



INNOVATION UNCOVERED

SHINING A LIGHT ON INNOVATION AND
CREATIVITY IN HEALTHCARE COMMS

**HIGHLIGHTS
EDITION**



Start SMART

Measurement & Evaluation



“
Free,
30 minutes
online course
to become
Start SMART
Certified
”

Measurement and evaluation metrics should be included in all communications activities so we can demonstrate their impact and value. This needs to be considered from the outset of our projects and is why the Healthcare Communications Association is encouraging organisations, teams, and individuals to always **Start SMART**.

If we **Start SMART**, we are focused on what, how, and when we are going to measure and evaluate, from the very start of our activity

As professionals, and as a sector, we need to continually learn and adapt, to ensure we consistently deliver our best work, and are able to demonstrate the value of communications.

Effective measurement and evaluation are essential for these goals.
Start SMART needs to become the healthcare communicator's mantra.

www.StartSMART.global

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THE-HCA.ORG // INNOVATION UNCOVERED

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ENVISION PHARMA
GROUP
Smarter, faster outcomes for life sciences

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INTRODUCTION

Welcome to this highlights issue of Innovation Uncovered, a journal from the Healthcare Communications Association dedicated to addressing and overcoming barriers to innovation within our highly regulated industry. In the past five issues, we have challenged the assumption that pharmaceutical and healthcare communications must be conventional and monotone. While rules and regulations exist for valid reasons, they do not preclude pushing creative boundaries to deliver impactful campaigns that enhance the lives of patients and the general public.

Reflecting on five inspiring editions of the journal, we have explored numerous topics including the rise of AI, the role of failure in driving progress, evolving needs in women’s health, and the ways in which creative communications can address these challenges. With such a wide array of articles penned by leading experts from both agency and in-house pharma, selecting highlights is a challenging endeavour. Here, we present a selection of exemplary pieces from each of our previous issues, showcasing the diversity and depth of the journal.

We hope you find the content both engaging and inspirational. Should you wish to contribute to a future edition, please contact the editorial panel at info@the-hca.org for more information.

Happy reading!

Rick Evans
Envision 90TEN

PRACTICAL GUIDE

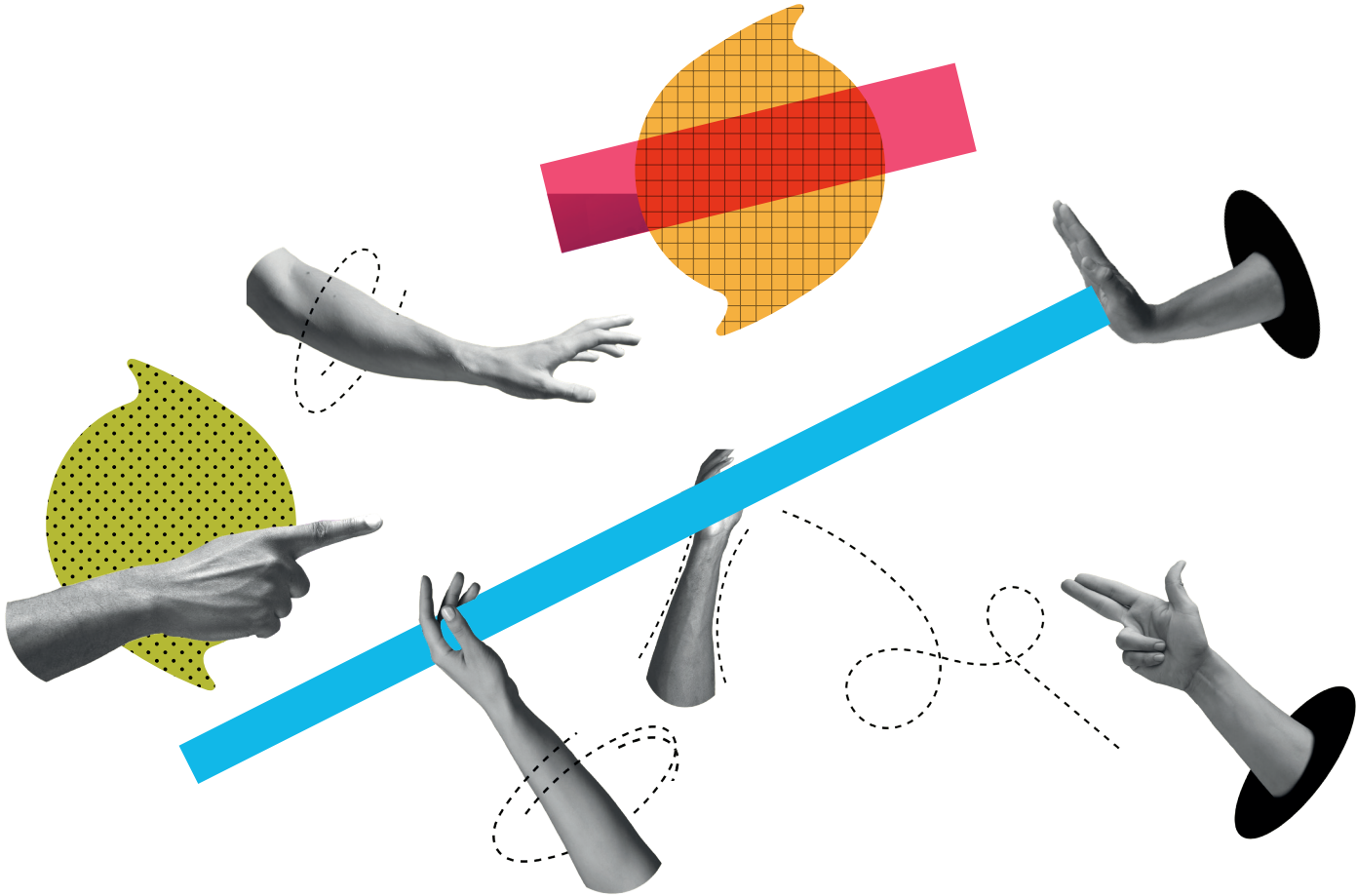
THE FIRST STEP
TOWARDS CREATIVE
EXCELLENCE IS
UNDERSTANDING OUR
OWN BARRIERS TO
ACHIEVING IT

STUART HEIR //
CO-FOUNDER, STIRRED

Achieving creative excellence within healthcare communications is rightly an ambition that many of us share and strive for. From my experience, there’s no shortage of good ideas and thinking, both agency- and client-side. But it doesn’t take much for ideas to become watered down, knocked off course or slowly picked apart until a great idea can be reduced to something that’s just okay.

I once attended an awards judging day where the head judge asked us to evaluate the work based on a John Ruskin quote, ‘Fine art is that in which the hand, the head and the heart of man go together.’ When you view or create work with this in mind – *hand, representing the craft and the quality of the execution; head, the intelligence behind the insight or idea; and heart, the emotional impact (did it make me care?)* – it quickly becomes clear that the magic happens when you have the strongest balance of all three.

It’s a sentiment that David Hockney repeated, ‘You need the eye, the hand, and the heart. Two won’t do,’ and it’s this sense of balance that I believe is key to producing great creative work that will have an impact on the world. But the idea of using simple and useful frameworks to help us evaluate or improve shouldn’t just be confined to our output; it needs to be extended to the very way in which we conceive and strive for it.



A while back, I ran a workshop at a health communications conference. Everyone there – an even spread of client and agency professionals – was clearly motivated to improve the quality of their creative work or better harness creative thinking in their programmes, whatever that meant to them. Many of them were frustrated at the myriad of barriers they faced to do this, and, while some of the same old reasons were being blamed, such as people confusing creativity with risk and our old friend compliance, the real impact each barrier had differed significantly depending on the individual. It was also clear that, while the group were not shy to share those things that were stopping them achieving their ambitions, many were facing a brick wall when it came to overcoming those barriers.

To dig deeper and add some structure to the session, but also to move the focus on to solutions, we used the UCL Centre for Behaviour Change’s COM-B model. For those not familiar with the model, it provides a useful way to explore common barriers to changing behaviour or, in UCL’s own words:

sets out that behaviour comes about from an interaction of ‘capability’ to perform the behaviour and ‘opportunity’ and ‘motivation’ to carry out the behaviour. New behaviour or behaviour change requires a change in one or more of these... the COM-B model is especially useful in helping with identifying goals and deciding on an appropriate

low intensity intervention. Which of capability, opportunity or motivation are most relevant for a target of behaviour change and which of these might present major obstacles to change?

COM-B MODEL ELEMENTS		INSIGHT
CAPABILITY	Physical	
	Psychological	
OPPORTUNITY	Physical	
	Social	
MOTIVATION	Reflective	
	Automatic	

It’s a model that’s proven to be highly effective when creating health campaigns but can be equally useful to diagnose our own behaviour – and I highly recommend that you try it. During the workshop, everyone focused on what they were individually trying to achieve relating to ‘creative communications’ before then using the model to explore the barriers in a more systematic way.

By way of an example, let's just say that our ambition is to move towards more integrated creative campaigns or programmes.

CAPABILITY
PHYSICAL AND PSYCHOLOGICAL

The model asks us to look at whether we are currently capable of doing this, both physically and psychologically. Do we need more strength, new physical skills or more mental stamina? In most cases, we won't need physical skills ourselves, although it might be that we need to introduce more craft skills into the mix. We might also feel that we need greater mental stamina to champion a new approach in the face of resistance, something that we might find by aligning with others.

We may also identify that we lack the knowledge and information to do things differently. Where can we go to be inspired or learn from those who might already be doing the type of work we want to be doing? Could we increase our knowledge by tapping into a more diverse pool of people – from both in and outside healthcare – and open ourselves up to different perspectives and lived experiences?

OPPORTUNITY
PHYSICAL AND SOCIAL

Time, location and resource are all key factors when it comes to opportunity. It may simply be that we need to add more people or money into the mix to do this type of work. Perhaps that might mean consolidating budgets or focusing on doing fewer things better. Do we have the right structures and processes in place on both agency and client sides? Are we able to get the relevant stakeholders together at the right times to bring everyone on the journey and make everyone feel ownership, and, when we do, do we understand enough about them as individuals to know how to work with them efficiently and collaboratively?

When it comes to the social opportunity, we step into the world of culture. Culture is hugely influential when it comes to achieving creative excellence, and we're not talking slogans on walls but the living, breathing environment that shapes our day-to-day and our

work. Taking time to really understand the culture around us – regardless of whether we are in-house or agency – is critical to helping us understand how we might move things forward. A culture that's hesitant to do things differently might be dictated by only one or two individuals, or it might come from deeper in an organisation's history, but we know that cultures can quickly change. Just seeing a different approach succeed once can be all that's needed to change opinions or perspectives forever.

MOTIVATION
AUTOMATIC AND REFLECTIVE

But it's motivation that will ultimately dictate whether we continue to move the industry on towards greater creative excellence. Having paused and taken time out to better understand the barriers to achieving our ambitions, are we sure we are motivated enough? And, more importantly, what are the actions we are going to take? Understanding the conscious and unconscious cognitive processes that influence motivation is complex, but the very process of reflecting on these questions, and putting plans in place, can be a key step in itself towards improving motivation.

It's true that there is great power in the strength of teams. The old saying 'it takes a village to raise a child' can be equally applied to creative endeavours. But it's also true that accountability starts at home. The next time you are struggling to get an idea off the ground or feeling stuck somewhere along the process, take a few minutes out to consider what's really going on for you. It might just offer up the breakthrough you've been looking for.

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THE TRUTH BEHIND A GREAT BRIEF



ELIZA HANCOCK, PAGE & PAGE AND PARTNERS // THE TRUTH BEHIND A GREAT BRIEF

Writing a great creative brief is not as easy as it might seem. In fact, those 1–2 sides of typed A4 are often the difference between a campaign that exists and a campaign that impacts; between creative communications that are seen and heard, and those that are felt and acted upon. Writing a creative brief is about much more than telling a creative team what your challenge is and who it's with; it's about educating them, enlightening them and, most importantly, inspiring them to think beyond the obvious to develop innovative creative solutions that will drive behaviour change in the audience.



“THE TRUTH BEHIND A GREAT BRIEF”

This could have been an article about what makes a good creative brief – a step-by-step guide to the essential parts you need to include to find the sweet spot between a ‘fill in the blanks’ brief and War and Peace – but it is not. The first reason for this is that Page & Page and Partners’ founders, Stephen and Kate Page, have already written **‘Forget the Box: A comprehensive guide to writing a good creative brief’**. The second reason is that, in the autumn of 2022, we at Page & Page and Partners undertook some research into what constitutes a great creative brief, and **the results** revealed *something* rather disturbing.

Across the survey participants, most of whom are directly responsible for marketing strategy in global or EMEA roles at pharmaceutical, medical device, biotech and general healthcare companies, the majority noted that they consider eye-catching creative and greater differentiation as more important than basing the creative on genuine insights when it comes to the effectiveness of a campaign.

THE IMPORTANCE OF TRUST

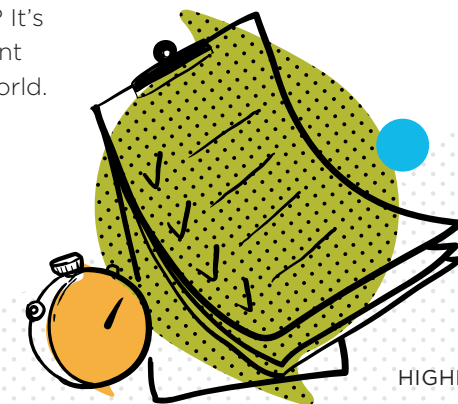
Why is this so worrying? Eye-catching creative and strong differentiation *really are* vital aspects in enhancing campaign effectiveness. However, this response leads us to question whether, in an increasingly crowded marketplace, fraught with issues such as rising expenditures and problems with supply chains, companies are slipping into red-ocean territory. Are they forgetting about the need to resonate with audiences beyond creating an advert that is shinier than their competitors? It's also concerning when we think about the current epidemic of distrust, which is rife around the world.

The ‘2022 Edelman Trust Barometer’ report demonstrates that people are more distrustful than ever, losing faith in both governments and corporations alike! The reasons for this are easy to understand: against the backdrop of the pandemic and increased global political turmoil, people want to know who and what they can trust.

Trust is essential to the success of any brand. In fact, trust is the very reason that the idea of a ‘brand’ exists at all. If we think anthropologically about the Industrial Revolution of the 1800s and the movement of communities from rural, countryside economies to industrialised, urban sprawl, we can understand why brands started coming out of the woodwork. People could no longer rely on buying the products they needed from a trusted neighbour or community member and had to buy from strangers. This paved the way for brands to emerge, and over time they came to represent trust.

Fast-forward 200 years to 2022, a time when 63% of people believe that business leaders are purposefully trying to mislead consumers to buy their products or services by making exaggerated or false claims.¹ As costs continue to rise apace in the healthcare industry, it's more important than ever to inspire and reinforce trust among the audience, to give them the encouragement they need to spend their budgets with you so that you can make every bit of your own marketing budget count.

What does all this talk about trust have to do with a great creative brief, you might wonder? An insight is purely a deeper understanding of the truth of your customer's challenge, and therefore a great campaign brief must have insight at its heart in order to inspire your team to develop a creative solution which will really resonate. With this in mind, you can see why we found it so worrying that the majority of our survey respondents did not place insight as the most important factor in creating an impactful campaign, can't you?



UNDERSTANDING INSIGHT AND THINKING DIFFERENTLY

The term 'insight' is all too often misunderstood. For some, the very word 'insight' is sullied by its association with overcomplicated branding tools and processes which result in creative that doesn't even make sense to the team that developed it. For others, it is oversimplified, relying on findings that tell us what the audience needs rather than giving us a deeper understanding of why they need it. But, while simple findings might tell us what the audience is doing, insights allow us to understand why they are doing it, ultimately allowing us to speak more directly to that inner truth.

Marsha Williams, president of Harvest Research Group and former senior vice president of Brand & Consumer Insights at Nickelodeon and MTV, states: "while findings are free to be trivial and merely interesting (or not), insights bear a much greater responsibility. Findings are often nice to know; insights should be considered need to know."²

And Marsha is right. Insights bear a responsibility, and so do we: the responsibility to discover them and then ensure that they are included in the creative brief so that teams can develop creative that will resonate with the audience's truth.

Insights are all the more essential because they provide the key to unlock our ability to think differently, to see a challenge through other people's eyes and to come up with an innovative solution that will cause the change in behaviour that is needed. To echo Apple's iconic 1997 tagline, 'think different' is a phrase that should be pertinent throughout the development of the creative brief. A great brief should not be a 'copy and paste'. We all feel the pressures of a fast-paced industry; in fact, more than 90% of our survey participants noted that the need to meet annual objectives or goals set by leadership is their top priority. These pressures can make us more inclined to economise our time or even cut corners, but it is imperative that we are not tempted to reuse past briefs with just a handful of details updated or skip the insight-mining process.

A creative brief needs to empower your team or agency to push the boundaries and think outside the box, and each brief requires a fresh approach if we are to avoid creating campaigns that are also a 'copy and paste'.



Developing a creative brief that encourages all involved to go against the grain will help your brand carve out a space in the market, moving closer to a blue-ocean strategy, where it can sail unencumbered by competitors whose communications all say the same thing as yours.

To create this sustainable space, we have to move away from competing on the features of our offering and start appealing to the human truth within the audience, to overcome confirmation bias and the fear of the unknown by inspiring trust in our purpose and the value we bring. There are many examples of brands that have communicated their mission – why their customers should trust them – through their creative outputs. Take Patagonia, which has always pursued a unique mission in the fashion industry to 'Build the best product. Cause no unnecessary harm. Use business to inspire and implement solutions to the environmental crisis,' which it has communicated through differentiated creative outputs to ensure that consumers not only notice them, but trust them, setting them apart from competitors in an industry which has been notorious for frequent mistruths and questionable ethics.

Patagonia's 2011 'Don't buy this jacket' campaign is a wonderful example of this: instead of trying to sell consumers a new jacket, Patagonia inspired them to embark on a journey of sustainability in partnership with them. The campaign raised awareness of the high environmental cost of making new clothing, and sales rose by 30%.³ Fifty years on from its creation, Patagonia continues to follow their purpose, and in September the news was reported around the world that all of the company's profits would now go to organisations to help fight the climate crisis. As the famous BBH black sheep advert for Levi's in the 1980s tells us, 'When the world zigs, zag.'

KEY PRINCIPLES FOR A GREAT BRIEF

There are many important aspects to nailing a brief. But not all briefs are created equal, so, to help give yours the edge that will inspire your agency or creative team, we recommend always considering the following principles:

01

FIND YOUR TRUTH.

What is it that your brand stands for? What is the truth at the heart of the audience? Once you find that key insight into their needs, their hopes and their dreams, then you can build a strategy and develop creative that will not just attract attention for a second because it's more sparkly than your competitor's, but it will drive lasting behaviour change in the audience because it lights that spark of belief that you can give them what they truly need.

02

ALLOW YOURSELF TO BE DIFFERENT.

Don't hop on the bandwagon and create a campaign or an asset just because everyone around you is doing so. Once you have discovered that human insight, set sail for a blue-ocean strategy and empower your agency or creative team to take your brand somewhere new. When it comes to the creative brief, don't 'copy and paste' what you've done before. You don't want your creative team to come up with a solution that you've used before, so use the brief as an opportunity to inspire them to think about your challenge in a different way.

Adopting these two principles can help you develop creative briefs that will light a spark in the minds of a creative team, helping them see the world through the audience's eyes so that they can develop creative outputs that help the audience see how your offering can make their world a better place. As Maya Angelou said, "We are only as blind as we want to be."

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TRANSFORMING OUR CREATIVITY MINDSET

The 'creativity conundrum' is one we both well understand, often through painful first-hand experiences during our healthcare communications careers (Sarah was co-founder of Virgo Health and Eva was co-founder of Reynolds McKenzie). Since then, we have both moved on to become accredited transformative coaches in a revolutionary understanding of mindsets and how to transform them.

When asked by the Healthcare Communications Association for our take on what could be done to foster an environment – applicable to all settings, whether agency, industry or charity – within which creativity could flourish, we felt confident that we could bring something new and valuable to the party.

Recognising that the human mind works best in the presence of curiosity, this article sets out some questions exploring the current ecosystem that supports innovation in healthcare communications.

We examine the mindsets at play in perpetuating the creativity conundrum, identified by the HCA, and begin to outline how we can enable a healthier, more sustainable innovation ecosystem that advantages all stakeholders and enables us to better communicate the potential of the extraordinary innovation our industry brings to life.

SARAH MATTHEWS //
THE VIBRANT COMPANY

EVA REYNOLDS //
ENGAGEMENT COACH

DESPITE OUR BEST ATTEMPTS, WHY DOES AN APPARENT LACK OF CREATIVITY CONTINUE TO BE AN ISSUE?

Well, first of all, is this even true? While we may not tend to recognise it, we are all innately creative beings; our evolution has depended upon our creative drive. Creativity is a state of being, and we are always, in fact, creating. Whether dreaming up a menu for tonight's dinner, working out what we are going to say next to our colleagues, thinking of an original gift to buy for a loved one or building a presentation deck, we are in fact exercising the very same mechanism that brings the most 'creative' ideas into being.

However, at the same time, the business world has historically prioritised the analytical above the creative in the development of strategy, which is why it is perhaps unsurprising that in the highly scientific, analytical life sciences sector, we find ourselves concerned by the lack of creativity in the communication of our achievements. Yet this seems hugely at odds with the wider reality of an industry that operates in a perpetual state of creativity and innovation – one that is all about exercising scientific curiosity and looking down the barrel of a medical problem to create something truly new and fresh in the world.

The question then becomes, 'How do we go about reconciling these two apparently contradictory realities?' Well, a huge clue lies in the fact that we know someone's ability to move with ease from their creative mind to their analytical mind is what enables them to make previously unseen connections, solve seemingly intractable problems and well... create solutions.

So, this is where we start: inside the mind of each one of us. The perception that we each have of what it means to be creative, where it comes from and where creative endeavour can lead us is precisely what either nourishes or gets in the way of creation itself.

WHAT IS REALLY HOLDING US BACK?

We propose that it's not that we lack creative ideas per se. We observe our colleagues in other industries 'creating' in abundance and, perhaps more importantly, with greater ease. What we often forget is that we simply don't operate on the same basis. In what other industry (apart from in the US) must we learn to communicate in a way that can never be construed as promotional to the end beneficiary of our product or service?

It's these very constraints that we operate within that mean we are far more creative than we give ourselves credit for. If creativity was measured in horsepower, the levels required in healthcare to navigate our guiderails mean that communicators must be turbocharged!

Perhaps the bigger issue, as identified by the HCA in its successive explorations of this topic, is the terrifying level of creative ideas that are killed off before we have even started. Time and again, the issue of 'fear' comes up.

WHAT ARE WE AFRAID OF?

As an industry, we operate in a near constant state of fear of breaking the regulations, however unintentionally, and that's before we even contemplate pioneering a new idea. We are primed to look for the trapdoors. This mindset produces a natural reticence to try something new. We fear failure. We fear alienating one important stakeholder group whilst trying to build stronger connections with another. Perhaps we fear the ideas are unrealistic, unsustainable and fear that they are too expensive. And then there is a more pernicious fear: the fear of asking difficult questions, the ones to which we think we should already know the answers, such as, 'Are we completely clear about what we are aiming to achieve from this and how exactly it will benefit patients/us as an organisation/our stakeholder?'

Ultimately, even though these are important considerations, all worthy of thorough debate, they are thoughts inside people's minds which are based upon previous negative experiences. These experiences are then extrapolated and projected into the future, and it is precisely at this moment that a fledgling new idea can be killed off. This is our left brain, our analytical mind in action, intending to warn us to keep us safe.

Hence, a terrifying level of creativity is crushed by fear before it can ever become a reality, and this becomes a vicious cycle. **Before we know it, thoughts about what we can't do, what won't work, what might just be too risky and what will happen to us if it all goes wrong occupy almost all our mental bandwidth,** leaving no space for the fresh new thinking we all so desperately want to see.

Collectively then, those individual minds all interact and influence one another to form an ecosystem within which we are hoping to greenhouse new ideas. If that ecosystem, however unconsciously, is more attuned to exercising caution and containment than it is venturing into new territory and nurturing new ideas into being, then it is easy to see why it can be so hard to persuade people to go beyond their comfort zone.

SO, WHAT CAN WE DO ABOUT IT?

When we examine the typical journey of creative ideas through our organisations, we can identify and understand the main vulnerabilities. We can better appreciate where the system 'leaks' the most creativity, and this in turn can help us, not just to promote creative behaviours but also to sustain our natural creativity. However, we believe there are three major 'buckets':

01

Appropriate deployment of our creativity superpowers

It is crucial for us to be clear on why an innovative approach is needed. Creativity cannot be just for its own sake; an idea must also be appropriate, useful and actionable.

How is a radically different approach going to be critical to our success? **All too often, our drive for 'more creativity' comes from our own desire to try something new,** and, whilst this is important and valid – the extent to which we feel excited and motivated by what we are doing is crucial for our organisation's ability to succeed – the driving force must be the effect that we are seeking to have on our audiences (and it's often the case that the most simple and obvious ideas work best). Regardless of what we come up with, and just as we would with the products and services that we are charged with communicating about, **we must be ready and able to articulate the overall risk-benefit profile of our proposed creative ideas.**

02

Establishing a healthy creativity mindset

We are not talking here about knowledge of creative processes and best practices for ideation. These things are of course helpful, but we are referring to understanding the creative mechanism within our own mind. As an industry, we tend to think about ourselves as innovators who then apply creative ideas to propel the success of our innovations. However, we would argue that **the creative state is what gives rise to innovation in the first place, and when we truly understand this, a lack of creativity is no longer a problem!**

Minds that are bogged down in the fear of consequences are (usually unconsciously) trapped in emergency mode: the state in which we are least connected to our natural creativity and resourcefulness.

When we understand how to override this state AND enhance our discernment for sound decision-making, we not only increase our flow of creative thinking, but we also better equip ourselves to successfully shepherd the resulting ideas through the organisation and into reality.

03

Mastering the art of co-creation

In our efforts to foster more creatively collaborative behaviours, we could potentially learn a lot from our research and development (R&D) colleagues. Good scientific thinking favours curiosity over close-mindedness. It is that curiosity that leads to new discoveries.

However, the fact remains that **a very well-recognised and hugely frustrating cliff occurs during attempts to convey both the purpose and the content of our creative ideas to other stakeholders** – those within and connected to our organisations.

With hierarchies, politics and conflicting agendas to consider, this is notoriously fraught with difficulty and can be extremely frustrating for all concerned, especially for the champions of the creativity. However, we have seen that through understanding

the fundamentals of creativity and connection, support is far more naturally and reliably forthcoming.

As we start to learn more about our own inherent creativity, we can also confront our own creativity biases: the often-unrecognised unconscious editing that is perpetually taking place in our own minds. Seeing this for ourselves helps us to operate more consciously beyond both our own biases and those of others.

Creation is an emotional process. It's easy for us to get lost in what could be. In a healthy innovation ecosystem, we become more adept at recognising when to hold on to an idea before it becomes an ideology and when to let go.

True creation can only really happen when real connection and trust is established with collaborating teams, and, for this to happen, we need to adopt an understanding of the 'many concurrent realities' at play. Knowing that there is not a SINGLE objective reality that is correct above all others is perhaps the most important point of departure when negotiating compromise.

When we see that a colleague's or client's behaviour is only ever driven by their own current reality, then the process of co-creating, evolving and bringing new ideas to fruition becomes more effortless.

And while we have come to think of compromise as a point at which we have lost something (when the original Latin meaning of the word was intended to confer a mutual promise to win together), we are willing to be wrong to get closer to being right. There is an alternative to the standard binary 'win or lose', and this is a powerful tool to have at our disposal.

If you are curious to learn more about how to develop a 'healthy innovation ecosystem' within your organisation and how it could support more creativity within healthcare communications, then watch this space. 2022 will see the rollout of this approach as a new programme via the HCA.



ARTICLE CONTRIBUTORS

Sarah Matthew and Eva Reynolds are both accredited in a revolutionary form of transformative coaching, their qualifications having been gained working alongside some of the most progressive minds in the discipline globally at the Supercoach Academy in Los Angeles, California. They work with a genuinely leading-edge understanding of mindsets and how to transform them.

They have run highly successful programmes both independently and in collaboration within the healthcare space for Takeda, Hanover Health, Lexington and Prime Global.

Other clients include Marks & Spencer, L'Oréal, The DHL Foundation and a wide range of professional services firms in other sectors.

You can find out more about the authors by visiting: Sarah @The Vibrant Company and Eva @The Engagement Coach and @nORTH



LEARNING FROM FAILURE

PAUL DIXEY, PHARMA DIGITAL
MARKETING, SALES AND
COMMUNICATIONS SPECIALIST //

LEARNING FROM FAILURE



“I HAVEN’T FAILED 10,000 TIMES, I SUCCESSFULLY FOUND 10,000 WAYS THAT WILL NOT WORK!”

The above quote¹ is credited to Thomas Edison one of the most prolific inventors. But how many of us would have the persistence and management support to fail that many times?

However, trying, failing, and learning is the way we develop from our first years... we stand up, take two steps, fall over, and get up again. But what happens when we get into the world of work in general and pharma in particular? We are often expected to succeed every time. Not delivering a project on time, not hitting objectives, or going over budget is often considered a career limiting step.

In particular, how do we spot the early signs that something isn’t going right enabling us to pivot or stop in time? by creating a culture, developing skills, and putting in processes to allow us to experiment, sometimes fail, always learn, move on and succeed.

And if all does go the shape of a pear, what can you and your organisation do to learn and do things differently next time?

“One of the things that makes Edison stand out as an innovator was he was very good at reducing the risk of innovation - he’s not an inventor that depends on just one thing...He knows that if one idea or one product doesn’t do well he has others...that can make up for it.”¹

So, in other words he spread his bets. But when it is not possible to do this, and resources are not unlimited then what can you do?



SETTING OBJECTIVES, TESTING AND LEARNING

Firstly, are you specific about exactly what it is you want to achieve?

How much time have you spent really understanding the needs, Jobs to be Done², Pains and Gains³ of your target audiences. We collect lots of data and transform that into information, but it is insights about our customers or target audiences that really provide that “Aha” moment - a penetrating discovery about a customer or market that can be used for business advantage.

“PEOPLE DON’T WANT TO BUY A QUARTER-INCH DRILL. THEY WANT A QUARTER INCH HOLE.”

THEODORE LEVITT, ECONOMIST

Often you think you are clear about what you want to achieve, and you set off on a project, and then 6 months or more later, once it has got through the various rounds of approval, the project goes live and then.....nothing!

What if you could test what you were trying to achieve was likely to succeed as you went along? For those who are familiar with the Agile Manifesto as a method of facilitating rapid decision-making and learning cycles, you will know the value of the team approach (we succeed or fail as a team), building a MVP, regular releases, repeatedly testing with your audience and retrospectives. For further information on Agile methodology see the article by Caroline Stern and Philip Atkinson in Edition 2 of “Innovation Uncovered”.⁴

A test and learn approach can also be taken as outlined in this case study of Airbnb example by bestselling author and Chief Strategy Office at Croud - Avinash Kaushik on his website.⁵



“After months of data gathering to understand the needs of the patient, the clinician and of a variety of other stakeholders including pharmacists, family members and carers we believed that we had everything we needed to create a ground-breaking product. So we proceeded to spend a million pounds on software development and clinical testing.

Three years later when we still weren’t making any money, we realised we had missed a critical stakeholder in this data gathering. We never clarified how an NHS CCG lead would pay for the product, and it was this that ultimately led to the demise of the business and could’ve been avoided had we asked the right question of the right people in the first place.

The framework of avoiding such an issue is now known as riskiest assumption testing or RAT and is rapidly displacing MVP development as the first and most important step in any product development project.”

If only I’d known about that...

Matt Goodman //
Medical Director, Lucent biopharma

USING A MEASUREMENT FRAMEWORK TO TRACK PROGRESS

Another framework that might help you work out whether you are likely to hit your business objective is that of Input Lead and Output/Lag Performance Measures or KPIs.

Often, we measure activity or our Input measures because that is what we think matters, and it does to an extent but only normally because the end result, Output/Lag, is often some time away.

“By the time your perfect information has been gathered, the world has moved on.”

Phil Dourado, The 60 Second Leader: Everything You Need to Know About Leadership, in 60 Second Bites

Lead measures show whether you are on track to hit your end objective and if not then you can adjust your activities (Input) and see what difference that makes. This is where, particularly in digital channels, it is normally easy to get real-time data back in time for you to course-correct. Working with your data or analytics team earlier on in a project so that they can put dashboards in place is a worthwhile move.

Performance Measures	Description	Role	Examples
Output/Lag measures	The measurable outcomes of a strategy or an activity. Can sometimes be referred to as a goal or objective of a strategy or activity.	Primary measures for indicating the success of a strategy or activity	<ul style="list-style-type: none">• TRx, NRx, NBRx• Market share• Revenue and sales• ROI• Preferred formulary placement
Lead measures	Measurable changes in customers that provide an early indication of whether the strategy or activity is working. Should be externally focussed measures.	These should be predictive of likely results as measured by output indicators	<ul style="list-style-type: none">• Brand awareness; message recall• Share of voice• Net promoter score• Downloads, shares• Click-through rates
Input or internal measures	The measurement of the implementation of individual elements of the activity and resource plan	Indication of scale of activity	<ul style="list-style-type: none">• HCPs reacted• % of invitees attending conference• Impressions• Video reviews

LEARNING FROM OTHERS

There is nearly always someone else out there who has already tried what you are attempting to do, or something very similar, who you could learn from... as long as your biases (see later in this article) or the organisation’s “not invented here” don’t get in the way.

“Those who cannot remember the past are condemned to repeat it.”

George Santayana, Spanish-American philosopher (1863-1952)

But sometimes, despite your best efforts and that of your team - planning, testing, and learning - a project or campaign may still fail.⁶ So how can you and your organisation learn from this failure and recycle learnings to minimise the chances of future failures?.

AFTER ACTION REVIEWS (AARS)

One way to learn following completion of a project, is to conduct an After Action Review (AAR) and not just for failures⁷ but also successes. And by AAR I don’t mean a “*who got this wrong?*” finger pointing exercise, or a “*didn’t we do well?*” back slapping event, but “*a pervasive process that explicitly connects past experience with future action*”⁷

This article⁷ describes how a US Army Brigade – OPFOR (Opposing Forces) uses AARs and how they have now become a business tool used by organisations such as the NHS.



THE AAR ADDRESSES FOUR QUESTIONS:

- 1 WHAT WERE OUR INTENDED RESULTS?
- 2 WHAT WERE OUR ACTUAL RESULTS?
- 3 WHAT CAUSED OUR RESULTS? AND
- 4 WHAT WILL WE SUSTAIN OR IMPROVE?

This model treats every action as an opportunity for learning about what to do but more importantly how to think, recognising that flawed assumptions are the most common cause of flawed execution.

“I was running a media campaign with a patient organisation, the hours were long, materials extensive and we weren’t getting any traction. We’d regroup every couple of weeks and just keep building on what we were doing, writing more content, pushing the same channels, nothing worked. We were so invested that by the end of our campaign time we were exhausted, deflated, and frustrated. Months passed and we all collectively tried to forget what happened, until we met with doctors who told us that in fact we should have targeted the nurses as they were the ones most likely to support individuals with that particular condition. The sunk-cost fallacy happens to us all; it’s OK to course-correct, don’t stick with something if it’s not working.”

Aristides Grau, Novartis, UK

COMPANIES CAN ALSO CARRY OUT BARS - BEFORE ACTION REVIEWS - ALSO WITH FOUR QUESTIONS:

01

WHAT ARE OUR INTENDED RESULTS AND MEASURES?

02

WHAT CHALLENGES CAN WE ANTICIPATE?

The responses to those questions align the team's objectives and set the stage for an effective AAR meeting following the action.

"We've all had those occasions where a novel communications project we worked incredibly hard on didn't work for one or several reasons. After experiencing that initial gut-wrenching disappointment, one exercise that always helped with recovery was an After Action Review with the cross functional team. That way, we were able to learn from that failure and know the weak spots or what to do differently next time in order to achieve success."

Edel McCaffrey, Head of Corporate Communications, LGC Group, UK



03

WHAT HAVE WE OR OTHERS LEARNED FROM SIMILAR SITUATIONS?

04

WHAT WILL MAKE US SUCCESSFUL THIS TIME?



BUILDING A PSYCHOLOGICALLY SAFE ENVIRONMENT

Amy Edmondson (Novartis Professor of Leadership and Management at the Harvard Business School), in her paper *Strategies for Learning from Failure*⁸ describes three main categories of failure in a spectrum from blameworthy to praiseworthy.

01

PREVENTABLE ONES

in predictable operations, which usually involve deviations from spec;

02

UNAVOIDABLE ONES

in complex systems, which may arise from unique combinations of needs, people, and problems, and

03

INTELLIGENT ONES

at the frontier, where "good" failures occur quickly and on a small scale, providing the most valuable information.

However, learning from failure is not simple because the 'blame game' gets in the way. The challenge is more than emotional; it's cognitive, too. Even without meaning to, we all favour evidence that supports our existing beliefs^{9,10} rather than alternative explanations. In addition, we also tend to downplay our responsibility and place undue blame on external or situational factors when we fail, only to do the reverse when assessing the failures of others - a psychological trap known as Fundamental Attribution Error¹¹.

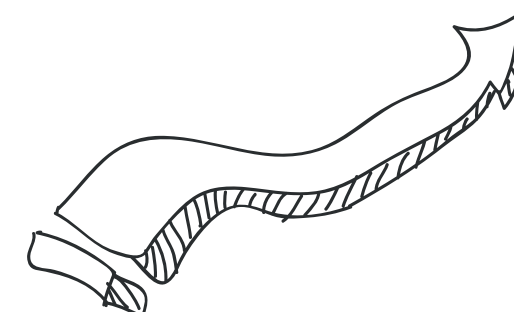
Leaders need to create an organisational culture in which employees feel safe admitting or reporting on failure. They need to accept that failure is inevitable in today's fast moving complex work environment.

"I believe in creating an environment where failure isn't something to be feared but rather celebrated. It's through our mistakes that we learn and grow and, as a leader, I make it a point to set this example for my team. I openly share my own failures and mistakes, and we even have a special section called 'When Sh*t hits the fan' in our monthly meetings where we discuss what went wrong and how we can improve.

By embracing failure as a learning opportunity, we create a culture of innovation and experimentation. We encourage our team to take risks and try new things, knowing that it's okay to fail sometimes. This creates an exciting environment where everyone feels empowered to contribute their best ideas and take bold action.

Ultimately, this approach leads to a team that's not only resilient and adaptable but also focused on continuous improvement. We celebrate our successes, but we don't shy away from our failures. Because we know that every failure brings us one step closer to making the world a healthier place."

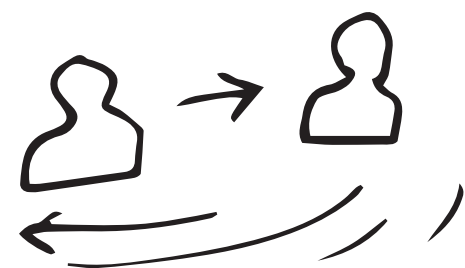
Christopher Silverwood, International Head of Media, Real Chemistry, UK



IN CONCLUSION

Nobody sets out to fail - unless an individual or group purposefully chooses to violate a specified process or practice. Today's world is changing so fast that one needs to constantly measure, test, adapt and learn - otherwise the targets for your programme or campaign might have changed or their expectations morphed many times as you wait for your budget to be approved, suppliers to go through compliance or copy to be approved.

And if it does go wrong, in total or in part, evaluate in a structured way, in a blameless environment, why that was and learn the lessons for yourself and your organisation.



"To be an effective leader you need to be authentic. That means showing some humility and demonstrating that you're not infallible - showing that you're willing to take risks to push the business forward which don't always pay off. The organisations which create an open environment from the top down which allows teams to experiment, push boundaries and fail on occasions, are often the ones which ultimately succeed and are known as innovators in their space. To create such an environment, leaders should foster a 'no egos' culture within their teams and encourage junior colleagues to shadow senior leaders to learn from their failures as well as successes."

Nick Murphy, Communications Lead,
Sanofi UK & Ireland

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- Audience
- Scientific story

Integrate

- Impact
- Rapid interpretation
- Memorability
- Accessibility

Amplify & Activate

- The emotional connection
- Apply illustrative style
- Animate content

- Deliver immersive experiences
- Layer in user-driven data views
- Develop real-time data updates

Power up with AI

- Customise visual style
- Localise
- Personalise

- Deliver insights from visualisations
- Identify data points that drive narrative
- Develop live data updates
- Supercharge dashboards

For more details, click here to watch the webinar.

IGNITING WORKING-CLASS REPRESENTATION IN HEALTHCARE ADVERTISING

EMMA MARIE LEA //
SENIOR PLANNER, VCCP HEALTH

How often do the experiences of working-class people influence creative campaigns for your healthcare brand or client?

Probably not that often. The working-class are often overlooked in DEI (diversity, equity and inclusion) efforts or worse, stereotypically portrayed in healthcare communications. Yet, for someone like me, their representation is a top priority in campaign development.

Before we move on, though, what even is “working-class”? The dictionary definition may simplify it as a socioeconomic term used to describe people employed in low-paid, low-skilled manual labour. But, in reality, it is far more complex and ever-evolving, so it’s essential to consider class as having three core aspects: social, cultural and economic. For example, I am no longer considered economically working-class, yet I still identify with many of the social and cultural traits of the working-class community

I grew up in a Leicestershire town called Coalville (coal town, you cannot get more working-class, and no, I am not making this up). As a child, our struggles weren’t apparent, but as I reflect on this now, I see the strain on my parents. Maybe we were eligible for free school meals after all, but Dad’s pride wouldn’t allow that. Cucumber sandwiches and a flask of squash every day it was then.

I was lucky to enjoy a tuition fee-free university education at the Labour Party’s peak. But I still needed to max out the student loan to get by (which I finally paid off this year). The debt lasted throughout my 20s, which meant skipping lots of nights out or facing the anxiety of splitting the bill. My university

education didn’t shield me from discrimination in the advertising agency world either, courtesy of my unmistakable working-class Midlands accent.

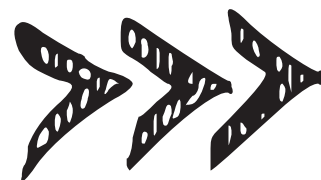
I’m not alone. It’s a running joke that Adland is dominated by middle-class culture, and according to the latest Advertising Association All In Census, **only 20% of the workforce is from a working-class background compared to 40% of the UK population.**¹ This likely extends into healthcare brands and agencies too, because it certainly applies to our HCP customers. Another study found that only 6% of doctors are from working-class backgrounds.²

Do you not think this should be a cause for concern for our industry? How can we create meaningful healthcare campaigns and communications, if we under represent the people we serve?

Whilst on paper working-class people in the UK technically make up 40% of your audience, the reality is that there’s an inherent need to speak to the working-class more about health. Health disparities amongst the social classes are widely documented. From the adverse effects on many aspects of health (including life expectancy, healthy life expectancy, infant mortality, cancer and chronic disease outcomes, and pregnancy complications) to reduced access to care, along with higher rates of detrimental health factors such as smoking, obesity, poor diet, and drug misuse.³

The literature will tell you statistics like:

“On average, a 60-year-old woman in the poorest area of England, has a diagnosed illness equivalent to that of a 76-year-old woman in the wealthiest area. She will spend more than half (43.6 years) of her life in ill health compared with 46% (41 years) for a woman in the wealthiest areas⁴.”



Or you’ll be given a few generalised challenges that working-class people face in healthcare; language barriers, limited health literacy, institutional barriers, wait times, etc.

Yet, these statistics don’t capture the human truths of the challenges faced by the working-class in healthcare.

At age 11, I lost my dad to a rare form of leukaemia. His work as a miner put his health at a considerable amount of risk. Too much. I vividly remember his final days and my mum’s struggle to communicate her concerns to our family GP. His complex diagnosis left us without guidance and we coped alone. Today my mum faces health issues common among the working-class, like heart conditions and physical pain from her labour-intensive job, with little motivation to improve her overall health.

These experiences (not mere statistics), get to the heart of the matter and serve as the source for a more compassionate, authentic and effective approach to creativity in healthcare communications.

So, where do you start when it comes to building working-class representation in healthcare campaigns?

Here are some actionable ideas:

01

START WITH YOUR WORKFORCE

Is your agency or company actively recruiting people from working-class communities and do you even know how to reach them?

Working with an organisation like Commercial Break could be a good starting point. It’s a business focused on increasing working-class representation in the creative and marketing industries. And they can help your business find, train and mentor working class talent.

<https://www.commercialbreak.org.uk/>

02

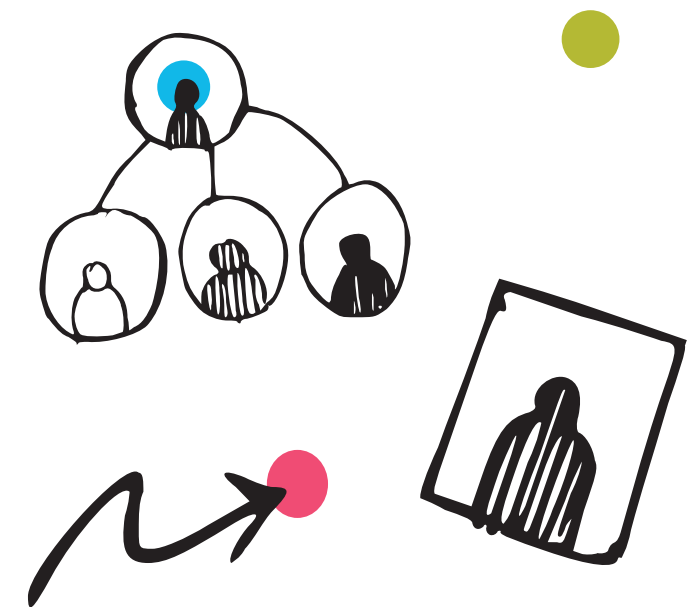


ENSURE DEI POLICIES ARE INCLUSIVE FOR WORKING- CLASS EMPLOYEES

You need to do more than put boots on the ground. You need to ensure that your working-class people feel like they belong in your organisation. It’s not as straightforward as it sounds. Accents, clothing, after-work drinks, client entertainment (and more) can all be a source of anxiety and stigma for common people like me.

To get to grips with the in-role experiences of working-class individuals and for advice on how you can create an inclusive environment, I would recommend taking a look at Common People. It’s a network of people in the creative industries who just happen to be from working-class backgrounds. Its mission is to make common people more common in the creative industries and instil a sense of pride and ownership in coming from a different class.

<https://www.commonpeoplelike.me/>



ADDRESSING INEQUALITIES IN WOMEN'S HEALTH THROUGH INNOVATIVE COMMUNICATIONS

CATHERINE
DEVANEY //

FOUNDER, CURIOUS
HEALTH AND CO-CHAIR
OF THE COMMUNIQUÉ
AWARDS

Let's all say it together: women's health is not just about 'women's bits'.

Ignored, dismissed, patronised... even lied to. Get a group of women together and there is a lot to say about their experiences of healthcare. Often this relates to menstruation, menopause and gynaecological conditions. However, the issue of inequity in women's health goes far beyond conditions specific to women, to every aspect of healthcare. Women of colour, those living in areas of deprivation or assigned a different gender at birth experience even greater levels of inequity.

WHERE DOES THE PROBLEM LIE?

It starts with the basis of our knowledge and decision making in healthcare – clinical trials. The issue here is two-fold: women have historically not been well-represented in studies and results are often not analysed by gender. This means we don't fully understand how drugs work in women. This could be short-changing both men and women.

There are also disparities in diagnosis, for example:

- Women have a **50 per cent higher chance than men** of receiving the **wrong initial diagnosis** following a heart attack, according to a study partially-funded by the British Heart Foundation¹
- Women have been found to **experience a longer amount of time** between symptom onset and cancer diagnosis than men²
- Roche Diagnostics and the charity Pumping Marvellous found that **women wait five times longer than men** for a heart failure diagnosis³

As healthcare professionals and policy makers don't fully understand, and even dismiss health issues as experienced by women, the information gap is often filled by content on the internet. Dr Frances Yarlett is the Medical Director at The Lowdown, a women's health research platform that provides credible, scientific information alongside reviews from women. She says: 'Where there is a lack of understanding and research, something needs to fill this gap. And this is where misinformation online and on social media can thrive. If there is no credible place to debunk misinformation, the myths start to take over.'

Addressing disparities in women's health requires more than changes in policy and clinical research strategies – it demands innovation and creativity in how we convey information and inspire action. In this article we explore how progressive and innovative communication strategies can play a pivotal role in bridging gaps and advocating for better health outcomes for women worldwide.

CO-CREATE WITH YOUR AUDIENCE

As healthcare communicators we have the privilege and responsibility to share the experiences of people with health issues. Impactful campaigns don't just use these experiences to build an insight for a creative platform. These real stories are woven into content in different ways – video, animation, artwork – this is well established best practice.

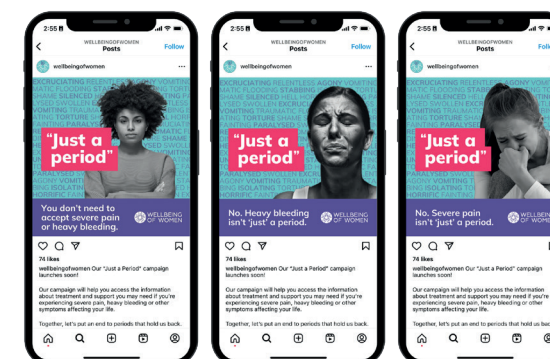
Finalists in the charity campaign category at the 2024 Communiqué Awards and winner of Best Charity Film at the 2024 Charity Film Awards, Wellbeing of Women worked with Lark on an empowering campaign to tackle period stigma and help women get the care they need. Millions of women experience severe period pain or heavy bleeding, but many are dismissed and told it's 'just' their period. They developed the majority of campaign visuals using input from Wellbeing of Women's online community.

'We wanted as many women and girls as possible to see themselves, and their experiences, reflected in this campaign', says Paul Allen, director at Lark.

'The campaign name "Just a Period" was a phrase we knew many women had heard from their GPs. The campaign visual identity features a 'word wall', articulating the intense emotional and physical pain of a severe period. A social call-out asked followers to describe their period in one word, and we had incredible responses. We then tested different routes with the charity's supporters, and their feedback helped us develop the final campaign.'

It was also essential that the women who featured in our campaign film represented a range of ages, backgrounds and conditions, and we were able to show diverse experiences of living with endometriosis, adenomyosis, fibroids and polycystic ovary syndrome (PCOS). I believe much of this campaign's success is down to the honesty that guided the creative execution. This wasn't about embellishing a story – it was about giving a voice to women who'd been fighting to be heard.'

Progressive campaigns are now going one step further to very genuinely co-create with the audience. Given that women's individual experiences are often dismissed or belittled, this approach has a very important place in women's health. It enables women to represent their experiences and own their narrative. This is particularly important in subjects that carry a stigma, such as periods, or are considered taboo by many.



TACKLE TABOOS TO REDUCE THE KNOWLEDGE VACUUM

Canesten®'s **'The Truth Undressed'** is an education platform based on the belief that before getting into other educational areas around relationships and sexual health, young women and girls have the right to understand their bodies – without shame, stigma, or speculation. Hopefully you've just clicked on the link to the campaign and are imagining the discussions that must have been had with the approvals team. Brave, isn't it?



In collaboration with the Personal, Social, Health, and Economic (PSHE) Association, teaching materials were developed with the mission to help educate young people with vulvas about their bodies and help reduce the shame and discomfort surrounding intimate health. A dedicated microsite and social media campaign was also developed by Canesten to broaden access to the information. Demystifying vulval and vaginal health by delivering information in a way that resonates with Gen Z and Gen Alpha.

'For too long, the story of female health and anatomy has been told against a backdrop of what we see as a society – immediately rendering it as hypersexual and explicit or as a source of shame. These narratives have continued to be driven by social media, dictating what is "acceptable", "perfect", "normal" when it comes to vulvas – but we know that these representations certainly aren't reality. Instead of allowing shame and sexualisation to write the story, we wanted to put the power back into the hands of people and get real about them.' said Daria Costantini, Marketing Lead for Canesten at Bayer Consumer Health.



"Unseen Unheard shot the experiences of Black women with breast cancer into the stratosphere. Important people are now asking what they can do to help? How they can do things differently? More people are now reaching out to me, and more doors are opening. We now have seats at tables that previously wouldn't have been available to us."

Leanne Pero MBE,
Founder, Black Women Rising.
Credit: Black Women Rising

Unseen Unheard is a collaboration between Black Women Rising, Theatre Peckham, Gilead Sciences and Mearns & Pike designed to ignite a conversation about cancer inequalities. The vehicle to achieve this was a powerful and disruptive play, commissioned and funded by Gilead Sciences. Black women diagnosed with breast cancer have been found to have poorer survival than white women. Black women do not feel seen or heard when compared to white women facing the same life-changing cancer diagnosis and have poorer survival rates.

Unseen Unheard ran to a packed-out, community theatre in Peckham over six nights. The play has been a catalyst to change the Black women breast cancer experience.

The work has been recognised at the Communiqué Awards 2024 as winners in four categories including the Progress Award. You can see more examples of finalist's work at communiqueawards.com/results/communique-awards-2024-results/.

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LET'S GET THIS SORTED

We've seen that work is being delivered that tackles the issue that affects a whopping half of the world's global population. I'm sure we all feel impatient to do more, particularly for women who aren't able to access information, resources, diagnosis, and treatment due to inequities beyond gender.

I know I'm going to use these examples of impressive, innovative work to inspire my own approach to communications. Healthcare communications remains an industry which is female dominated. We need to do what we do best: use our smarts, bravery, resilience and contacts to get 'stuff' done.



USE INNOVATION TO ENGAGE WOMEN WHOSE VOICES NEED TO BE HEARD

Innovation is not always about the 'how'. Many people within the industry are now committed to working harder to reach underserved populations. Much needed progress is being made in the way we approach finding and engaging audiences that we've previously—unhelpfully—described as 'hard to reach'.

Laura Chambers, Mearns & Pike, expands on this. *'When people think "innovation" in 2024 it can be tempting to focus along the lines of tech and whilst developments in this area are no doubt exciting and important, innovation can also be defined by simply doing things differently to engage an underserved community. That's what we did with Unseen Unheard – the innovation was about truly connecting with what Black women with breast cancer were thinking, feeling, and experiencing and quite literally putting a theatrical spotlight on it. Nobody had done that before and the progress that has been made since the play was first performed last year demonstrates that this new way of thinking has paid off.'*

CASE STUDY: INNOVATIVE PLATFORMS EMPOWER PATIENTS ON FAMILY BUILDING JOURNEYS

BHAVIN VAID //
INDEPENDENT
CONSULTANT

“ Creating a culture that embraces innovation and creativity was a key finding of the Cannes or Canned? report, the HCA’s initiative to increase creativity and innovation in healthcare and scientific communications. As one of the seven founding UK and global pharma industry communications leaders who inputted into this groundbreaking report, the Innovation Uncovered editorial team asked me to share my thoughts on what the results of this cultural mindset could look like in real life. I am pleased to share an example from my company, Ferring, on how championing this cultural mindset from within helped us to engage much better with and empower our patient community. ”

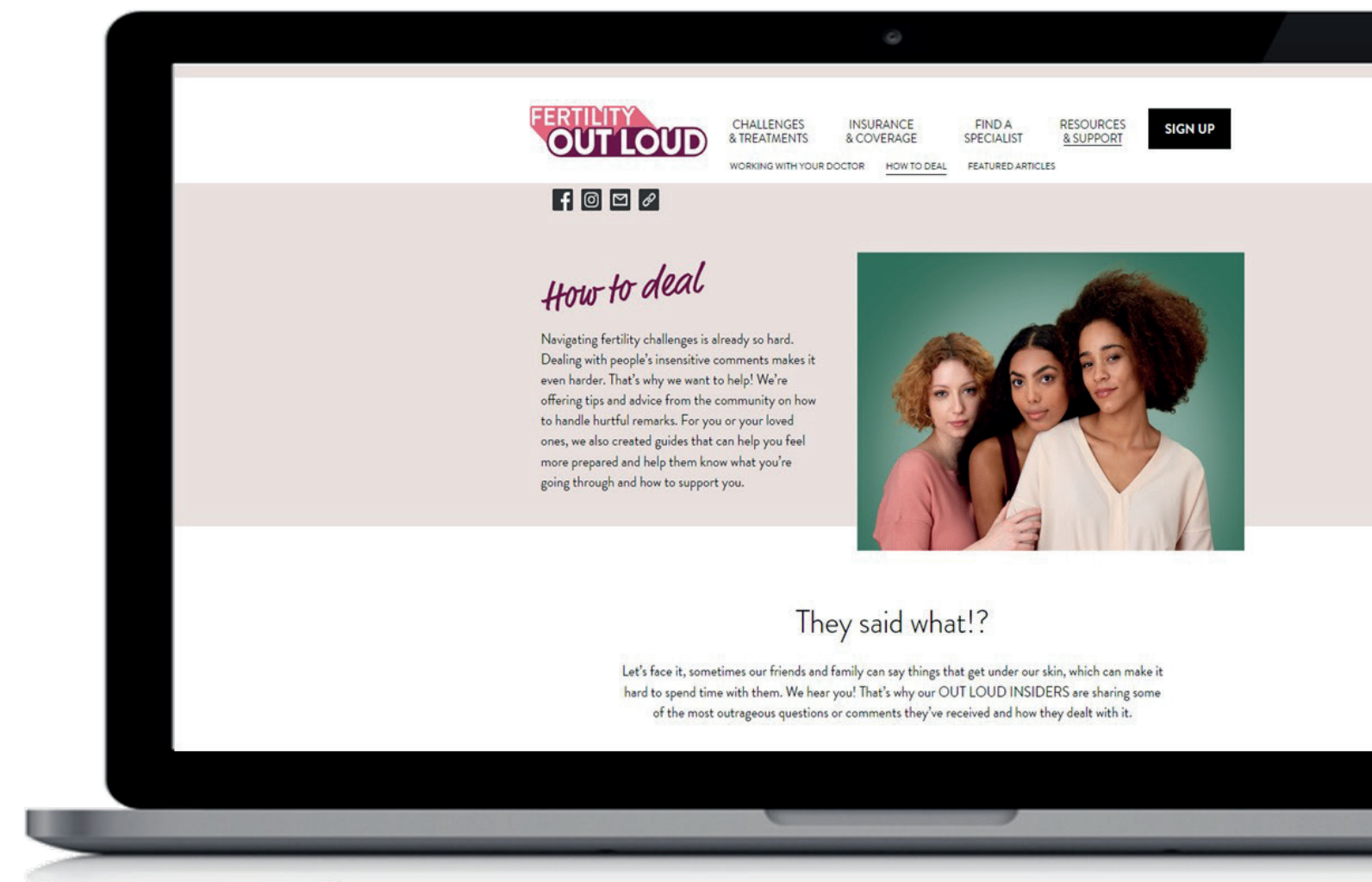


EMPOWERING PATIENTS FACING BARRIERS TO TREATMENT

As a leader in reproductive medicine and maternal health, Ferring is committed to improving the patient experience, providing innovative products and ensuring that those looking to build a family have the information they need to understand their fertility treatment options. Offering educational tools to empower patients on their journeys and addressing the needs of the patient community remains central to Ferring’s dedication in the field.

Infertility impacts one in six women and couples globally.¹ Despite advancements in assisted reproductive technologies, many never seek treatment. This is not only due to access and cost concerns, but also the emotional burden faced by patients, the stigma and a lack of knowledge paired with common myths about the disease.

In the United States, Ferring’s Reproductive Medicine and Maternal Health team identified a gap in the information, and the team supports resources available to people with family-building challenges and developed a strategy to meet the fertility community’s needs through patient-driven platforms.



With the goal of helping patients overcome barriers to care, Ferring's ongoing commitment continued with understanding the patients' unique perspectives. The questions, 'What causes patients to hesitate when seeking treatment?' and, 'What would help them to navigate their individual journeys and empower them along the way?' were pertinent in building platforms specific to their experiences.

With the goal of helping patients overcome barriers to care, Ferring's ongoing commitment continued with understanding their unique perspectives. The questions, what causes patients to hesitate when seeking treatment? and, what would help them to navigate their individual journeys and empower them along the way? were pertinent in building platforms specific to their experiences.

CREATING PATIENT-DRIVEN PLATFORMS

Ferring recognized that answering questions about the infertility community's needs and concerns would start (and continue to evolve with) strong patient partnerships. To build programming that aligned with patient needs, Ferring partnered with patient advocates who have proven to be a key factor in the launch and sustained success of Ferring's **Fertility Out Loud** platform.

Launched in 2021, Fertility Out Loud is a platform and social community that provides resources and information for those struggling to start or grow their families. Ferring's close partnerships with the patient community and RESOLVE: The National Infertility Association, were the foundation for bringing the platform to life and garnering broadscale attention through multiple channels, including:

- A new website to serve as a hub of information for the community with resources for infertility challenges and treatments, insurance and coverage information, finding a specialist and more.
- Social communities on Instagram, Facebook and YouTube.
- Collaborations with several patient influencers willing to be 'out loud' about their infertility experience, guiding their audiences to resources provided by the platform.
- Broad-scale media attention driven by a vocal, A-list celebrity with personal infertility experience.



Proximity-based interaction replicates real-world encounters (image used with permission of www.gather.town)

WHY OMNICHANNEL HAS THE POWER TO CONNECT EXPERIENCES IN HEALTHCARE

JULIE O'DONNELL // GLOBAL HEAD OF DIGITAL, EVOKE KYNE

The number of devices, platforms, and channels where people access information grows by the day – in fact, the number of internet-connected devices is expected to double by 2030¹. Organisations must consider a variety of audience touchpoints that will be available to engage with their audiences in the future. Engaging on one channel alone or on multiple without an orchestrated effort, unified voice, solid storytelling, and customer service approach will not make a significant impact – especially in a complex field like healthcare. Both from a patient and healthcare provider (HCP) perspective, there is too much competition for brain space – the likelihood of reaching and activating your audiences is very limited, if not impossible.

THE POWER OF COHESIVE BRAND EXPERIENCES

Omnichannel is the solution – an insight driven approach, putting the customer at the centre and mapping the optimal channel (an ever-growing list includes website, social media, emails, television, radio, e-commerce, chatbots/live chats, mobile apps, physical locations or online stores, in-office sales) and content mix to reach and engage them – providing a seamless experience as they engage with you on- or off-line, across and between channels to capture and sustain attention, and support them in the treatment journey.

This approach requires breaking the traditional mindset of silos and developing campaigns that capture audience attention through a continuous experience in their on-line and physical lives. Where previously organisations may have had their marketing, sales and support team all working in different streams and with different goals, omnichannel strategy requires them to think of holistic solutions.

¹<https://www.statista.com/statistics/1183457/iot-connected-devices-worldwide/>

X2
Internet-connected
devices is expected to
DOUBLE BY 2030

OMNICHANNEL NOW AND BEYOND

Omnichannel may sound new, or like today's latest buzzword, but at its core, it's truly the perfect partnership of the fundamental principles of great marketing and communications – timeless secrets of success. Devices, platforms, and channels will continually evolve, while critical elements of omnichannel will not:

01

DATA SHAPES THE STORY.

Most healthcare organisations have loads of data available from web searches, social media listening, and advisory board feedback to patient advocacy group input, all of which should be used to inform strategy. What's most important is to identify the "must win" moments in the primary audience's journey and build from there.

02

GIVE THE AUDIENCE WHAT THEY WANT.

Start by looking at the intersection of what your audience needs and what your brand wants to say. Are you speaking to the audience at a level where they begin to feel connected to your messages? This should be your guiding star when shaping content strategy.

03

CONNECT THROUGH STORYTELLING.

Put yourself in the audience's shoes. Do you want to continue hearing about an organisation's objectives? Communication is not about pushing your message until you cannot anymore – it's about making people feel connected, seen and heard, listening, and breaking down barriers they may face in their journey, each step of the way.

04

TAP INTO ALL CONTENT TYPES.

Multimedia is a brand's best friend. Think strategically about the types of content you have or will need for your efforts – and ensure you can tailor them across channels with minimal additional effort and investment.

05

INTEGRATE PERSONALISATION AND INCLUSIVITY.

Omnichannel brand experiences shouldn't interrupt – but rather provide solutions that simplify and/or improve your audience's ability to achieve their goals. What's critical is understanding your audience's varying levels of comfort with, and access to, certain digital channels and building a plan that takes these insights into consideration.

BENEFITS MAKE UP FOR REQUIRED TIME AND EFFORT

Establishing an omnichannel campaign is not always easy. It requires deep strategic thinking, time and tenacity to unite internal stakeholders and the constant attention and energy to move the campaign from concept to execution to measurement and evaluation. But the potential payoff is significant. Organisations utilising omnichannel strategies are likely to benefit from a 5-10% higher year-over-year satisfaction and HCP experience¹ and a 5-10% growth.² This is because the audience learns to expect and appreciate a cohesive and dependable experience with your brand – whether it's a biopharmaceutical company, vaccine or treatment, advocacy group, private practice, or hospital network. They begin to turn to your brand as a trusted resource and guide for the specific challenges you have shown you can help them with.

An additional benefit – if done well – is the ability to gain new audience insights and utilise the learnings to adjust your campaign in real-time as well as for future planning purposes. With even greater pressure to show results quickly and even tighter budgets, omnichannel communication strategies provide the opportunity to unite efforts across various teams, finding efficiencies in shared goals while making greater impact on their most important relationships – patients and HCPs.

McKinsey & Company. (2021). *The Internet of Things: Catching up to an accelerating opportunity (Final)*. Retrieved from <https://protect-us.mimecast.com/s/5BheCYEN8DlkO2OJF0x9Ht?domain=mckinsey.com>

McKinsey & Company. (2021). *How Medtechs Can Meet Industry Demand for Omnichannel Engagement*. Retrieved from <https://www.mckinsey.com/industries/lifescience/our-insights/how-medtechs-can-meet-industry-demand-for-omnichannel-engagement>



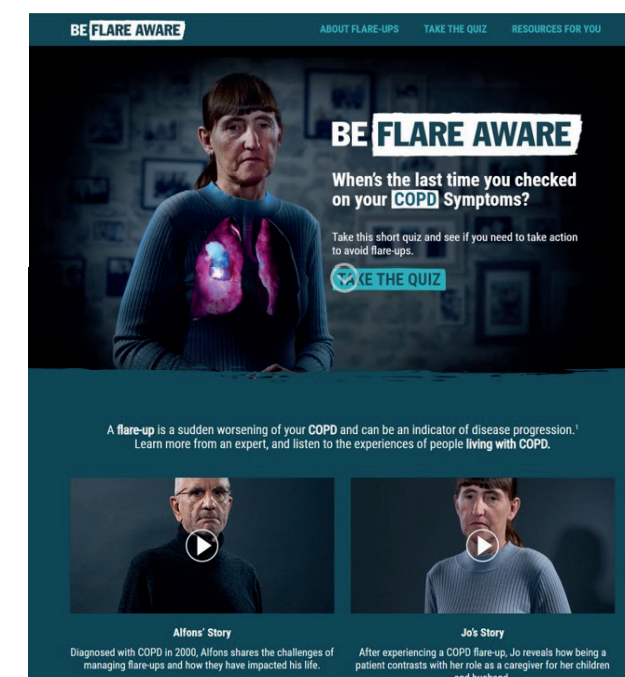
CASE STUDY: HOW OMNICHANNEL IS DRIVING BETTER COPD HEALTH OUTCOMES

JULIE O'DONNELL //
GLOBAL HEAD OF
DIGITAL, EVOKE KYNE

“ Chronic obstructive pulmonary disease (COPD) is a growing cause of morbidity, disability, and mortality worldwide. It's estimated that nearly 400M people globally between the ages of 30-79 are living with COPD, and with an ageing population, this figure continues to grow. People living with COPD are prone to exacerbations, or flare-ups, which can cause permanent, irreversible lung damage, accelerating disease progression and even death. Despite their long-term impact, flare-ups are often under-recognised, under-reported, and under-treated. ”

Campaign research – including the analysis of social media conversations, patient interviews, healthcare provider (HCP) survey inputs, discussions with patient advocacy groups and engagement of an external HCP steering committee – showed that:

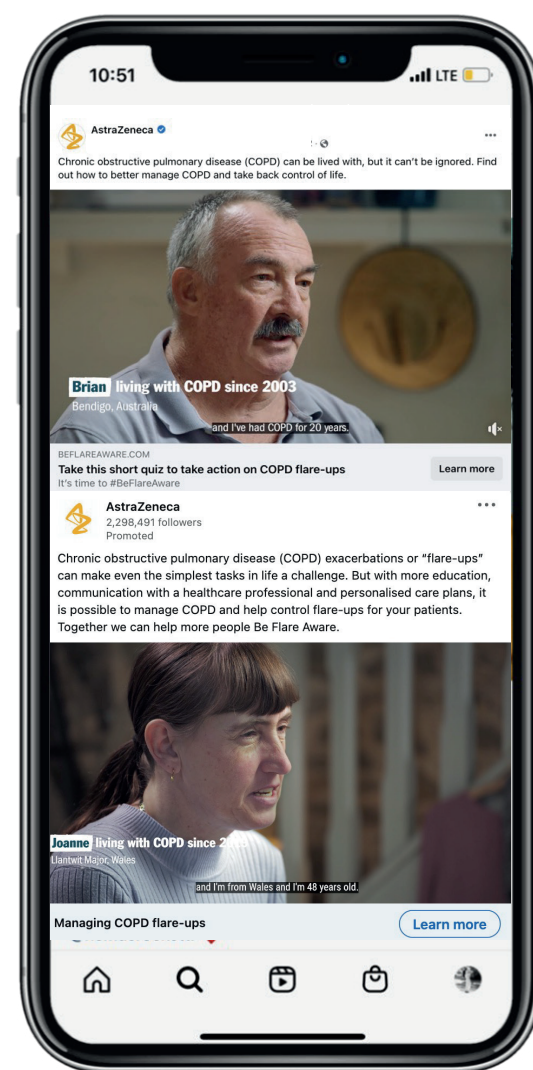
- Many patients were disengaged with their condition and had limited understanding of the long-term impacts of flare-ups;
- The term 'exacerbations' wasn't commonly understood by patients and therefore using 'flare-up' would be much clearer.



As a result, a patient-facing campaign was developed to equip people with COPD and their carers with the tools needed to recognise the symptoms of flare-ups and help instil a greater sense of urgency in reporting and addressing them.

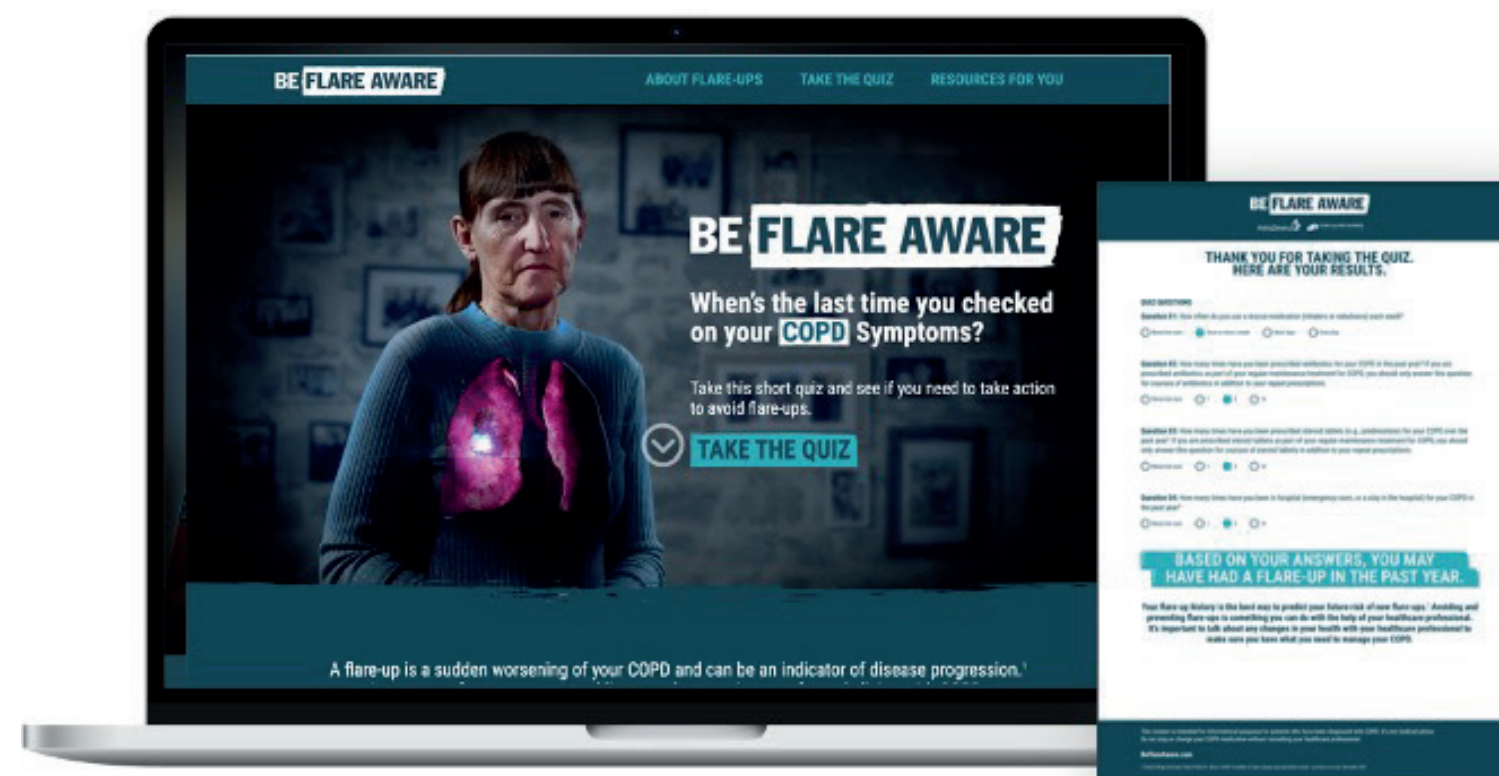
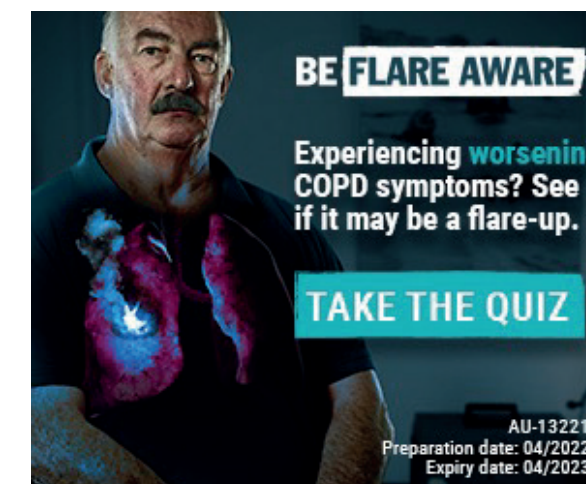
An omnichannel communications approach was deployed to disseminate all content and maximise campaign reach and impact through:

- Personalised campaign microsite using tested creative to evoke emotion and action with customised experiences;
- Global digital advertising campaign to amplify messaging, including search engine advertisements aimed at patients and carers, and YouTube advertising of patient educational videos;
- Pharmacist educational and printed materials for local market utilisation;
- Affiliate toolkit with guidance and templates for omnichannel activation, including for local radio, out of home and display advertisements;
- Advocacy group partnerships to help extend content to patient networks, including the development of tailored and translated social media toolkits in seven languages for additional global coverage.



Proximity-based interaction replicates real-world encounters (image used with permission of www.gather.town)

All content and materials purposely elevated the campaign's simple and singular call-to-action: to initiate a conversation with their HCP on how to better manage their COPD as part of their overall health and wellbeing. Preliminary results showed the campaign consistently outperformed pre-determined KPIs across the spectrum of its omnichannel approach. Perhaps the most promising of all is that as a direct result of engagement with the campaign, we have started to see patients signalling their desire to explore conversations about their flare-ups and schedule appointments with their HCPs – meaning that we are driving true behaviour change.





IN CONVERSATION WITH...

This issue, we sat down with **Simon Stebbing**, head of advertising and innovation at Ogilvy Health UK, to talk about his career and the evolving role of innovation in pharma industry communications.

What does the word innovation mean to you?

For me, innovation is about continual improvement, driving greater efficiency of effectiveness, ideally using technology as an enabler. I don't want that to sound like a collection of buzzwords, but I would like to be cognisant of the fact that not all innovations need to be huge leaps but rather do something better than it has been done before. Additionally, in my professional role I can see that digital technologies still need to be embraced and better utilised to achieve these goals.

Is agency understanding of innovation different to that of pharma's?

I think that depends on the agency and the pharma company to be fair. Some agencies look at entire business problems and others just look at marketing and communications. In the same way, some pharma companies look at innovation across new product development, clinical trials and marketing, whilst others less so. So, dependent on where you are on that spectrum, the understanding can differ. Also, I feel that many agencies want to push for more innovative communications solutions based on the insight and audience needs, whilst a lot of pharma are restricted by the technology and legacy systems they have in place. So, it may be less of a different understanding but more of a difference in capability.

How does innovation in health communications differ to innovation in other industries?

Many may talk about the compliance restrictions that are in place for pharma, but I think that is a misdirection – alcohol and banking industries are not too dissimilar in this sense. However, as we are dealing with people's wellbeing more directly, there is definitely more of a conservatism or reservedness within the healthcare industry. To that effect, there is a definite need for health communications to be more customer-centric and add value, rather than having a more spurious effect as it can be elsewhere. In other industries you sometimes see innovation used as a tool to create "cut-through", noise or impact, whereas in health there is a need to drive a true behaviour change, and more often than not this change must be measurable and provable.

How did you get your 'innovation' job role?

A good question. I have been saying for years that I know nothing about pharma despite working with the industry for more than 12 years, but in the essence of that sentence is where I think my value and the role lies. I am not wrapped up in pharma and have no scientific academic background. Consequently, I am more engrossed in technology, external influences and non-health marketing. Taking that interest, experience and learning and applying it to my company and clients' businesses allows me to innovate.

From a career point of view, I had previously worked in sports marketing and non-pharma communications and marketing agencies on many blue-chip brands. Within Ogilvy, I was part of a joint venture between the health division and the digital activation arm. This led to those of us from the non-pharma side having to bring digital, technology and more innovative consumer advances into the mix. That was where the more innovative thinking and application of industry-external influences came from.

What inspires you in your job?

Change. If everything stays the same, I feel that we are doing an injustice to society, ourselves, clients, patients and so on. I am always looking at how and where we can improve, enhance and drive change not just with our clients, their businesses, brands and patients but also within our own business. Surely, we need to add value, and adding value means something needs to change.

Who do you think are world leaders in innovation (individuals) and why?

Astro Teller - the CEO of Moonshots at Google X was always someone who stood out for me. The initiatives around delivery drones, Google Glass and Loon were inspirational, in particular that permission to challenge the status quo but also be brave enough to know when to quit or start again irrespective of the time and investment to date. Too often we innovate with small and gradual evolution whilst Moonshots sets a precedent of dreaming big and making it reality.

Do you think innovation as a topic is being taken more seriously by the pharma industry?

I think it is being talked about more, but I am not sure if it is genuinely being taken more seriously. There are definitely pockets of innovation occurring, but too many companies are doing it at a slow and small pace. Don't get me wrong, this is still innovating, but genuine innovation does not happen at a moment in time; it is a behaviour that needs to be adopted and in play continuously. I think many companies need to adopt a longer-term vision, alongside which more regular and often greater innovation can take place.

What are the main impediments to innovation in healthcare communications?

I think there are few things in play here, and they definitely differ across companies, but the main examples we see are the capability of the technology and the related knowledge within companies; situations where the company vision is not directive enough to empower those within the organisation to make braver decisions, to explore and to fail; success being measured on sales alone; and too often agencies don't take their clients on the innovation journey, when they could be improving understanding through education and support. Rarely, in reality, are innovative communication strategies impeded by medical, legal or regulatory teams or even budget. These are familiar components of working in a restrictive industry and can actually provide support or shape the output.

How do you think innovation and creativity are related?

Creativity is needed to come up with the ideas to solve our clients' challenges, and more often than not innovation can help solve those challenges. Saying that, innovation can be the application of technology

or any other solution to effect change and could be interpreted as creative. I think the two are fairly interlinked.

What have been the biggest changes you have seen since you joined the industry?

The pharma industry has started to bring in external people from other sectors, which is essential to progress. A greater focus on healthcare professional and patient data is improving the way we can understand our audiences and tailor personalised solutions for them. Additionally, the likes of YouTube, Google and Amazon (albeit they have their faults) have set the standard for other industries to treat audiences as people and not just as customers.

How would you encourage younger people in this industry to inspire innovation?

First, explore and be exposed to other industries. Don't accept that it is how it is – if we always do what we always did, we will always get what we always got. Think about what technology or changes would make you, your clients, their services or your colleagues redundant through a solution which is more effective, efficient or desirable. And, finally, we should challenge ourselves to think beyond the legacy infrastructure to which we and our clients are tied. Break it and rebuild.