red Dress symbol to positive feelings and experiences. For example, NHLBI's Project Officer for the *Heart Truth* said, “From the feedback we've gotten from women—it does seem like a positive symbol. I think it makes women feel hopeful...it helps them feel empowered.” Similarly, the Project Director for the *Heart Truth* from Ogilvy PR claimed that, “Women, when we tested [the Red Dress symbol], really resonated to it; they loved the idea of it. Most of them said it was something inspirational and aspirational to them...It was a way of creating more of an emotional connection for women with heart disease.”

NHLBI's Project Officer for the *Heart Truth* paired this notion that the Red Dress leveraged women's care about outward appearance to make internal heart health changes with the image of the Red Dress serving as a “red alert.” In her words, “This symbol is trying to say, ‘If you care about your outward appearance, you need to care about your

inward appearance.’ It’s a red alert: when you see the Red Dress, stop and think about your heart.”

Participants indicated that the Red Dress gained the attention of women because the symbol is “glamorous,” “fashionable,” “flashy,” “passionate,” “powerful,” “sexy,” “hot,” and “appealing.” However, the participants believed that the Red Dress really resonated and caught on with women because it was not *just* glamorous and sexy; the symbol also had substance and meaning behind it. According to NHLBI’s Senior Communications Officer for the *Heart Truth*, “They [the target audience] understand pretty well that that’s an outwardly-glitzy message that has great meaning underneath it.” The Project Director for the campaign from Ogilvy PR elaborated further: “The Red Dress is sort of a bit of the flash and the glam and the brand of the campaign, but behind that is the real substance of the real women who are telling their stories who have had heart disease and experienced it firsthand.” She thus indicates that the Red Dress brand is supported by a substantive campaign.

## CHAPTER V – DISCUSSION

This case study used qualitative methods—including a content analysis of internal documents and in-depth interviews with the *Heart Truth* team—to explore how the *Heart Truth* campaign exemplifies a health campaign that has used certain strategic management principles for an excellent public relations program, and has implemented social marketing perspectives and branding strategies. The Excellence theory of public relations, social marketing theory, and branding principles were used as frameworks for answering the research questions.

The results indicate themes supporting the excellence principles emerged from the data, including: 1) integration of the public relations function that reflected a combination of both public relations and social marketing strategies and tactics, 2) the important role of formative research and environmental scanning in informing strategic planning and management of all elements of the campaign, 3) the central role of strategic planning and management in building and maintaining relationships with publics, 4) the importance of establishing a two-way asymmetrical mode of communication, which served to strengthen relationships with publics and facilitate goal achievement.

The results also indicate themes supporting the inclusion of social marketing principles and branding strategies in the *Heart Truth* emerged from the data, including: 1) formative research, environmental scanning, and branding strategy played central roles in informing the creation of the Red Dress brand, 2) the positioning of the Red Dress brand symbol and logo was strategically managed to be unique and consistent across campaign materials, 3) the Red Dress helped build and maintain relationships with strategic publics, including the campaign partners and target audience, and 4) the Red Dress was a

significant factor in helping to achieve the campaign's primary goal of spreading awareness among women.

Public relations literature emphasizes the importance of managing relationships with strategic publics because they have the ability to facilitate or hinder the achievement of organizational and program goals. The results of this study demonstrate that building and maintaining relationships with publics through strategic planning and management of the *Heart Truth* campaign and its brand, through formative research and environmental scanning, and through creating a two-way asymmetrical mode of internal and external communication helped achieve the goals of the campaign. Thus, the results reflect that the *Heart Truth* campaign demonstrated J. Grunig's (1992) strategic management principles for an excellent public relations program. The results also show that the Red Dress brand contributed to the excellence of the *Heart Truth* campaign program and demonstrated strategic management principles that were also similar to those explicated by Grunig (1992). These results are supported by Grunig, Grunig, and Dozier (2002), who claimed that brands can improve program excellence if they are strategically managed by the public relations function and communicated via the two-way asymmetrical model.

Thus, this case study of the *Heart Truth* campaign provided evidence that effective public relations campaign programs build and maintain relationships with publics through strategic planning and management of the campaign *and* its brand. The results indicate that, at minimum, the campaign itself must be strategically managed in order to meet the standards of an excellent public relations program. However, the results of this study further indicate that if a campaign program incorporates branding

tactics, the health issue brand should follow the same strategic management process as the general campaign program. The results from the current research and the review of previous literature (described in the sections that follow) suggest that *both* the campaign program and its brand should be strategically managed in order to be effective.

*Integrated Communication Function: Combining Public Relations and Social Marketing Strategies*

The results indicate that the *Heart Truth* campaign combined public relations and social marketing perspectives in a comprehensive public health campaign. This was reflected in the in-depth interviews, where participants had difficulty categorizing the campaign as one or the other, arguing that the *Heart Truth* was a combination of both public relations and social marketing.

Engelberg and Kirby (2001) suggested that public relations serves a pivotal role in building the identity of a health brand by helping to integrate the components of the brand that are implemented in a campaign. In accordance with the authors' proposition, the results of the current study suggest that the execution of the *Heart Truth* campaign and its implementation of branding strategies were of paramount importance to the program's success. In retrospect, all of the effort spent on the strategic planning and management behind the campaign's objectives and design would have been useless if the campaign was not properly produced. The following section describes how combining the public relations and social marketing perspectives in an integrated communication function contributes to the success of campaign programs.

In the literature review, I described that public relations scholars have been divided in their opinions about whether the public relations function should be kept



separate or integrated with other communication functions, such as marketing. The difference in opinions is centered around the observation that public relations differs from marketing in several ways. I will review these differences and apply them to the case at hand in an attempt to better understand 1) how the communication function of the *Heart Truth* campaign was structured, 2) whether or not this structure was effective, and 3) what elements of the structure were helpful in achieving campaign program goals.

First, the *Heart Truth* campaign's goal of increasing awareness (and later, behavior change) among women was in line with the goal of public relations: to build relationships between the organization and its strategic publics. The primary goal of the campaign aligned somewhat with the marketing motive of selling a product to a target audience—in essence, the *Heart Truth* attempted to “sell” women the idea that heart disease was their greatest health threat, and that they must take action to protect their heart health.

Second, public relations and marketing define and segment their publics differently (Grunig, Grunig, & Dozier, 2002). Public relations identifies a wider range of strategic publics than marketing. The *Heart Truth* did take into account its target audience or “consumers” in the social marketing tradition, but the *Heart Truth* team also attempted to build relationships with other groups such as corporate, non-profit, media, and community partners, and competitors. Unlike marketing, the relationships that the *Heart Truth* formed with its publics were not exchange-based (i.e., economic relationships); the relationships that the *Heart Truth* team built were similar to those formed by the public relations function, which are not dependent on reciprocity. The

*Heart Truth* campaign did not seek to gain anything (e.g., make a profit, raise funds) from its target audience, and it relied on reciprocal, win-win exchanges with partners.

Third, public relations and marketing will also diverge in the different kinds of research they conduct about their publics (Grunig, Grunig, & Dozier, 2002). Formative research for the *Heart Truth* campaign was similar to the type of research conducted in the public relations function, which involves boundary spanning and environmental scanning to identify an organization's strategic publics and their issues. Although the *Heart Truth* team did do some marketing research to examine the characteristics and media consumption habits of the customer target audience, this was only one of the many types of research included in the campaign's formative research process.

Last, public relations and marketing follow two different communication models (Grunig, Grunig, & Dozier, 2002). Public relations focuses on two-way asymmetrical communication, where the organization and its publics engage in an active, continuous dialogue. This is a process of listening, dialogue, and feedback among the organization and its strategic publics where the ideas of publics are considered in the decision making process. Indeed, the *Heart Truth* campaign established a two-way asymmetrical mode of communication among external publics (i.e., target audience, corporate, media, non-profit, and community partners) and a two-way symmetrical mode of communication among internal publics (i.e., the *Heart Truth* team, employees from NHLBI and Ogilvy PR). The results indicate that the *Heart Truth* team sought feedback from the target audience, as well as their partners, and that the team formed a collaborative internal decision-making process.

The results of this study suggest that the *Heart Truth* campaign was conducted through an integrated public relations program that combined public relations and social marketing strategies and tactics. Although the *Heart Truth* team defined and categorized the campaign's communication strategies slightly differently across the board, they did seem to agree on the roles that public relations and social marketing played in the campaign. The participants felt that public relations helped increase awareness and build relationships with the target audience and campaign partners, whereas social marketing helped inform the creation and management of the Red Dress brand (and later in the campaign, it will help generate behavior change).

#### *Formative Research and Environmental Scanning*

Formative research is one of the necessary principles for an excellent public relations program (Grunig, 1992; Grunig, Grunig, & Dozier, 2002). Dozier and Repper (1992) argued that environmental scanning should be conducted in the early phases of research; this process is used in campaign programs to inform the strategic planning of message design, the selection and segmentation of the target audience, and selection of channels for that specific group.

The results reveal that the *Heart Truth* team conducted a significant amount of formative research, which informed the strategic planning and management of all facets of the campaign, including branding strategy. The overall design of the *Heart Truth* campaign and the creation of its Red Dress brand were based on the needs of the target audience. The *Heart Truth* team conducted extensive formative research with members of the target audience, and found that women didn't even realize that heart disease was their greatest health threat. Participants acknowledged that their first task was to address

this “information gap” in designing the core messages, symbol, and logo for the campaign to make women aware that heart disease affects them, that it is personally relevant to them and that they are susceptible. Thus, formative research about the target audience proved to be extremely helpful in the development and refinement of campaign messages.

During the campaign message development and refinement process, the *Heart Truth* team also assessed previous “competing” campaigns for women and heart disease and other information about the health issue that was currently in the market. These environmental scanning activities were extremely important to the success of the campaign; by analyzing competing campaigns and the quality and extent of current information in the market on women and heart disease, the team was able to understand how they should position the *Heart Truth* campaign and its brand—the Red Dress.

Evaluation is another important part of the formative research process because it helps determine whether or not a public relations program was effective in achieving its goals (Dozier & Repper, 1992). Grunig, Grunig, and Dozier (2002) claimed that public relations programs should be evaluated through scientific, clip-file, or informal evaluation. In order to be considered excellent, a public health campaign must be evaluated, and the evaluation must produce sufficient evidence that the campaign had “positive outcomes, such as meeting their objectives, changing relationships, and avoiding conflict,” and that it was effective in achieving its goals for awareness or behavior change (Dozier & Repper, 1992, p. 439).

The results of this study provide evidence that the *Heart Truth* team assessed whether or not they were successfully achieving campaign goals through an ongoing

evaluation process. According to Grunig, Grunig, and Dozier (2002), public relations programs should measure *process objectives*, which assess a program's success in developing, maintaining, and strengthening relationships with its strategic publics, and *outcome objectives*, which assess relationship outcomes. The results of this study show that the *Heart Truth* campaign implemented, managed, and measured both process and outcome objectives. This case study provides evidence that both types of relational objectives are important in creating a successful public relations program that will help achieve organizational goals.

#### *Strategic Management of Positioning of the Heart Truth Campaign and the Red Dress Brand*

The results indicate that the positioning and implementation of the *Heart Truth* campaign and its Red Dress brand were strategically managed. Both the *Heart Truth* campaign and the Red Dress were positioned in a way that would catch the attention of the target audience, clearly and easily introduce the issue of women and heart disease to women, and spread awareness about the fact that it is their primary health risk. By strategically building and managing the *Heart Truth* campaign and its brand through formative research, the *Heart Truth* team was able to reach and influence the target audience and campaign partners to effectively develop relationships with them, which in turn, helped to achieve the campaign's objectives.

Formative research played an important role in informing the design, planning, management, and implementation of the Red Dress brand and the *Heart Truth* campaign overall. During the early phases of campaign planning, the *Heart Truth* team conducted extensive formative research to understand and identify their target audience, potential

founding partners, competitors (i.e., other heart health campaigns for women), and other strategic publics. This research helped inform the creation of both the overall campaign, and the Red Dress brand. During the later phases of the campaign, *Heart Truth* team conducted more research to evaluate the campaign's level of success in building relationships, achieving campaign goals, etc. The team also assessed the value of the relationships that they had built with campaign partners. These assessments were completed through both formal (e.g., surveys, focus groups) and informal (e.g., establishing a dialogue with publics, getting feedback through the *Heart Truth* website) methods of evaluation.

The results of this case study suggest the importance of keeping all campaign and brand messages and actions in line with the core strategy of the campaign program. The *Heart Truth* team claimed that both the partnership strategy and model and the strategy for building relationships with the target audience were an extension of the overall campaign strategy. Furthermore, the Red Dress brand logo and symbol that were created and implemented to reach out to these publics were also direct extensions of the *Heart Truth's* core campaign strategy.

Thus, strategic management of the positioning of the *Heart Truth* campaign and its Red Dress brand symbol and logo emerged as an important theme. The results indicate that the core messages of the *Heart Truth* campaign and its brand symbol and logo were carefully researched and consistently implemented across all campaign materials—whether they were produced by NHLBI and Ogilvy PR (i.e., the *Heart Truth* team), corporate partners, media partners, non-profit partners, community partners, or some other outside organization or group.

When deciding on the positioning of the *Heart Truth* campaign and the Red Dress, the team looked to their formative research for answers. They found that both the campaign and its accompanying brand symbol and logo had to be unique in order to stand out in a crowded media marketplace. According to the Executive Summary (Ogilvy, 2005), the *Heart Truth* team created a niche for the campaign and its unique Red Dress symbol “by forming an unconventional partnership with the fashion industry to reframe the issue among women” (p. 12). Thus, partnerships with the fashion industry, corporations, non-profit and community organizations, and the media helped the campaign gain the attention of the target audience and build relationships with them.

#### *Building and Maintaining Relationships with Strategic Publics*

Public relations literature emphasizes the importance of managing relationships with strategic publics because they have the ability to facilitate or hinder the achievement of organizational and program goals (Grunig & Hunt, 1984). According to Grunig, Grunig, and Dozier (2002), the value of public relations programs “exists in the relationships developed with strategic publics;” therefore, campaign programs’ objectives “should consist of strategies to *develop, maintain, and enhance relationships* and the *relationship outcomes* that the organization strives to achieve” (emphasis in original, p. 550).

When organizations are consistent and reliable, communicate commitment to their publics, are accessible and responsive to feedback, achieve awareness and liking, and act with integrity, they will inevitably build strong, lasting relationships with their strategic publics (Duncan & Moriarty, 1997). According to J. Grunig (1993), brands can help facilitate the development of a solid, lasting relationship when they are supported by the

type of strong behavioral relationship described above by Duncan and Moriarty (1997). Thus, some scholars suggest that organizations benefit from building relationships with publics by enhancing their reputations through the use of strategically managed symbols of identity (i.e., brands and other images) under the direction of the public relations function (see Chajet & Shachtman, 1991; Cutlip, 1991; Grunig, 1993).

The results of this study demonstrate that building and maintaining relationships with publics through strategic planning and management of the *Heart Truth* campaign and its brand, helped achieve campaign goals. In fact, the primary goal of the *Heart Truth* campaign was to establish a relationship with the target audience—American women ages 40 to 60—by spreading awareness among this group that heart disease is the #1 killer of women. If the campaign was not successful in building, maintaining, and strengthening this relationship, the entire campaign would have failed. Furthermore, the results demonstrate that building relationships with other strategic publics who had ties with the target audience (e.g., corporate, media, non-profit, and community partners and the fashion industry) was absolutely essential to the campaign's success. The *Heart Truth* partners played a vital role in generating awareness by spreading the messages of the *Heart Truth* and by making the Red Dress brand more visible and recognizable to women. The partners helped do this through contributions (financial and otherwise) that enabled the *Heart Truth* to sponsor the Red Dress fashion show and other events nationwide, by placing the Red Dress symbol and logo on product packaging and websites, by generating media coverage, and by hosting local events to spread awareness among women on an interpersonal level.



### *Two-Way Asymmetrical Communication*

According to Grunig, Grunig, and Dozier (2002), public relations programs and branding strategies are most effective when they employ “two-way symmetrical communication to help manage the organizational behaviors that produce a bad reputation and to develop a trusting relationship with both consumer markets and publics.” (p. 281). Similarly, Keller (2000) indicated that a public-focused branding strategy serves to build and maintain strong relationships by communicating to publics that ““their voice[s] will be heard;” the campaign’s reputation will be enhanced when its brand, messages, and actions indicate that the program is focused on “listening to [publics] and having their best interests in mind” (Keller, 2000, p. 121).

However, for public health campaign programs, achieving a symmetrical mode of communication is impossible due to the fact that the goal of such campaigns will always be to persuade a public to become aware or gain knowledge about a health issue, or to change an unhealthy, harmful behavior or adopt a new healthy, beneficial behavior. The managers of the *Heart Truth* campaign therefore used a two-way asymmetrical mode of communication with their external publics (e.g., target audience, partners, the media) due to the persuasive nature of their health campaign goals. Thus, the results of this case study suggest that campaign goals can be successfully achieved by developing a strong brand identity and long-term relationships with strategic publics through two-way asymmetrical communication.

The results of this case study demonstrate that the *Heart Truth* team listened for feedback and established an open dialogue with their strategic publics. The team also searched for feedback through an ongoing formative research process that included

environmental scanning and campaign evaluations. Furthermore, the campaign had the best interests of its publics in mind—and its target audience in particular. The primary goal of the *Heart Truth* campaign is inherently altruistic; seeking to spread awareness and encourage behavior change to prevent heart disease in American women certainly has the best interests of this public in mind.

The results indicate that relationships cannot be built through marketing and branding strategies alone; this study provides evidence that two-way asymmetrical communication is valuable to health communication programs that implement public relations, marketing, and branding strategies and practices. Furthermore, the results suggest that two-way asymmetrical communication is a valuable strategy in helping to build and maintain relationships with publics.

*Two-way asymmetrical/mixed motive model.* The results also indicate that the *Heart Truth* campaign program meets the stipulations for the two-way asymmetrical model set forth by Grunig, Grunig, and Dozier (2002), who claimed that this model produces stable long-term relationships with external publics because it “attempts to balance the interests of the organization and its publics, is based on research, and uses communication to manage conflict with strategic publics” (p. 15). The *Heart Truth* campaign also fits Grunig, Grunig, and Dozier’s (2002) description of a mixed-motive model where “organizations try to satisfy their own interests while simultaneously trying to help a public satisfy its own interests” (p. 309). The *Heart Truth* team attempted to satisfy the primary campaign objectives while simultaneously trying to satisfy the objectives of their corporate, media, and non-profit partners. As the participants from the

*Heart Truth* team explained it, they were striving to establish a “win-win situation” with their strategic publics.

### *Branding*

The *Heart Truth*'s Red Dress brand symbol and logo were used as tools to help develop relationships among the campaign's strategic publics. These brand elements represented the health issue and they served as a gateway for women to become familiar with the issue and gain awareness that it is their primary health threat. Furthermore, the brand symbol and logo facilitated relationship building by serving as women's first point of contact with the campaign that invited them to enter into a relationship with the *Heart Truth* program and NHLBI. One participant aptly summarized how the Red Dress brand enabled the *Heart Truth* team to achieve their primary campaign goal: “The goal is about raising awareness, getting women to understand the risk factors and take action to lower them. The Red Dress is the *pathway* to that knowledge that sparks and prompts women to take action.”

Furthermore, the brand was supported by a strong behavioral relationship (as described by J. Grunig, 1993). Using the Red Dress brand symbol and logo as primary tools, the *Heart Truth* campaign established a solid reputation among its target audience and partners by building and maintaining long-term relationships that were based on reciprocal benefits. Thus, the results of this case study suggest that relationships can be strengthened by managing and improving brand awareness, identity, and positioning. The following section discusses the brand attributes of awareness and identity and how they helped establish connections between the *Heart Truth* campaign and its publics.

*Brand awareness.* Brand awareness refers to “the strength of a brand’s presence in the consumer’s mind” and it is measured through the target audience’s recognition and recall of the brand, as well as their perceptions of the brand’s dominance in the market (Aaker, 1996, p. 10). In the current case study, awareness *was* the primary objective of the campaign program. The results indicate that strengthening brand assets such as brand equity, awareness, identity and positioning facilitated building relationships with strategic publics, which has added value to the *Heart Truth* campaign by helping to achieve the primary goal of increasing awareness among the target audience that heart disease is their primary health threat.

Furthermore, in accordance with Aaker’s (1996) claim that a strong symbol “can provide cohesion and structure to an identity and make it much easier to gain recognition and recall” (p. 84), the Red Dress brand symbol proved to be strong enough to help enhance recognition, recall, and awareness of the *Heart Truth* campaign and its core messages. The effectiveness of the Red Dress brand symbol was assessed through nationwide survey evaluations that were conducted with members of the target audience.

In essence, the results of this case study suggest that the *Heart Truth* campaign achieved its primary objective by creating a series of connections in the target audience’s minds through the Red Dress brand. First, the target audience connected the Red Dress symbol to the cause of women and heart disease. The *Heart Truth* team did this by using a sexy, glamorous, attention-getting color that served as a “red alert” for women combined with the shape of a dress, which feminized the issue and reminded women to take care of their inner heart health.

Second, the target audience connected the cause to their own personal relevance and susceptibility. The *Heart Truth* team established this bridge through the logo accompanying the Red Dress symbol—“Heart disease doesn’t care what you wear, it’s the #1 killer of women”—which served as a reminder to women that heart disease is relevant to them, regardless of their sex, age, or size.

Finally, in the future, the *Heart Truth* team will attempt to establish a connection between the target audience’s sense of personal relevance to the issue and their health behaviors and lifestyle. Participants mentioned that, after the campaign has achieved sufficient levels of awareness about the health issue among the target audience, the *Heart Truth* team will seek to leverage women’s feelings of personal relevance of heart disease to generate action in terms of behavior change (i.e., changing old health behaviors and/or adopting new health behaviors).

*Brand identity.* The results indicate that the Red Dress also helped build relationships with strategic publics through the brand identity it created for the campaign and its health issue. Brand identity is generally defined as “a unique set of brand associations that...represent what the brand stands for and imply a promise to customers from the organization members” (Aaker, 1996, p. 68). In terms of social marketing campaigns, Engelberg and Kirby (2001) asserted that brand identity “serves to integrate the mission, quality, philosophy and perceptions that define an organization, product or service within the context of a competitive arena. Identity building integrates internal and external perceptions to help...a brand stand out from others” (p. 14).

The results of the current case study indicate that the *Heart Truth* team strategically managed the brand identity associated with the Red Dress through a careful

process of formative research, planning, and implementation. The results provided evidence that the brand identity of the Red Dress had an impact on the campaign's reputation and image among its publics, as well as the personal and emotional connections that were fostered with its publics.

In terms of the campaign partners, the *Heart Truth* team described that the identity they created for the Red Dress brand had an impact on the corporate partners' perceptions of the campaign in terms of its cause-related marketing (CRM) benefits. CRM is a common practice among large corporations who wish to establish a sense of goodwill among their consumers in order to enhance the company's reputation and sell more products. The participants suggested that CRM was taken into account as part of the campaign's strategy; the *Heart Truth* team understood that corporations would become partners of the campaign if they felt that connecting their organization or products to the *Heart Truth* would improve the image and reputation of the corporation itself. The participants claimed that they knew they must build a strong campaign with a positive image and reputation among women in order to successfully attract corporate partners. By supporting the *Heart Truth* as their new CRM issue and creating a link between their products and the *Heart Truth* campaign in the minds of the target audience, corporate partners would be able to generate a sense of goodwill among their consumers, which benefits the corporations by bolstering their reputation and increasing product sales.

The symbols of identity (such as brands and logos), messages, and actions of a health campaign program can help communicate the culture and mission of the campaign to strategic publics (Chajet & Shachtman, 1991; Cutlip, 1991). The results of the current

study support this notion; the *Heart Truth* provides an example of a campaign program that benefited from building relationships with publics by enhancing its reputation through the strategic management of brand identity symbols under the direction of the public relations function.

In terms of the campaign's target audience, the *Heart Truth* team strategically managed three brand identity elements that impacted their perceptions of the campaign: emotional benefits, self-expressive benefits, and the brand-as-person. According to Feig (1997), the emotional benefits of a brand create an emotional connection or involvement with the target audience. A brand provides the target audience with emotional benefits when it is attached to positive feelings and experiences (Aaker, 1996). The results of this study indicate that the Red Dress brand is inspirational, aspirational, empowering, and meaningful to women, and they have attached the Red Dress symbol to positive feelings and experiences. Thus, these results suggest that the *Heart Truth* campaign and its Red Dress brand provided the target audience with emotional benefits by forging a personal and emotional connection with women, which made them aware of their heart disease risk and motivated them to change their health behavior.

Second, according to Aaker (1996), the self-expressive benefits of a brand act as a symbol of one's self-concept that helps communicate a specific self-image and support attitude and behavior change. The results of this case study indicate that the Red Dress symbol played a significant role in helping spread awareness about heart disease and empowering women to make changes in their lifestyles and health behaviors. The Red Dress brand was able to do this because of the self-expressive benefits it provided for women. First, the Red Dress appealed to women and resonated with them because it was

a glamorous and sexy symbol that caught their attention. Second, the Red Dress symbol leveraged women's care about external appearance to remind and urge women to take care of their inner health. In essence, the Red Dress symbol served as a "red alert" to remind women that they need to take care of their heart health, and it became the mental connection between awareness and action. Furthermore, the *Heart Truth* logo—"Heart disease doesn't care what you wear, it's the #1 killer of women"—supported the Red Dress symbol as a "red alert" to motivate women to make changes in their lifestyle to reduce their risk factors for heart disease.

Finally, the brand-as-person relates to the personality of the brand and the relationship between the brand and its target audience (Aaker, 1996). According to Rothschild (2001), the brand's personality can create a bond between the target audience and the brand, and it can also assist the target audience in developing and supporting a new healthy self-identity. The results of this case study suggest that the Red Dress created a "bond" with women by feminizing heart disease and connecting it to a women's issue, which served to create a new self-identity for women where they saw heart disease as personally relevant to them. By using an image of a Red Dress as the symbol for the brand of the *Heart Truth* campaign, the brand helped gain the attention of the target audience and establish a relationship with them. The results from *Heart Truth* campaign evaluations and from the in-depth interviews show that the Red Dress appealed to women because the symbol was "glamorous," "fashionable," "powerful," and "sexy;" thus the personality of the brand reflected something women aspired to achieve.



## CHAPTER VI – CONCLUSION

In retrospect, it is interesting to note how similar the resulting themes were for these two research questions; the common themes for RQ1 and RQ2 (which reflected strategic management of the *Heart Truth* campaign overall and the Red Dress brand, respectively) highlighted the importance of 1) formative research and environmental scanning, 2) strategic planning and management, and 3) building and maintaining relationships with strategic publics—all of which contributed to the successful achievement of campaign goals.

Perhaps the notion of excellence in strategic management of public relations programs and strategic management of a brand are not as different as scholars once thought. This idea that “excellence” in strategic planning and management could be the same for public relations programs and brands has many theoretical and practical implications.

### *Theoretical Contributions*

The current research contributes to both public relations and marketing theory. This study contributes to the growing body of public relations research and public relations theory by providing a description and analysis of the ways in which branding concepts can contribute to excellent public relations programs through a case study of an example of a public health campaign that has successfully incorporated public relations and branding strategies in practice. This research shows that public relations programs can benefit from integrating concepts from the branding literature with concepts from J. Grunig’s (1992) Excellence theory. Specifically, the findings help public relations scholars and practitioners to better understand how public relations programs can

successfully incorporate branding strategies (and, in the case of health programs, social marketing principles) to improve program excellence.

The results of the current research also contribute to the understanding of marketing and social marketing theory by extending marketing perspectives to include public relations principles and strategies. The results of this study indicate that public relations could, in fact, *extend* the application of branding to a wider range of publics outside of those that marketing has examined (i.e., marketing only considers brands as a tool to sell products or services to a customer). In the case of the *Heart Truth* campaign, the Red Dress brand was strategically planned, managed, and implemented within the context of a public relations program by NHLBI and Ogilvy PR. Indeed, the Red Dress was used as a tool to facilitate a wider range of functions (building and maintaining relationships, identity/image building, spreading awareness, motivating behavior change, etc.), for a wider range of publics (e.g., the target audience, founding/non-profit partners, corporate partners, media partners, community partners) through public relations.

#### *Practical Contributions*

This case study provides evidence that practitioners should consider implementing branding strategies when marketing health issues. Implementing branding strategies in public relations programs can potentially help communication managers achieve the goals of the organization which would, in turn, contribute to the value of the public relations function in that organization. However, the results of this research suggest that the brand's identity and positioning must be informed by formative research and strategically managed; practitioners should take this into account when creating and planning campaign programs that involve branding.

Branding is an important strategy because it can be used as a tool to bring a new level of awareness to the health issue in a competitive marketplace cluttered with health messages. Associating the health issue with a brand allows individuals to easily identify the health issue through its brand symbol, logo, and/or slogan that are used throughout all aspects of the health campaign or health organization. After successfully building awareness of health issues through the use of a combination of public relations and branding strategies, practitioners can turn their focus to behavior change. At this point, practitioners can promote the brand's emotional and self-expressive benefits, which will help them encourage the necessary behavior and lifestyle changes that will reduce the risk and improve the health of the target audience.

Overall, this research suggests that excellence in strategic planning and management of both public relations programs and health brands demonstrate many of the same elements and principles. If this idea is shown to be accurate across branded health campaigns, it would make strategic planning and management of health campaign programs that incorporate both public relations and branding strategies *simpler* and *more streamlined* for practitioners. In effect, this would make the process of implementing branding strategies in health campaigns—a rather new phenomenon in the area of public health—more accessible for practitioners, and more intuitive.

However, before creating a comprehensive list of suggestions for the generic, normative principles of excellence in strategic planning and maintenance of branded public health campaigns, further research must be conducted. First, future research must determine which of the normative principles *both* processes should include in order to be considered excellent. Future research must also be conducted to determine if both

processes should follow a similar path in their creation, planning, management, and implementation.

#### *Limitations of the Study*

There were some limitations to the research, particularly regarding the documents and participants selected for study. Due to time constraints, this study only examined the phenomena from the point of view of the campaign managers. In order to investigate the research questions from a more complete perspective, it would be necessary to examine the understanding and point of view of the publics who are involved with the *Heart Truth* campaign, and who are affected by its actions and messages (i.e., the target audience and partners). Future research must address this gap in the findings of the current study.

#### *Future Research*

Thus, now that the current research has investigated how the brand was created, managed, implemented, and perceived by *internal* publics, the next step that must be taken in future research is to examine how the brand is perceived by *external* publics. In order to fully understand how to effectively apply branding strategies within public relations health communication programs, researchers and practitioners must investigate how external publics make meaning of the campaign's core messages and its brand, as well as how these elements interact to form publics' perceptions of the campaign program.

In addition, future research must examine the application of branding principles, and the procedures used to manage them (i.e., social marketing), in public relations campaign programs that deal specifically with *health issue* branding. This case study provides evidence that branding strategies can enhance the success of health campaigns

and other social marketing efforts. The foundation of branding knowledge included in this review has mostly been adopted from marketing and business literature. Although such business branding strategies provide a helpful model to learn from, we are far from understanding how these strategies are best applied to health campaign programs.

Currently, health communication researchers and practitioners only know enough to make broad generalizations about factors that contribute to the successful application of branding strategy to health issues. Keller (1993) describes the general specifications for successful branding of a health issue: “a well-branded social marketing program would employ a *complete range of different types and levels of branding elements*, different marketing communication options, and different means to create brand associations” (p. 301). However, researchers have not yet identified and tested which of the different types and levels of branding elements—and which combination of these elements—is most effective in public relations programs. Thus, practitioners and researchers should implement branding strategies in future health campaign programs, and carry out research to determine the most successful, efficient, cohesive practices for health issue branding within the context of non-profit organizations.

Specifically, future research should test certain elements of the brand that apply to—and enhance—public relations programs. For example, J. Grunig (1993) suggested that the most important factors contributing to the quality of behavioral relationships between organizations and publics are: reciprocity, trust, credibility, mutual legitimacy, openness, mutual satisfaction, and mutual understanding (p. 135). Future research should test how these factors can be fulfilled in public relations programs that implement branding strategies.

Future research must also calculate the value of public relations health campaign programs. Grunig, Grunig, and Dozier (2002) developed a formula to help practitioners calculate the concrete, monetary value of public relation's contribution to the organization through benefit-cost analysis. If return on investment were quantified for public health campaigns and their contribution to the health of society, the monetary figure of costs *saved* on healthcare would probably be quite high. However, it will be difficult to calculate a price for the benefits that public health campaigns have on improving (and, in some cases, saving) individuals' lives.

#### *Implications of the Study*

The purpose of the current study was to better understand how public relations programs can successfully incorporate branding strategies (and, in the case of health programs, social marketing principles) to improve program excellence. In this case study, J. Grunig's (1992) Excellence theory provided the theoretical framework for integrating concepts from the branding and marketing literature into our current knowledge of public relations theory. The research questions were examined through a content analysis of internal campaign materials and one-on-one, in-depth interviews with the managers of the *Heart Truth* campaign. The findings of this study help public relations scholars and practitioners to better understand how public relations health campaign programs can successfully incorporate branding strategies and social marketing principles to achieve campaign goals and improve program effectiveness.

The results suggest that brands contribute to the effectiveness of public relations programs and the achievement of campaign goals when the brand is strategically managed through a careful and thorough process that includes: extensive formative

research, positioning the brand in a unique and consistent manner, and enhancing brand identity by creating personal and emotional connections with publics. In other words, enhancing a campaign program's brand attributes (i.e., brand equity, identity, image, awareness, positioning, etc.) helps build and maintain relationships with key publics, which in turn, contributes to achieving the primary objectives of public health campaigns: awareness and behavior change. Thus, brands should be viewed as a key tool and an asset to public relations health campaign programs, and they should be applied in practice.

Understanding how to create and manage successful public relations health campaign programs that incorporate branding strategies is beneficial for health communication practitioners and the targets of their efforts. Applying this knowledge to the creation of strong health issue brands and implementing the brand in numerous, diverse outlets will help the health issue to gain recognition and form a cohesive identity. Future research should further examine and identify the specific combination of branding elements and strategies that contribute to effective public relations health campaign programs. Hopefully, incorporating this knowledge of best practices in applying branding strategy to public relations campaign programs will have a significant impact on changing target audience awareness and behavior, which will lead to an increase in the successful outcome of future health campaigns and programs.

## Appendix A

*Public Relations and Branding in Health Communication Programs:**Interview Protocol*

(Get permission to tape record conversation and ask participant to sign the Informed Consent Form.)

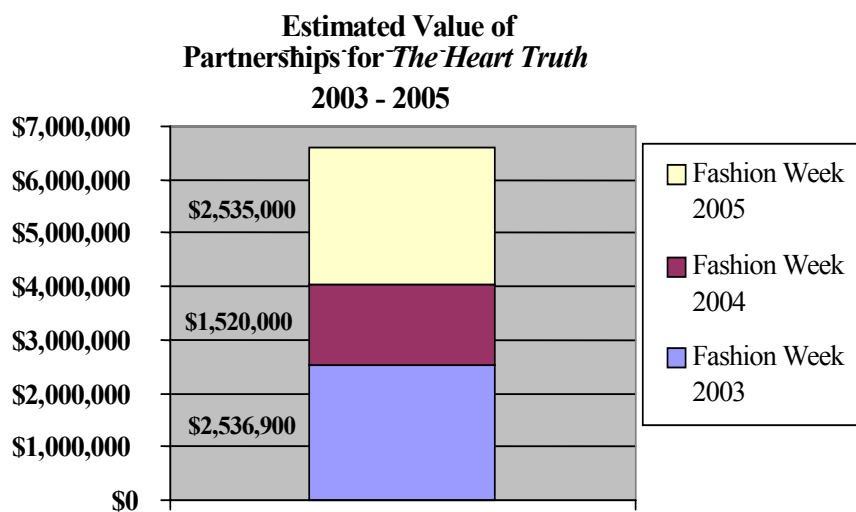
Thank you for agreeing to participate in this study. I truly appreciate your time and help.

- 1) Please describe your previous experiences with campaign planning.
- 2) What was your specific role in *The Heart Truth* campaign?
- 3) What communication strategies were used in this campaign?
- 4) Describe the role that public relations played in *The Heart Truth*.
- 5) Please describe the planning process from the creation through to the execution of *The Heart Truth* campaign.
- 6) Let's talk a little more about the goals of *The Heart Truth* campaign.  
[*If not mentioned before: What were the goals of The Heart Truth campaign?*]
- 7) Please name and describe all of the groups that *The Heart Truth* program attempted to build relationships with. [*Clarification: Who were your strategic publics?*]
- 8) Describe the formative research you conducted to better understand your target audiences.
- 9) Describe your relationships with your primary corporate partners.
- 10) Let's talk about the media. Describe your strategy for communicating/dealing with the media.



- 11) Describe any problems you've had with the media in general, or with your media outlets you developed relationships with.
- 12) Did you have any adversarial publics? If so, who were they?
- 13) Please describe the relationship of the individuals who worked on *The Heart Truth* campaign.
- 14) Was there any formal evaluation of the campaign program?
- 15) Do you think that the campaign was successful overall?

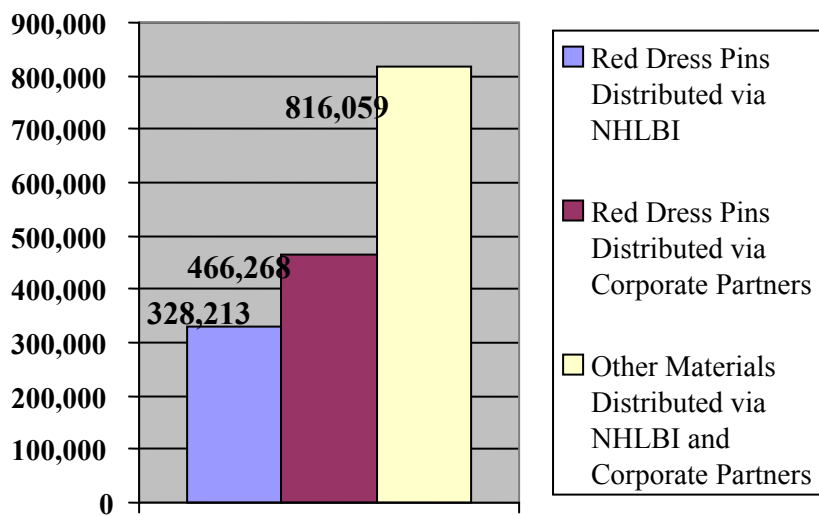
## Appendix B



Total Value: \$6,591,900 (including in-kind investments from 7<sup>th</sup> on Sixth, designers, models, celebrities, and underwriting in 2004 and 2005 from corporate sponsors)

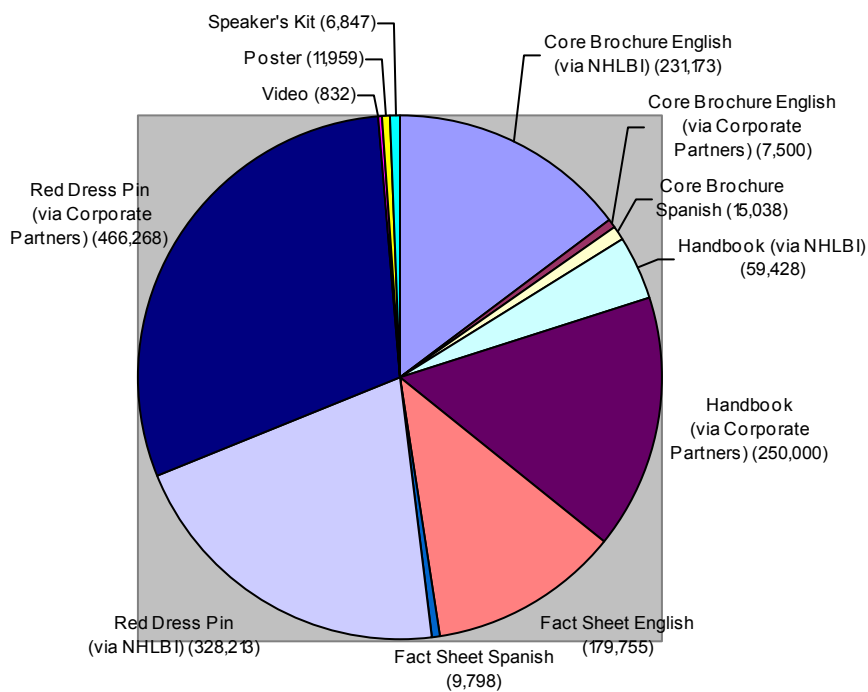
Appendix C

**Total Number of *The Heart Truth* Materials Distributed  
2003 - 2005**



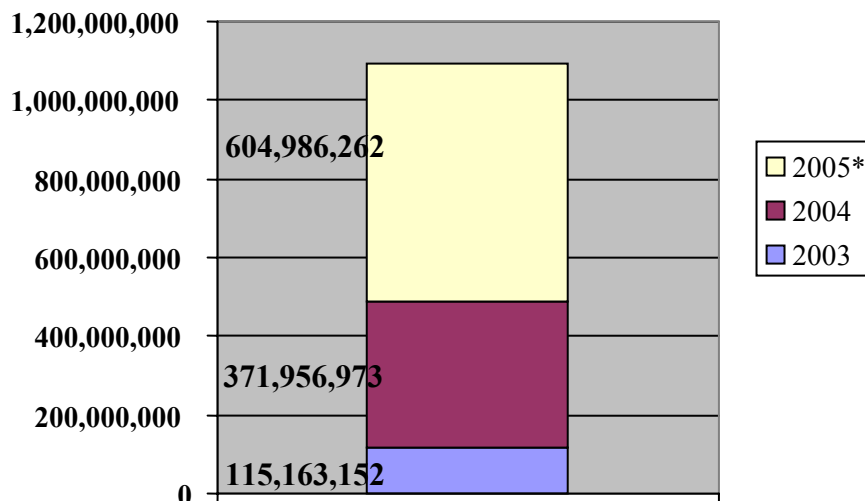
Total Materials Distributed: 1,610,540

**Distribution of *The Heart Truth* Materials  
2003 - 2005**



## Appendix D

***The Heart Truth***  
**Media Impressions**  
**2003 - 2005**



**Total Impressions: 1,089,242,427** (does not include multipliers or pass along rates)

***The Heart Truth*** Media Coverage by Outlet Category  
**2003 - 2005**

|                  | <b>2003</b>        | <b>2004</b>        | <b>2005*</b>       |
|------------------|--------------------|--------------------|--------------------|
| <b>Broadcast</b> | 21,555,290         | 151,744,629        | 94,113,664         |
| <b>Newspaper</b> | 21,807,830         | 44,032,078         | 45,552,523         |
| <b>Magazine</b>  | 60,800,032         | 175,008,366        | 78,826,075         |
| <b>Online</b>    | 11,000,000**       | 1,171,900**        | 386,494,000***     |
| <b>TOTAL</b>     | <b>115,163,152</b> | <b>371,956,973</b> | <b>604,986,262</b> |

\*2005 numbers are representative of placements between January 28 and March 25, 2005. The total number of media impressions is not a complete representation of all print placements to date, as they are still in the process of being tracked and clipped. NHLBI will receive additional print clips as they are available from its contracted clips service.

\*\*Calculation based on daily unique visitors.

\*\*\*Calculation based on monthly unique visitors.

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