

THE HEART TRUTH CAMPAIGN: A COMMUNICATION AUDIT

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## ABSTRACT

HELEN ALLRICH: The Heart Truth Campaign: A Communication Audit

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To understand how organizations spread campaign messages, which directly relates to the theory of agenda building, a communication audit of the Heart Truth campaign and its Red Dress symbol was conducted. Through document analysis of campaign materials and interviews with campaign planners, an in-depth examination of the campaign's planning, strategies, tactics, executions, challenges, and successes are presented. Discussion of these elements as well as a SWOT analysis reveals the agenda-building strategies that were most successful for this campaign, which include awareness events, partnership building, grassroots outreach, and media outreach. The campaign audit concludes with a set of recommendations for moving forward with the campaign, and describes how this modern-day campaign is an excellent model of agenda building that other groups can emulate.

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## **CHAPTER I**

### **INTRODUCTION AND BACKGROUND**

Researchers estimate more than 8,000,000 women currently have heart disease. This is the leading cause of death for women in America, with one of every four American women dying of heart disease or approximately 332,000 women each year. Despite this great number only 9% of women ages 45- 64 name heart disease as the disease they fear most, while 61% of women name breast cancer, which claims the life of approximately 41,000 women each year, or one in 30 ([www.nhlbi.gov](http://www.nhlbi.gov)). Additionally, more than 90% of primary care physicians are not aware that heart disease kills more women than men. ([www.americanheart.org](http://www.americanheart.org)).

With the current widespread focus and efforts surrounding women and breast cancer, many cardiovascular organizations are banding together to shift attention to these alarming statistics. One such effort is The Heart Truth campaign, sponsored by the federal government's National Heart Lung and Blood Institute in partnership with the Department of Health and Human Services Office on Women's Health, The American Heart Association, and WomenHeart: the National Coalition for Women with Heart Disease. To better understand how this unique campaign has grabbed the public's attention, a campaign communication audit was conducted. Grounded in the agenda-building theory, which describes how sources influence the agenda set forth by the mass media, this audit focuses specifically on the communication tools and strategies implemented during this campaign aimed at shifting the public's attention to heart disease. The audit provides an understanding

of the Heart Truth campaign story from its beginning in 2002 to the present. The story reveals how it was strategically developed, executed, and measured by the campaign team.

The following section provides in-depth background information about the initiation and execution of the Heart Truth Campaign.

## Background

The federal government was approached by several women's health organizations asking that attention be brought to the alarming statistics about women and heart disease. A 2000 survey conducted by the American Heart Association indicated that only 34% of women knew that heart disease is their number-one killer. In 2001, the federal government took action through the National Heart Lung and Blood Institute (NHLBI). The NHLBI team gathered a group of 70 women's health experts met at the Women's Heart Health Education Initiative to discuss heart disease, how to effectively communicate about it, and the need to develop a national education plan to reduce heart disease and its affect on women. With input from partner organizations and focus groups of women's health groups from around the country, the experts realized the urgent need to inform women about their risk for heart disease. Thus the Heart Truth campaign was launched in September of 2002.

The Heart Truth campaign is a national awareness campaign for women about heart disease. Its stated goal is to "give women a personal and urgent wakeup call about their risk of heart disease" (HeartTruth.gov, see Figure 1). Although the campaign is targeted specifically at women ages 40 to 60, the campaign messages are also important for women of all ages, and specifically for women of color, who are at a higher risk for developing heart disease. The Red Dress symbol, which is seen primarily in the red dress pin, (see Figure 2)

supports the main campaign slogan “Heart Disease Doesn't Care What You Wear—It's the #1 Killer of Women.” The Red Dress and the key messages are used as “red alerts” to inspire women to take care of their heart health.

These key messages are spread through many of the campaign’s communication efforts that bring awareness to this issue. Efforts include special events such as fashion shows, museum exhibits, and National Wear Red Day; special programs such as the Champions program, which gives materials to local health advocates to teach women about heart disease; and downloadable campaign materials such as speaking kits, posters, brochures, fact sheets, and public service announcements for anyone to use in their own communities. One key leader in this campaign is first lady Laura Bush, who is the Heart Truth Ambassador. The first lady became the ambassador on Valentines Day 2003 and has appeared at more than a dozen Heart Truth events to support the campaign, which she says on the Heart Truth Web site is the “federal government’s effort to give women a personal and urgent wake-up call about their risk of heart disease” ([www.nhlbi.nih.gov/health/hearttruth/ambassador/index.htm](http://www.nhlbi.nih.gov/health/hearttruth/ambassador/index.htm), para.1).

To better understand the communication process and strategy implemented during the Heart Truth public awareness campaign, it is necessary to examine theory behind gaining the public’s attention. In the next section, a comprehensive literature review of the agenda-building theory, which focuses on the distribution of information by the media, will provide this link and understanding.

## **CHAPTER II**

### **LITERATURE REVIEW**

This literature review focuses on the theory of agenda building to better explain the goals and tactics implemented during a communication campaign like the Heart Truth campaign. The review covers the history of this theory, models created to influence the public agenda, information subsidies, information sources, and the relationship between the news media and those attempting to influence the news agenda.

#### History of Agendas

To fully understand the origin of agenda building, it is important to understand the terms “agenda” and “agenda setting.” Additionally, this section explores the theory’s original roots in political science. The first political researchers to work with the concept of agenda were Cobb and Elder (1971), who were interested in the origins of public policy issues and how they affected government bodies. The researchers understood the term agenda “to denote a set of concrete items scheduled for active and serious consideration by a particular institutional decision-making body” (p. 905-906). The researchers revealed two types of political agendas: (1) the systemic agenda, which, in simple terms, refers to the public’s agendas; and (2) the institutional agenda, which refers to the agenda of decision-makers, specifically the government. The researchers then looked at how people build these agendas:

The agenda-building perspective, however, alerts us to the importance of the environing social processes in determining what occurs at the decision-making

stage and what types of policy outcomes will be produced.... The agenda-building perspective further assumes an inextricable and mutually interdependent relation between the concerns generated in the social environment and the vitality of the governmental process. (p. 911)

In 1972, journalism scholars McCombs and Shaw, building on Cobb and Elder's 1971 concepts, conducted the first extensive study of agenda-setting theory, which examined how "the press interacts with other institutions in society to create issues of public concern" (Weaver & Elliott, 1985, p. 88). Similarly, Pincus et al. (1993) provided context for agenda setting, writing, "in the U.S. the mass media generally determine which issues will be discussed, and by their positioning of those issues, the media influence the public's perception of their relative importance" (p. 43).

Agenda-setting theory, which looks at how issues are chosen and presented by the press, has been widely studied by researchers (Brewer & McCombs, 1996; Cobb & Elder, 1976; Cobb et al., 1976; McCombs & Shaw, 1972; Pincus et al., 1993; Sallot and Johnson, 2006; Sheaffer & Weimann, 2005; Soroka, 2002). Brewer and McCombs (1996) found that the agenda set by a Texas newspaper during a year-long strategic campaign for children's issues directly affected the agenda of the local government, which increased funding for children's programs the following fiscal year. Although the study revealed how the media can set the public agenda, the researchers wrote, "declaring an agenda is only the initial step in stimulating public opinion and public action. It's through continuing, day-by-day presentation of the topics on the agenda that newspapers come to influence the course of subsequent public thinking and action" (p. 8).

Researchers agree that the news media play an active agenda-setting role. Weaver and Elliott (1985) added complexity to this understanding when they found that the media are not always acting alone. While studying the influence of city council meetings on the local

media, the researchers found that the news media play two key roles: a “filter” role and a “transmitter” role (p. 91). The “filter” role describes how the media actively filter and shape reality when setting the public agenda, while the “transmitter” role describes how the media reflect what has been set for them. With the addition of the “transmitter” role, Weaver and Elliott conclude that “it is not quite accurate to speak of the press setting agendas if it is mainly passing on priorities set by other actors and institutions in the society” (p. 87). This emphasis on the source-media relationship, which focuses on how institutions interact with the media, is known as agenda building.

### Agenda building

Agenda-building theory goes beyond how agendas are presented to the public. Instead this theory focuses on how these agendas are conceived and what influences certain groups have on setting the agenda for mainly the news media, but also for other groups such as the public. (Weaver & Elliott, 1985). The theory has been studied extensively by researchers.

In 1976 Cobb et al., looking at agenda-building in a political context, defined it as “the process by which demands of various groups in the population are translated into items vying for the serious attention of public officials can appropriately be called agenda building” (p. 126). Curtin (1999), who looked at agenda-building from a media perspective, wrote that communicators who can place their messages with the media can “influence the media agenda, which in turn can influence public opinion and the public agenda – a process that has come to be known as agenda building” (p. 54).

## Models for Agenda Building

Researchers have offered a variety of methods and tactics for effective agenda building (Cobb & Elder, 1971; Cobb et al., 1976; Madison, 2000; Zoch & Molleda, 2006). For example, Pincus et al. (1993) found that public relations practitioners practice a “more sophisticated strategy and issues-driven brand of public relations” (p. 41), while Madison (2000) contends that some policy advocates prepare for opposition by limiting access to the debate. He found that certain policy groups limit access to the ability to frame issues. This tactic is handled in a number of ways including limiting its own membership, restricting debate, and avoiding competition by blocking the entrance of other voices. In addition, other groups “anticipate resistance by seeking broad public support because of the conventional view that the governmental agenda is determined by the prevailing popular sentiment as to what constitutes appropriate matters for government attention” (p. 46). This idea reflects the notion that the larger the group supporting an issue, the better the chance that the issue will reach the government or media agenda.

Cobb et al. (1976) developed models with phases to account for the various ways issues can get onto both the public agenda, which focuses on the public’s awareness of an issue, and the formal or institutional agenda, which refers to the government addressing an issue. The researchers focused on three key models for building the political agenda model (discussed in detail below): (1) the outside initiative model, (2) the mobilization model, and (3) the inside access model. Although Cobb et al. outlined the three agendas separately, they see each model in action simultaneously, which may result in issues at different stages within all the models. The researchers believed that four key phases emerge during each of these agenda-

building models: (1) initiation, or the articulation of an issue; (2) specification, or the detailed goals and changes sought in an issue; (3) expansion, the spread of information about this issue to attract the attention of decision makers; and (4) entrance, or the placement of the issue on the public agenda. These phases specifically focus on placing an issue on the public agenda. They do not address what happens once an issue successfully reaches the public agenda and what effects these issues may have on public opinion or behavior.

### *Outside Initiative Model*

The outside initiative model, “accounts for the process through which issues arise in non-governmental groups and are then expanded sufficiently to reach, first, the public [what Cobb and Elder (1971) called systemic] agenda and, finally the formal [or institutional] agenda” (Cobb et al., 1976, p. 127; parenthetical references added). In its original political context, this model focuses on the strategies implemented by nonprofit and lobbyist groups. The founding idea focused on gaining membership and partnerships to increase the size and clout of the group. Expansion can focus on small groups like interest groups or the larger mass public. During this expansion phase the group faces competing groups as well as opposition forces that wish to limit expansion. In order to address this threat group may adopt “emotionally laden symbols” to help “develop an initial favorable reaction in the mass public, which might otherwise be hostile or skeptical” (p. 131). The Susan G. Komen Breast Cancer Foundation’s use of the pink ribbon to represent breast cancer awareness is an example of this tactic ([www.komen.org](http://www.komen.org)).

With greater clout the group can start to appeal to the media to raise awareness. Once awareness has been raised among the public, the group can emerge with support from its members, partners, and the public to get on the formal agenda to put pressure on the



government to make change. According to the researchers, the group has two primary assets when applying pressure on the government. The first is the issue's attributes and characteristics that can have appeal. The second asset is "the financial and material resources as well as personal commitment of group members and their organization" (Cobb et al., 1976, p. 130).

A good example of this model is a nonprofit group interested in reducing air pollution. The group may partner with other organizations like the local transit system, carpool agencies, cyclists clubs, and other environmental groups to increase the size of the group to jointly work on issues affecting air pollution as well as possible solutions. This partnered group may approach the local media to spread the message to the community about increased air pollution and ways to reduce it. Finally, the group, with the power of the other organizations and the community, would then attempt to reach the formal government agenda to pressure officials to enact new laws regarding smog transmissions.

#### *Mobilization Model*

Within the political context, the mobilization model describes how government-initiated agendas are brought to the public. Specifically, these agenda items are initiated on the formal agenda by key decision-makers and require widespread voluntary compliance by the public. For this reason, it is imperative that decision-makers move the initiative into the public agenda. This model is similar to the outside initiative model in that "decision-makers try to promote the interest and support needed for implementation of the issues," (Cobb et al., 1976, p. 132).

The success of this model relies on several factors, one of which relates to structural mechanisms to "enable leaders to meet with representatives from the various groups or

regions frequently; it can help bridge the gap between formal announcement and public awareness” (Cobb et al., 1976, p. 135). Like the outside initiative model, this model also relies on accepted emotional symbols to help increase awareness. Lastly, leaders must ensure that the program “be new enough to be exciting, but traditional enough to be understood and to produce positive affect in the population” (p. 134). If any of these key elements are lacking, or if there is insufficient information to adequately inform the public, the program or initiative will fail in the mobilization model.

A recent example of the mobilization model occurred when the government partnered with MTV to endorse the Rock the Vote campaign ([www.rockthevote.com](http://www.rockthevote.com)). This campaign targeted young adults and stressed the importance of voting. The government identified a need to increase young voters participation and devised a plan to partner with celebrities and MTV to spread the word.

#### *Inside Access Model*

The inside access model (Cobb et al., 1976) is quite similar to the mobilization model because it also begins within a government group or agency that is seeking to place an initiative on the formal agenda. However, this initiative is never expanded to the public to gain widespread support. In fact, it is often kept hidden from the public, and instead is proposed and remains within a government unit. It is only “expanded” to powerful attention groups within the government for placement on the formal agenda.

Unlike the other models, this model does not employ symbols to rally support and push the initiative on to an agenda. Instead this model relies on tangible facts to put pressure on decision-makers to add the initiative to the formal agenda. This third model clearly describes a process of agenda building that limits and excludes the participation of the public and

according to the researchers, “this inside access model will occur with greatest frequency in societies characterized by high concentration of wealth and status” (Cobb et al., 1976, p. 136). This inside access model most often, but not always, describes government corruption scandals in which politicians seek to gain power or money through placing an item on the formal agenda or for not placing a conflicting item on the formal agenda.

### Influencing agendas

Influence is a key concept embedded in all models and forms of agenda building. Without it, the agenda of many groups would not grow beyond its roots. Shortly after the 1985 Weaver and Elliott study on influencing the media, Turk (1986) addressed the topic of influence in her study “Public Relations’ Influence on the News,” which examined newspaper use of information from public information officers. She concluded that information sources and public relations information do indeed have great influence on published news stories, which suggests “there are multiple influences on the media agenda” (p.26). Sheafer and Weimann (2005) found that real-world conditions, such as the state of the economy, and political actors like political parties or election candidates, were two key variables that influenced agenda building.

Wanta et al. (1989) examined the concept of influence and agenda building. The researchers studied whether the president of the United States influenced the media’s agenda or if the media influenced the president’s agenda in State of the Union addresses between 1970 and 1985. Their findings for each speech differed, suggesting that there are several influential factors involved in agenda building such as historical setting and media outlet preferences. Wanta et al.’s findings also imply a fluid relationship between sources

influencing the media's focus and the media influencing the focus of sources of information. Walters et al. (1996) also found a "cyclical process" involving "editor, marketing department, subsidizers, and audience" (p. 9) when studying the importance of campaign issues. These researchers specifically attribute the rise of marketing materials geared toward the public, to the greater influence that the public has on campaign issues.

All these findings point to the array of factors that can affect the success of influencing an agenda –whether it is the media's news agenda or the public agenda, which is summed by Cobb and Elder (1971) as, "by its very nature, participation in the agenda-building process is open and widespread" (p. 912). Two key factors that influence agendas, but specifically the news media agenda, include information subsidies and information sources. These factors are discussed below.

#### *Influence: Information Subsidies*

Information subsidies refer to organized information that promotes the ideas of organizations to gain attention and influence the media agenda (Curtin, 1999; Curtin & Rhodenbaugh, 2001; Gandy, 1982; Turk, 1986, Turk & Franklin 1987; Walters et al, 1996; Zoch & Molleda, 2006). The term was first coined by Gandy (1982) to describe the symbiotic relationship between media to sources in information exchange. Turk and Franklin (1987) explain that routine communication like "news releases and other 'handouts,' news conferences or briefings, and meetings or telephone conversations" (p. 34) subsidize the cost of staffing and newsgathering by mass media, and are thus called information subsidies.

Turk (1986) found journalists had different views of what constituted "use" of an information subsidy. "The practice of using information from multiple releases in one story was not uncommon among the journalists studied. All indicated that 'use' of information

frequently meant the information would be combined with other available information to create one story” (p. 21). Curtin (1999) found that most of the journalists she interviewed who reported not using information subsidies from public relations practitioners, later revealed they used this information in a number of ways. She found that reporter’s definitions of “use” meant an exact reproduction of information. Her data show that reporters frequently used information subsidies for story ideas and for content in special advertising sections.

Researchers have found that information subsidies actually benefit both the originating organization and the news media. Zoch and Molleda (2006) describe this benefit, writing that information subsidies facilitate news gathering and give organizations a voice in the marketplace of ideas, which has economic implications for both the organization and the media. “Media organizations save these resources when they receive packaged information for free or significantly below the cost of production” (p. 284). Turk and Franklin (1987) wrote, “The economics of free newspaper production and the imperative to minimize news gathering costs means that weeklies are usually less well staffed than their paid counterparts, making them ‘copy hungry’ with voracious appetites for subsidies” (p. 36).

To fulfill this economic and staffing need, many news organizations rely on subsidies that fulfill many key needs. According to researchers, the most-common reasons for successful subsidies are the “newsworthiness” of the information subsidies (Berkowitz & Adams, 1990; Curtin, 1999; Turk, 1986) and the proximity of the information subsidies “because local news organizations are more likely to cover news relevant to their local audiences” (Berkowitz & Adams, 1990, p. 729). Weaver and Elliott (1985) found that items involving conflict or drama were most commonly covered. Berkowitz and Adams (1990) who studied

broadcast news stories, which greatly affects their findings, found that the most commonly used information subsidies were event-related subsidies “because planned events provide something concrete to cover” (p. 729).

While there are several reasons for journalists to rely on information subsidies, the information subsidy alone may not effectively help build the media’s agenda. For this reason, many practitioners rely on sources and relationship building to help influence the media’s agenda. This second influential factor will be discussed in the next section.

### *Influence: Proactive Information*

As noted above there are several factors that can affect the success of influencing an agenda. This section specifically examines information sources that proactively attempt to influence the media’s agenda through various attention-getting techniques.

In 1986, Turk wrote about how information sources influence the news, but carefully pointed out that the media have the final word in the story. Similarly, in 1987 she wrote, “the sources of the raw material of information upon which journalists rely and from which they choose what to use have a great deal to do with the media’s content agenda” (p. 30).

Berkowitz and Adams (1990) highlighted the litany of previous research attempting to measure the amount of source-oriented information in media agenda building. They found in these studies “between one-half and two-thirds of the news content of newspapers and television is source-originated” (p. 724). Pincus et al. (1993) echo this finding, writing,

“Mass media use more public relations-supplied information today than ever before” (p. 41).

In 2005, Reich interviewed reporters to better understand how stories were initiated and influenced. He found that “a potential news story or a public issue, at least at the beginning, has apparently no chance to get coverage unless there is an instigating source” (p. 21). Data

he collected showed that approximately 70% of the news items emerged after a source brought the item to the reporter's attention, which strengthens the important role of the information source. In agreement, Sallot and Johnson (2006) studied journalist's use of public relations information and found that one third of the journalists in their study estimated between 60 –100 percent of the content in U.S. news was subsidized by sources.

Although information subsidies make up a large majority of mass media coverage, only a small percentage of subsidies from sources actually succeed in reaching the media's news agenda (Berkowitz & Adams, 1990; Turk & Franklin, 1987). Berkowitz and Adams (1990) suggest that sources can achieve more success of influencing the media's news agenda if they have "greater credibility and social power" (p. 724) within the community and have the ability to tailor information for journalists by meeting media deadlines and providing concrete events for journalists to cover. Curtin and Rhodenbaugh (2001) mention that government sources are commonly used by the news media. Reich (2005) found that journalists "may grant superior status to institutional and other powerful sources, who have the awareness, the motivation and the means for systematic gathering and proactive distributing of news information" (p. 21). Sallot and Johnson (2006) found nonprofit sources of information achieved greater success of influencing the media's agenda because they were seen as "less self-serving" (p. 84). The researchers also found "journalists noted that practitioners for nonprofit organizations are more appreciative of the publicity they get which fosters more positive relationships" (p. 84).

### *Relationship building*

Fostering relationships is a primary tactic that sources use to influence the media agenda. By supplementing information subsidies with relationship building, communication professionals can become more effective at agenda building by better understanding how to work with the media. As noted by Berkowitz and Adams (1990), “The agenda-building process is actually more complex than the placement of news release and other materials. Sources create news events and they cultivate relationships with reporters” (p. 726).

Pincus et al, (1993) describe the media–source relationship, but from another perspective:

“A ‘watchdog’ relationship between journalists and public relations practitioners may be a healthy safeguard to the public interest by ensuring that consumers receive complete, accurate, and balanced information. Such access by public relations professionals and increasing receptivity by editors may also strengthen public relations’ pivotal role as a contributor to the editor-driven agenda-building, and subsequently the agenda-setting process.” (p. 41)

Curtin (1999) described how information subsidies are used in relationship building, pointing to the dependency that the media have on information sources, which parallels the dependency sources have on the media. However, she then described the limits of these relationships, writing, “although personal relationships could help gain acceptance of materials, journalists perceived practitioners as having a limited stock of credibility, which could not be regained once it was lost” (p. 71). Through his study of the relationships between the media, the public (information source), and policymakers in Canada, Soroka (2002) suggests another limit to the media-source relationship: “While the relationship between the media and public becomes a reciprocal one, the initial relationship is one in which the media lead” (p. 279). Reich (2005), however, found that the majority of stories were initiated by sources. He discussed the debate surrounding the limits of the media-source relationship, writing, “in wider theoretical contexts the issue of news initiative is usually



addressed indirectly through the debates over the lead of the dominance of reporters versus their sources” (p. 2).

The question of dominance and story initiation reflects inherent friction in the relationship between sources and journalists. Journalists do not always welcome the influential role of public relations practitioners on story initiation and agenda building, resulting in resentment and power tensions (Berkowitz & Adams, 1990; Curtin, 1999; Pincus et al, 1993; Walters et al, 1996).

### *Power Tensions*

Pincus et al., (1993) found that there is a contentious relationship between news media and information sources. “Journalists claim that public relations people do not understand news and block the media’s access to organization sources. Public relations practitioners argue that media people are biased against them and their clients” (p. 28). Curtin’s (1999) findings directly point out power tensions when she described how journalists feel a “need to control news content” and how they “resented practitioners whom they perceived as threatening that control” (p. 87). Her research suggests that “a move away from packaged stories and toward more interpersonal working relationships may be warranted, but the perceived power differential between journalists and practitioners may make such a move difficult” (p. 87). Sallot and Johnson (2006) agreed that this adversarial relationship is commonly found in the literature and supported in their most recent study, which included the following quote from a journalist: ““To be completely honest, [practitioners] put spin on everything they do. They are dishonest and untrustworthy. I can treat PR people like crap, and they have to put up with it”” (p. 84). Sallot and Johnson also found that journalists complained about receiving

information that lacked a local angle, was too self-serving, and inaccurate from the majority of information sources that they believe are unethical and not trustworthy.

Curtin (1999) suggests that public relations practitioners can improve this relationship, “by giving the appearance of journalistic experience, by providing ideas for stories but not prepackaged materials, and by not challenging journalists’ control of the relationship” (p. 71). Similarly, Sallot and Johnson (2006) wrote,

[I]t is clear journalists depend considerably on public relations practitioners to help set, build and frame news agenda. By improving their framing skills and adhering to journalists’ specific contact preferences, practitioners will know better how to contact – or not contact - the journalists upon whose news coverage they rely. (p. 86)

### Applying the Literature

As described in the literature review, agenda building examines how issues are brought to different agendas, but most commonly the media and public agenda. There are several models of agenda building that organizations may follow when doing this. Cobb et al. (1976) wrote, “The strategies used by various groups competing to place issues on the agenda and the factors which influence their success or failure reveal patterns of participation in policy formation obscured by a focus on the decision-making process [of policy makers] alone” (p. 138). One way in which groups attempt to build the media’s agenda and subsequently the public’s agenda is through an informational campaign. For this reason, the theory presented above as well as Cobb et al.’s mobilization agenda-building model was applied to one specific campaign, the Heart Truth Campaign, which essentially describes an issue the government would like to bring to the public’s attention and agenda. Examination of this one specific campaign reveals how agenda-building theory exists today. To examine this theory

in action, a communication audit was conducted to ascertain the campaign's strategies to gain access to the media's new agenda as well as the public's agenda.

## **CHAPTER III**

### **RESEARCH QUESTIONS AND METHOD**

#### Research Questions

The following two research questions frame the purpose of this project:

RQ1: What agenda-building strategies or models framed the Heart Truth campaign?

It should become evident, which one of Cobb's models –outside initiative, mobilization, or inside access – led to the creation, development, and implementation of the campaign.

Additionally, the audit may indicate what types of influence the leaders sought.

RQ2: What has been the success of these agenda-building strategies for this campaign?

One way to examine these questions is through a communication audit of the Heart Truth campaign to provide insight and a richer understanding of the organization's agenda-building process. The next section explains the purpose of employing a communication audit.

#### Method

The goal of this communication audit is to understand the campaign's premise, its promotional activities, and influence. Communication audits are designed to diagnose the health of a communication program or process, often sparking change or influencing an organization's communication strategy (Argenti, 2007; Diggs-Brown, 2007; Downs & Adrian, 2004; Hargie & Tourish, 2000; Hargie, Tourish & Wilson, 2002). This large-scale endeavor, which some see as a tool (Argenti, 2007; Badaracco, 1988; Wimmer & Dominick,

2006) and others see as an ongoing process (Hargie & Tourish, 2000; Scott et. al. 1999), requires the implementation of several research methods to provide detailed information about communication processes or programs (Downs & Adrian, 2004; Hargie & Tourish, 2000; Scott et. al., 1999). Audit data help organizations understand if and how communication goals are being met and indicate ways to adjust current communication activities for more effective results. Typically, an organization hires an auditor to fulfill a specific objective. The auditor tailors the audit process to ensure the data-gathering process, analysis, and reporting fulfill the agreed-upon objective. Full-scale audits can be costly - more than \$25,000 - and very time consuming - up to six months (Diggs-Brown, 2007). In addition, auditors may not accurately capture the “true nature” of an organization as employees or customers may act differently when being watched by an auditor. This phenomenon is a limitation of the audit method.

An audit evaluation may focus broadly on internal or external communication, or it may be narrowly focused on a specific communication element that organization executives wish to better understand. For example, Clampitt and Berk (2000) conducted an audit for a paper mill to understand the internal employee communication process and make recommendations for ways to improve it. Downs et al. (2000) conducted an audit that specifically examined an annual business conference. Through interviews, the researchers examined the attitudes of past attendees and documented the expectations of future events to make recommendations for improving the overall conference experience.

This audit focuses specifically on the online toolkit – placing it within the context of all promotional activities – and the extent to which it advances the overall goals of the campaign. The Heart Truth campaign audit uses interviews and document analysis to provide

insight into the campaign goals, strategies, tactics, measurements, strengths, and weaknesses. A mix of interviews with campaign planners and analysis of campaign material content, specifically the Web site, online toolkit, news releases, a sample of news stories, and selected internal documents was conducted to create the Heart Truth Campaign audit. This audit focuses specifically on external communication and follows the basic three-step process of information collection, analysis, and reporting.

More specifically, the campaign audit will respond to four general questions that communication practitioners should ask in a communication audit, according to Diggs-Brown (2007): 1) questions regarding message quality; 2) questions regarding message delivery; 3) questions regarding relationship quality; and 4) questions regarding audience communication. The answers to these questions provide insight into the effectiveness of the campaign, highlight the gaps or redundancies in the campaign, and contribute information that may inform future programs and strategy (Argenti, 2007; Diggs-Brown, 2007; Owen et al., 2002; Scott et al., 1999; Wimmer & Dominick, 2006).

#### *Data Collection*

To audit the communication elements pertaining to this campaign, the content of the online toolkit was assessed for themes and effectiveness in presenting a consistent message, and key players in the campaign were interviewed to provide detail about the purpose, challenges, and successes of the campaign.

A document analysis of the materials unveils insight about the organization's communication messages (Wimmer & Dominick, 2006). Specifically analyzing Heart Truth campaign material revealed the use of key messages and provided insight into how planners promote the campaign. Campaign materials including the Heart Truth Web site, news

releases, and online toolkit, as well as a small sample of outside news coverage of the campaign were analyzed.

First, an examination the Heart Truth Web site provides necessary details about all promotional activities and available campaign materials. The Web site ([www.hearttruth.gov](http://www.hearttruth.gov)) features a home landing page and 11 key linked pages. Each page was read to glean information and learn about the themes comprising the campaign; however, in-depth analysis of any single linked page did not occur.

Second, news releases and subsequent news articles about the Heart Truth campaign since its launch in 2002 were examined. Nine news releases were available on the Heart Truth Web site. Since its inception the campaign has gleaned hundreds of news articles and more than a billion impressions. To narrow this large article pool for more effective analysis a Factiva search of the search term “Heart Truth campaign” was conducted. This search yielded a total of 41 articles for review, which is a logistically feasible number of articles (see Appendix A). Additional article searches were conducted to collect specific information as needed throughout the audit process. This information contributed to a better understanding of the campaign, its messages, and provided insight into the public’s exposure to the campaign through the news media. This information informed and refined the second research tool - the interview guide.

Last, the online toolkit materials available in PDF format on the Heart Truth Web site (and later given to me in hard copy) were examined (see Appendix B). Each material was carefully read and specific quotes, statistics, goal statements, and messages were extracted and grouped into similar categories that appear in the analysis section of the audit.

Examination of these materials indicated the general use of key messages, supporting evidence, and calls to action. These data were analyzed with the data collected in the final research activity, fact-finding interviews.

The planning, strategies, goals, and the evaluation process of the campaign were discussed during the interview. Interviews foster a two-way flow of information that provides more insight than document analysis, and may provide information that cannot be attained through other methods (Miller & Gallagher, 2000).

Interviews were conducted with Heart Truth Campaign planners both at the National Heart, Lung and Blood Institute and the agency of record Ogilvy Public Relations. Contact information for the campaign leaders who developed the campaign was readily available on the Internet. Inquiry emails were sent to the main media office of the National Heart, Lung, and Blood Institute and the primary goal of obtaining a face-to-face interview was achieved. (Please see the interview guide in Appendix C.) The hour-long interview with Dr. Ann Taubenheim, the Program Director of the Heart Truth Campaign was conducted, taped, and transcribed. Five additional interviews were conducted with members of the Ogilvy PR team who worked on different aspects of the campaign. These interviews were not taped because of Ogilvy's client confidentiality agreements; however, copious notes were taken and later examined for themes, messages, and campaign insights.

### *Analysis*

The vast amount of information gathered during the interviews and document analysis process was examined and synthesized according to procedural recommendations for communication audits (Diggs-Brown, 2007). The synthesis process of such copious amounts of information required the development of focal points that clearly match with the audit's



goals (Downs & Adrian, 2004). The focal points for this audit focused primarily on the four key audit questions: message quality (strategy), message delivery (tactics), relationship quality (partners), and audience communication (feedback). Thus the interview and document analysis information were combined and then broken down into these four categories for further analysis. In addition, consistency of messaging, strengths and weaknesses of messages, and other minor themes that emerged during the process were also examined as recommended by Diggs-Brown (2007). These data were similarly extracted from the interview and document analysis data and combined into similar categories, which revealed how promotional materials reflect the campaign's overall goals and tell the story of the Heart Truth Campaign. This analysis informed the recommendation section of the audit report.

### *Reporting*

This last segment of the three-step audit process is the preparation of the audit document that reveals the insights gleaned throughout the synthesis process. Although all audit reports are unique, a typical audit report structure includes background and history, situational analysis, organizational and partner structure chart, campaign strategy, implementation, and measurement sections (Diggs-Brown, 2007). The Heart Truth audit includes three key sections. The first section comprises the campaign background, which includes a situational analysis, partner profiles, campaign planning, tactics, and timeline. The analysis of news releases and coverage, the online toolkit, and interview data revealed themes, goals, and key messages that comprises the second section of the audit report. Based on these data and an application of agenda-building theory to the campaign, the final section provides an in-depth

discussion of the campaign, a SWOT analysis (strengths, weakness, opportunity, and threats), and an outline of recommendations for the future.

The next chapter begins the communication audit, which functions as a stand-alone document. For this reason, the background and history of the Heart Truth campaign are included for the benefit of the campaign audit reader and to fulfill the requirements of a professional communication audit.

## CHAPTER IV

### COMMUNICATION AUDIT

#### Part One: Background

##### *Heart Disease in America*

According to the latest statistics from NHLBI one in every four American women dies of heart disease, which is approximately 332,000 women each year (*Heart Disease Death in American Women Decline*, February 2007). Heart disease, or coronary heart disease, describes the blockage of heart blood vessels that prevent oxygen and nutrients from reaching the heart, and may cause a heart attack, permanent disability, and even death. It is just one form of cardiovascular disease, which describes conditions affecting the heart and blood vessel system such as stroke and high blood pressure. Heart disease is considered a condition that will steadily worsen unless daily habits such as a healthy diet and more exercise change. Many believe that surgery is magic fix for heart disease; however this is not true. Not only are women more than twice as likely to die from a bypass surgery than men, even after the surgery, which may clear certain pathways to improve blood flow, the blood vessels and arteries still remain damaged ([www.nhlbi.nih.gov/health/hearttruth/lower/whatis.htm](http://www.nhlbi.nih.gov/health/hearttruth/lower/whatis.htm), para 1).

Several major factors increase a woman's risk for developing heart disease:

• High blood pressure	• Being overweight
• High blood cholesterol	• Being physically inactive
• Diabetes	• Family history of early heart disease
• Smoking	• Age (55 or older for women)

Having three or more major risk factors increases the risk of heart disease by tenfold, according to NHLBI. About 80% of midlife women have one or more of the following major risk factors, but only 13% consider heart disease a threat.

In addition to these major risk factors, there are other factors that can affect heart disease development: stress and depression, birth control pills, alcohol use, and sleep apnea.

Although some risk factors like age and family history cannot be controlled, other risk factors can be alleviated. By leading a healthy lifestyle women can lower their heart disease risk by 82 percent (*The Heart Truth for women: An action plan*, 2003). There are four key areas that women should focus on according to the *Healthy Heart Handbook for Women* (2003): 1) eat a nutritious diet, 2) participate in regular physical activity, 3) maintain healthy weight, and 4) stop smoking. In addition to making these changes, some women may need medication to lower the risk of developing heart disease.

Unfortunately, heart disease is disproportionately prevalent among minority women, specifically Latinas and African Americans. According to WomenHeart, the rate of heart disease for African American women is 72% higher than for white women. For this reason many heart-related organizations are not only reaching out to women in general but also these minority populations. Organizations like the American Heart Association and WomenHeart: The National Coalition for Women and Heart Disease brought the alarming statistics surrounding women and heart disease to the attention of the federal government.

In 2001 the federal government embraced the issue through the National Heart Lung and Blood Institute (*Milestones from the Heart Truth Campaign*, 2005). The NHLBI team brought together more than 70 women’s health experts to discuss the issue and create a national action plan for moving forward. This collaborative effort resulted in the recommendation of developing a national awareness campaign. The campaign would be run by NHLBI with the help of three key founding partners: The Office on Women’s Health, The American Heart Association, and WomenHeart: the National Coalition for Women with Heart Disease. The campaign research, planning, and logistics were contracted out to Ogilvy Public Relations Worldwide. Together these groups created the Heart Truth campaign aimed at spreading awareness that heart disease is the number-one killer of women. The organizational structure of the Heart Truth campaign groups appears in Appendix D.

#### *Founding Partners*

The Office on Women’s Health (OWH) in the United States Department of Health and Human Services (DHHS) is the lead office that coordinates all of the federal government’s efforts focused on women’s health. The department was established in 1991 to make women’s health issues a focal point for federal government action and attention. The OWH works with consumer groups, nonprofits, health associations, and government agencies to “address health care prevention and service delivery, research, public and health care professional education, and career advancement for women in the health professions and in scientific careers” ([www.4women.gov](http://www.4women.gov), para. 2). Specifically, the office handles seven key activities: 1) coordinates efforts of the Food and Drug Administration (FDA), Centers for Disease Control (CDC), and the National Institutes of Health (NIH), among other smaller agencies and departments; 2) coordinates private and public partnerships; 3) conducts health

care education and outreach; 4) promotes health care innovation; 5) addresses health disparities; 6) supports regional women's health coordinators; and 7) develops policy.

The goal of the Office on Women's Health is to eliminate health disparities and educate women through culturally sensitive programs that embrace wellness and personal health responsibility. For this reason, the OWH became involved with the NHLBI's national awareness campaign by providing funding and campaign support.

The American Heart Association is a second founding partner of the Heart Truth Campaign. As the largest voluntary health organization, the AHA is dedicated "to reduce disability and death from cardiovascular diseases and stroke" ([www.americanheart.org/presenter.jhtml?identifier=1200029](http://www.americanheart.org/presenter.jhtml?identifier=1200029), para. 1). Founded in 1924 by six cardiologists who recognized the need for a national scientific society to share research findings, the AHA did not make a public debut as a volunteer organization until 1948. A national network of affiliated local groups provides research, education, community programs, and fundraising. Throughout the years the nonprofit organization has undergone changes to become a vocal entity in addressing health issues, improving access to healthcare, and developing guidelines for the healthcare system. The mutual goal of bringing attention to heart disease in women compelled the AHA to become a founding partner of the Heart Truth Campaign.

In February 2004, the AHA launched a similar supportive campaign called "Go Red for Women" that urges women to make their heart health a priority. The campaign utilizes the same national red dress symbol and shares many of the same key messages including educating women about heart disease and giving women tips for lowering their risks ([www.goredforwomen.org](http://www.goredforwomen.org)). Macy's Department stores is the primary campaign sponsor, however additional support comes from Bayer Aspirin and PacifiCare Foundation. Currently

the AHA is promoting a letter-writing campaign that urges the public to ask members of Congress members to support the HEART for Women Act designed to improve prevention, diagnosis, and treatment of heart disease in women.

The third founding partner is the patient advocacy group called WomenHeart: the National Coalition for Women with Heart Disease. Launched on April 1, 2000 by three women who suffered heart attack in their 40s, WomenHeart began as an organization designed to provide a support network for women with heart disease. Representing more than 8,000,000 American women with heart disease, WomenHeart aims to improve access to health care through advocacy, support, and information, while defending women's rights to "early detection, accurate diagnosis, and proper treatment" (Heart Truth Partners Fact Sheet, n.d., para. 4). WomenHeart has teamed up with NHLBI and other corporate sponsors to help spread the Heart Truth campaign messages.

Because of NHLBI's limited staff resources and communication expertise, the campaign team agreed to contract out campaign activities. In 2001 Ogilvy Public Relations Worldwide won the contract, which was renewed again in 2005. This large public relations agency has more than 60 offices worldwide with practice areas specializing in consumer marketing, corporate, healthcare, social marketing, public affairs, technology, and entertainment. The Heart Truth campaign is handled by the social marketing specialty group that has handled many other public awareness campaigns for the NIH, the CDC, Centers for Medicare & Medicaid Services, and the California Office of Traffic Safety, among others ([www.ogilvypr.com](http://www.ogilvypr.com)). The Heart Truth team works out of the Washington D.C. office, which is located near the NHLBI headquarters in Bethesda, MD. The team comprises twelve individuals who focus on specific areas including corporate partnerships, community

relations, media relations, and a women of color initiative. During Ogilvy's tenure with NHLBI, the agency and the campaign have won several awards such as PR Week's Campaign of the Year Award, a gold SABRE award in the Marketing to Women Category, the National Association of Government Communicators Blue Pencil award in the Promotional Campaign, the Public Relations Society of America's Silver Anvil for best public service campaign, and three gold Bulldog Media Relations Awards, among many others.

### *The Heart Truth Campaign*

#### *Research and development*

According to interview data, when Ogilvy first came on board, the team launched a year-long research and strategy development program to segment the audience, better understand the public's views of heart disease and women, gather insights about the media habits of midlife women, thoroughly understand heart disease, and test messages and concepts with women across the nation. Without a solid foundation from which to start, the campaign would fail to effectively increase awareness about heart disease.

First the NHLBI team conducted a literature review of more than 200 journal articles regarding cardiovascular health to gather the latest information available about the disease, its risks, and prevention measures. This information ensured the accuracy of the campaign's statistics, key messages, and calls to action. In addition, it also informed the strategy of the campaign leading planners to target women aged 40-60 when the risk of heart disease greatly increases, who have at least one risk factor, and are not taking any action. Secondary target audiences were younger women age 18-39 who could start leading a heart-healthy life to



prevent risk factors and healthcare professionals who are unaware of heart disease prevalence in women.

After defining midlife women as the primary target audience, the team conducted a comprehensive analysis of this demographic by examining geographic and socioeconomic factors, psychographics, media preferences, attitudes and behaviors, and heart disease understanding. In addition, the team analyzed recent print media coverage regarding women and heart disease, specifically focusing on the quality of the content and the quantity of recent articles. The researchers found that most women were unaware that heart disease is their number one killer, but were generally aware of heart disease risk factors (See Figure 3). However, most women did not connect the risk factors to their own lives and believed heart disease was a man's disease. They found that women were "shocked to learn that it kills significantly more women than breast cancer" (*Heart Truth Final Report Executive Summary* 2005, p. 3). For this reason three communication objectives were conceived according to the Heart Truth Final Report Executive Summary 2005:

- 1) Increase awareness that heart disease is the number-one killer of women;
- 2) Increase awareness of the risk factors that can lead to heart disease, disability, and death;
- 3) Encourage women to talk to their doctors and take action to control these risk factors.

Conducting this research helped the team develop a set of key messages and campaign concepts that formed the strategic platform, or the foundation of the campaign. These concepts and message ideas were brought to the government and community organization partners for feedback and then floated by women in eight focus groups in four U.S. cities. These focus groups revealed that the campaign must personalize messages, provide a hard-

hitting wake-up call for women, and “leverage women’s interest in caring for their outward appearance to focus on what’s inside” (*Heart Truth Final Report Executive Summary 2005*, p. 3). The focus groups also tested campaign concepts resulting in the development of the Heart Truth Campaign, its look and feel, and overall concept (see Figure 3).

Once the campaign concept was agreed upon the team developed a wide array of educational materials including the *Heart Healthy Handbook for Women*, a Speaker’s Kit, a Web site, national public service announcements, compelling stories about real women, and 10-minute video presentation. These materials, along with the support of partner organizations and several leading physicians, readied the team for the Heart Truth Campaign launched in Washington, D.C., in September of 2002.

#### *The Campaign Launch*

Before launch day, the team prepared by ensuring three “building blocks” were in place (Sarah Temple, personal communication, March 5, 2007). The first building block encompassed the creation of the educational materials that would be distributed to community groups, corporate partners, and anyone requesting information. The second building block focused on the creation of national public service announcements that appeared in print, on the radio, and on television. The third and most important building block to the success of the campaign launch was the development of partnerships. On September 25, 2002, in the National Museum of Women in the Arts, the Heart Truth Campaign was launched during a networking breakfast of more than 80 women’s health professionals and advocates. During the breakfast the campaign and its materials were unveiled followed by presentations from the founding partners. Each attendee was urged to join the cause and spread the campaign’s key messages.

Five months later the campaign unveiled the Red Dress symbol. For the launch of the Red Dress, the team developed a “groundbreaking” partnership with the American fashion industry that shares the same female customer, appeals to women, and has a “rich history of being supportive of health causes.” (Sarah Temple, personal communication, March 5, 2007). Mobilizing an industry, and not just individual designers, was huge success for the team. Nineteen fashion designers created red dresses that were on display with the Heart Truth’s campaign messages. The partnership with the fashion industry has endured for the past five years, growing from a simple display to a full-fledge fashion show featuring the hottest celebrities from Lindsay Lohan and Lean Womack to Vanessa Williams and Fergie.

After the first fashion show, the team continued to glean corporate, media, and community partners and began to focus efforts on different tactical events. Through partnership with corporations like RadioShack, Albertson’s and Johnson & Johnson, the team was able to create new community-based programs including the Heart Truth Road Show, Single City Events, First Ladies Red Dress Collection, and the Community Champions program, which are discussed below.

Next, the Heart Truth Road Show became the largest project. Between March and May 2004, a tractor-trailer hauling the Heart Truth Road Show visited malls in Philadelphia, Chicago, San Diego, Dallas, and Miami. The Road Show team arranged three-day events with free health screenings, free gift bags with educational materials, and the original Red Dress collection displays. More than 86,900 people saw the exhibit and close to 4,000 people participated in the free heart disease risk factor screenings. Then from April to October of 2006, the Road Show traveled to shopping malls in Pittsburgh, Memphis, Washington, DC, and Jacksonville, Florida. With the positive response to the event, people began to request

the Red Dress collection in their own communities. To defray costs of transportation and care of the original Red Dress collection, the Heart Truth team created the Single City event in which community groups can pay for the use of four of the original Red Dresses that arrive with mannequins and a Heart Truth staff person. This program “brings a national presence to a local event” (Ashley Duncan, personal communication, March 5, 2007) and has been exceptionally popular with more than 50 Single City events around the country. The popularity of this event sparked the creation of the First Ladies Red Dress Collection, which was unveiled in May 2005, at the J.F. Kennedy Center for the Performing Arts. The exhibit, holding red dresses and suits from the seven living American First Ladies, was open for one month on a prominent stage receiving an average of 150,000 visitors each day. The exhibit opened again on February 16, 2007 in the Ronald Reagan Presidential Library and Museum and remained open for one month.

In addition to the traveling shows, partners sponsor programs like the Community Champions training program. This program, made possible through a grant from the Office of Women’s Health, brings together approximately one dozen local health officials and community leaders in states with the highest rates of cardiovascular disease for a one-day training session. In this training session Heart Truth team members teach participants about heart disease, train them on campaign messages, and lead community audits in which participants discuss venues for bringing Heart Truth messages into the community. After the training, participants are asked to hold four events or include Heart Truth campaign materials in four current community events.

In addition to these events made possible by partners, the Heart Truth campaign actively seeks partnerships and attention from the media. Media attention highlights the campaign, the

issue, the events, and the Red Dress. Gleaning more than one billion media impressions from 2003 to 2005, the campaign has been successful in getting the message into major publications like *Time*, *Newsweek*, *Glamour*, *People*, *ESSENCE*, and more (see Appendix E for complete campaign timeline).

This section has identified the campaign's origins, players, and goals. The following section focuses on the document analysis of the campaign audit and results of interview with the campaign's key players.

## Part Two: Document Analysis

This section analyzes communication tools used in the Heart Truth campaign. Specifically, content of news releases and subsequent news coverage and the online toolkit were analyzed to identify themes and messages presented to build public awareness.

### *News Release and News Coverage*

Examination of the nine news releases that were issued since the inception of the campaign, provided insights into the key messages and content presented to the public. In turn, these messages were adopted by the news media that covered the campaign. All news releases are located on the Heart Truth Web site ([www.HeartTruth.gov](http://www.HeartTruth.gov)) and the selected news stories were captured in a FACTIVA database search with the phrase, "Heart Truth campaign." In total there were approximately 40 unique stories, which appeared in local newspapers, national broadcasts and even on the cover of *Time* magazine (see Figure 4). However, it is important to note that these stories represent only a small sample of the total coverage gleaned by the campaign, but represent the topics and themes of this campaign.

Analysis of this material revealed that that Heart Truth campaign planners relied heavily on recent statistics, and quotes from key figures and compelling statistics within the news releases. In addition, there were several repeated key messages and a litany of campaign goal statements. These items are discussed in more detail below.

### *Statistics*

Each news release issued by the campaign organizers included statistics, which were organized into four main categories. Each category builds upon the previous category and essentially maps out the incremental measurements and benchmarks of the campaign's success. The first round of statistics amplified the risks and knowledge gap associated with heart disease. The most-common statistic cited reads, "According to a survey commissioned by the National Council on the Aging, only 9 percent of women ages 45 to 64 name heart disease as the condition they most fear — while 61 percent name breast cancer" (September 25, 2002, news release). This statistic reveals the pressing need for a campaign about heart disease, and demonstrates the common misunderstanding about the threat of breast cancer, which may help justify the existence of and need for the Heart Truth campaign.

The second set of statistics related directly to the recognition of the Heart Truth campaign's Red Dress symbol. A symbol is easy to remember and can represent a number of elements. The statistics used in the news releases provide tangible measurements of the campaign's main promotional symbol. An example reads,

"60 percent of all the women surveyed agree that the Red Dress makes them want to learn more about heart disease. Twenty-five percent of women recalled the Red Dress as the national symbol for women and heart disease awareness and 45 percent agreed that it would prompt them to talk to their doctor and/or get a check-up" (February 4, 2005, news release)

The third set of statistics is related to the evaluation of the effectiveness of the Heart Truth campaign. These statistics mark the changes in audience perception about heart disease and the Heart Truth campaign. One statistic reads, “In a 2007 survey commissioned by Johnson & Johnson on behalf of The Heart Truth, 57 percent of U.S. women recognized the Red Dress as the national symbol for women and heart disease, up from 39 percent awareness in 2006 and 25 percent in 2005” (February 1, 2007, news release). This statistic builds the solid foundation for the final set of statistics that relates to the success of the efforts supporting the Heart Truth campaign.

The final and most-recent statistics reveal the latest data regarding heart disease prevalence among women in the United States. These statistics are by far the most important to the success of campaign because they may relate to the campaign’s effectiveness: “Newly analyzed data shows [sic] that the number of women who die from heart disease has shifted from 1 in 3 women to 1 in 4—a decrease of nearly 17,000 deaths from 2003 to 2004” (February 1, 2007, news release). Although there may be a correlation between the campaign’s effectiveness and the reduction in heart disease deaths, at this juncture, there are no statistics that indicate a cause-and-effect relationship. A FACTIVA search for “Heart Truth campaign” did not reveal any stories that used this most-recent quote; however, there may be stories that incorporated these recent statistics, but did not name the Heart Truth campaign.

When looking at the statistics alone, it is easy to see how they were used to highlight the issue, justify the campaign, and celebrate successes. However, the statistics were rarely used alone. Most often, they were bolstered by quotes, which are discussed next.

## *Quotes*

Each news release and many of the subsequent news articles features quotes from prominent spokespeople. The most prominent is the first lady Laura Bush who acts as the official Heart Truth Ambassador and appears on numerous morning television shows, speaking engagements, and all the major Heart Truth fashion events. She provides the consistent face for the campaign and is well recognized by women. Her role as first lady not only brings prominence to the campaign, but also adds credibility to the campaign and its messages. The first lady often shares her personal experiences with how she deals with heart disease, adding a more human and down-to-earth element to her role as ambassador. “One thing is absolute when it comes to exercise: any amount is better than none,” she said when delivering a speech at the Heart Truth Campaign Red Dress Preview in the Time Life Building on February 4, 2005. “With a busy schedule, it’s tough to make time for exercise, but if my mother-in-law, Barbara Bush, can swim 88 laps at a time, the rest of us can surely walk for 30 minutes.”

Just as Laura Bush acts as the overall campaign spokesperson, many other prominent figures act as spokespeople for certain aspects of the campaign. Health and Human Services Secretary Tommy G. Thompson acts as a health-care expert for the campaign when messages relate to the health and medical aspects of the campaign. For example, in the February 7, 2003 news release, which appears in FACTIVA under *U.S. Newswire*, he is quoted saying, “Many people still believe that cardiovascular disease is a man's disease, when in reality, it has claimed the lives of more females than males since 1984, killing more than half a million women a year.” Similarly, quotes from the National Heart, Lung and Blood Institute’s



directors, Dr. Claude Lenfant, Dr. Barbara Alving, and Dr. Elizabeth G. Nabel also bridge medical messages with those of the campaign. For example, in the September 25, 2002 news release, Dr. Claude Lenfant is quoted saying, “We hope to make women aware of the risk factors for heart disease and to motivate them — with the help of their health care professionals — to take an active role in their heart health.” Despite the availability of these quotes from prominent medical professionals, in the FACTIVE search only a handful of the sample stories included quotes from these physicians. Instead Heart Truth Ambassador Laura Bush was widely quoted on all heart-related topics.

In addition to quotes about the health and medical aspects of the campaign, quotes from dedicated sponsors and partners were incorporated in the news releases. The most prominent were Dr. Nancy Snyderman, Vice President, Medical Affairs at Johnson & Johnson; and Fern Mills, the Executive Director of the fashion house, 7th on Sixth. These quotes demonstrate support from outside organizations and bolster the credibility and importance of the Heart Truth campaign. For example, "This partnership with NHLBI is about helping women take action to take care of their heart health. If women aren't doing that, then it isn't going to matter what color their dress is," said Fern Mills, executive director, 7th on Sixth in the February 7, 2003 news release. She added, "We want all women to be taking care of what's on the inside — their hearts — so we can help them look their best on the outside."

Lastly, popular culture figures are used to help spread the campaign’s messages. Specifically, fashion designer Tommy Hilfiger, Grammy-nominated artist Amerie, and Hollywood star Vanessa Williams are quoted in news releases and news coverage. "Today, a red dress is more than a fashion statement—it's a statement of unity, strength, and good heart health. American women are embracing this national symbol and proving that nothing is

sexier than being healthy," said Tommy Hilfiger in the January 31, 2006 news release. However, this quote was not used in any news coverage that came up during the FACTIVA search, which does not index all the fashion publications. A separate search of *Fashion Week Daily* reveals a handful of stories about the fashion industry's involvement in the Heart Truth Fashion Show and a quote from "makeup icon" Bobbi Brown: "Beauty isn't just about looks; it's about being healthy and heart-smart." (Red dresses and lips to match, para. 3). Meanwhile, other news articles, such as *New York Daily News* February 3, 2007 article "Revenge of the Nerds: Geek chic a case of intelligent design" describes involvement by several celebrities including Rachael Ray, Angela Bassett, and Indy racing champ Danica Patrick.

Spokespeople are used appropriately to support the various key messages the Heart Truth campaign shares with women. Overall, there are several messages that are repeated through out the news releases and subsequent news coverage. These are discussed below.

### *Messages*

Although the overarching message of the campaign is that heart disease is the number-one killer of American women, there are several supporting messages peppered throughout the news releases and news coverage that strengthen this message. Specifically, four key supporting messages appeared: 1) an urgent call for awareness, 2) a list of risk factors associated with heart disease, 3) the fact that heart disease symptoms are different in men than women, and 4) a call for women to take action.

The first key message highlights the urgent need for awareness. This message is strengthened by statistics that demonstrate the high number of women with heart disease and quotes discussing the knowledge gap relating to the prevalence of heart disease. In addition,

compelling, urgent language is used to stress the importance of the issue. For example the campaign is designed to create “a sense of urgency,” deliver a “heart health ‘wake-up call,’” “a red alert,” an “urgent reminder for every woman to care for her heart” by using “hard-hitting visual and testimonials” to do so. Reporters write that the campaign covers “woman’s #1 health threat.” For example, *Hispanic Magazine* reporter Corina Alvarez writes, “The Heart Truth campaign, an all-out effort to mobilize an industry intrinsically tied to female audiences,” while Diane Weathers of *Essence* writes that the campaign’s goal is to “call attention to the alarmingly high rates of heart disease among women” and *The Express* on Sunday writes that the Heart Truth campaign is “a public awareness crusade.”

Accompanying this urgent wake-up call is a list of heart disease risk factors that are repeated throughout the news releases and news articles. Statistics about how women do not relate risk factors to heart disease often accompanies this list. A line in the February 6, 2004 news releases best describes this second key message. “While having even one risk factor is dangerous, having multiple risk factors is especially serious, because risk factors tend to ‘gang up’ and worsen each other’s effects.” Although repeated in various forms, the important risk factors remained constant throughout all the news releases and news coverage: smoking, physical inactivity, high blood pressure, diabetes, high blood cholesterol, family history, obesity, and ignorance. For example, in *People Magazine*’s February 21, 2005 interview with Laura Bush she discusses these risks as well as ways to reduce them. “The thing about heart disease is that it can be preventable if you do all the things that all of us know – healthy diet, not smoking, exercising, going to your doctor.” These risk factors affect various demographics differently and tie into the last key message that supports the overall campaign message.

A third key message specifically differentiates heart disease between women and men. As campaign organizers and spokespeople suggest, most people believe heart disease typically strikes old white men. As the Heart Truth campaign demonstrates, however, it not only affects women, it actually affects women at a higher rate than men. According to the campaign news releases, since 1984 heart disease has killed more women than men. According to the January 1, 2006 news release, “African American and Hispanic women, in particular, have higher rates of some risk factors for heart disease and are disproportionately affected by the disease.” Although this message is not incorporated into the more-recent coverage found in the FACTIVA search, it was included in the April 1, 2005 *Essence* article.

In addition to the misconceptions about the demographics affected by heart disease, there are also misconceptions about heart attack symptoms that manifest differently in men and women that were pointed out in releases and news stories. While men typically experience a pain in the arm and shortness of breath, women experience extreme fatigue and pain in the neck, jaw, or back. The materials indicate that medical professionals often do not recognize these signs and misdiagnose heart attacks in women. A February 4, 2004 *Associated Press* article about Laura Bush’s trip to the “deep-fried South” describes these signs. “One of the greatest risks to women is often they don’t share the same heart-attack symptoms as men, such as severe chest pains.”

The last message is that women should take action: action in learning more about the disease, action in learning risk factors, action in speaking with a physician, and action in becoming “heart healthy.” Although these messages are present, they are not repeated nearly as often as the campaigns awareness messages both in the news releases and the subsequent news coverage. These desirable actions outlined in the news releases stem directly from the

litany of goal statements that spokespeople made about the campaign. This is discussed in the next section.

### *Goal Statements*

Despite the consistent key messages and overall campaign goal of bringing awareness that heart disease is the number-one killer of women, the campaign spokespeople and news releases lay out a litany of different goal and action statements to describe the purpose of the Heart Truth campaign. Some examples include, “To encourage women around the country to take heart disease personally,” (*States News Service*, February 2, 2007), “To educate women about the dangers of heart disease,” (*NBC News: Today*, February 2, 2007); “To create a sense of urgency for women to take it personally and seriously,” (*PR Week*, February 5, 2007); “To prevent heart disease in women” (*The Express on Sunday*, February 6, 2005). (Please see a full list in Appendix F).

Although many of these statements go beyond the scope of the campaign, the vast majority of the statements support the goal of warning women about their greatest health risk. Many releases only made general statements about the threat of heart disease, the purpose of the campaign, and the role of risk factors. For example, a *Los Angeles Daily News* article from February 19, 2007 focuses on the opening of the First Ladies Red Dress Exhibit at the Ronald Reagan Presidential Library and Museum. The article highlights the special stories behind each dress and quotes Larry King who jokes about his experience with a heart attack and bypass surgery. At the bottom of the story there is a small line which reads, “The Presidential Library event also offered free cholesterol screenings,” but no other content outlines the purpose of the campaign or any of its key messages.

Overall, the media picked up many of the key messages that NHLBI incorporated in the news releases. Stories included many of the risk factors, ways to reduce these risks, warning signs of a heart attack, and heart diseases statistics. Although the news releases included quotes from several spokespeople, the media did not often directly pull quotes from the news releases. Instead, it appears the media preferred to interview people like Laura Bush, or mention celebrities involved in events. Additionally, the majority of coverage was tied to specific events, rather than the dissemination of a news release. For example, new stories spike around the annual Fashion Shows, which mark the campaign's largest industry partner sponsored event that showcases red dresses from famous clothing designers. During the 2007 Fashion show, more than 400 million media impressions were gleaned according to the Ogilvy media team.

More specific discussions of these topics take place in the educational materials created by the campaign planners. These educational materials can all be found on the Web site under the online toolkit discussed in the next section.

*The Online Toolkit* ([www.nhlbi.nih.gov/health/hearttruth/material/toolkit.htm](http://www.nhlbi.nih.gov/health/hearttruth/material/toolkit.htm))

The online toolkit materials provide a hands-on way for people to bring the campaign messages directly into their own communities. Through the online toolkit, which provides myriad resources for individuals, any person can take ownership of the campaign. To spark creative thinking, the tool kit provides a list of activity suggestions to help individuals creatively spread the campaign's heart-healthy messages. Activities like "Red Dress Day" for luncheons, dinners, corporate events, or worship services; health-screening fairs; partnerships with local beauty salons to encourage hairdressers to help spread the word; "Red Dress" Valentines dances; and heart-healthy art competitions are among the suggestions listed. In

addition to the list of suggested activities, the online toolkit hosts an activity registry for groups or individuals to register their heart-healthy events. This online database allows women to view all activities and groups in their local communities, join these activities, or start a new group or activity. For example, in North Carolina there are 12 registered events including a heart disease health fair, “Wear Red Day,” a 5k race, and a lunch-and-learn event.

These activities create a grassroots effort by allowing any woman to take on campaign tasks and spread the same campaign messages as the national Heart Truth campaign planners. At the same time, this tactic of providing campaign materials to the public sparks a word-of-mouth effort based on unified and correct information. By allowing the possibility to engage every woman, campaign planners share control and power of the campaign messages, which makes the Heart Truth Campaign an innovative awareness campaign. The online toolkit is one way the campaign attempts to primarily build the public’s agenda.

#### *Online Toolkit Materials*

The online toolkit provides a vast array of materials ranging from news releases and pitch letters to photographs, DVDs, speaking points, and more. All of these materials contain the same basic content, messages, statistics, images, and call to action. In fact, there are several paragraphs that are repeated throughout all materials. For example, the following paragraph appears in different variations within the sample news release, sample pitch letter, sample partner outreach letter, sample news article, sample proclamation letter, and sample media alert:

“Heart disease is the #1 killer of American women. Unfortunately, only 55 percent of women know that heart disease is their leading cause of death and most fail to make the connection between its risk factors and their personal risk of developing heart disease. A nationwide campaign—*The Heart Truth*—is underway to raise awareness that women need to protect their heart.”

Similarly, all five print public service announcements feature different visual images, but the same main content paragraph:

“Being a woman doesn’t protect you from heart disease. Try these risk factors on for size: Do you have high blood pressure? High blood cholesterol? Diabetes? Are you inactive? Are you a smoker? Overweight? If so, this could damage your heart and lead to disability, heart attack, or both. Talk to your doctor to get answers that may save your life. The truth is, it’s best to know your risks and to take action now. [www.hearttruth.gov](http://www.hearttruth.gov)”

The similar messages contained in the online toolkit materials help support the campaign’s brand and recognizable image. This consistency ensures that the local events and activities hosted by community groups accurately reflect the national Heart Truth Campaign and carry out the same messages. By providing a wide array of materials with different purposes, the campaign planners help ensure that the Heart Truth messages will be incorporated.

Specifically, the planners created the online toolkit materials in the form of templates, handbooks, fact sheets, speaker guides, interactive pieces, and Red Dress images.

To ensure the campaign messages are accurately shared in local events and activities, the planners created materials that can easily be used and re-purposed by community planners. They not only devised many easy-to-use materials, but also created many of these materials to act as templates. These template pieces provide accurate information in the proper formats, and help the individual or group better promote the heart-healthy community event with ready-made, consistent materials designed to engage local new media (see Appendix G for a sample news release). In addition to the template pieces, the online toolkit contains a handful of documents that provide greater detail about heart disease, risk factors, and prevention. Specifically, the *Heart Healthy Handbook for Women*, a 110-page book on heart disease in women, provides details regarding major risk factors, how to take control of heart disease, how to prevent the disease, how to know the signs of a heart attack, and how to get help



when having one. However, this lengthy resource presents an overload of information that is difficult to retain and seems to be geared to women who already have heart disease. Because of its length its reprints are more costly and might inhibit groups from purchasing this resource. Yet, this comprehensive guide provides the most medical information about the disease and acts as the foundation for all other materials and campaign messages. It contains detailed information about taking aspirin regularly, the misconceptions about the benefits of hormone therapy, and how to create an action plan in case of a heart attack.

Other key online toolkit materials, such as the fact sheets, contain similar information found in the handbook, but are presented in packets of information that are easier to digest. All the fact sheets are well branded with uniform photos, red and lavender colors, similar letterhead, the Heart Truth logo, the NIH logo, and the Heart Truth Web site ([www.hearttruth.gov](http://www.hearttruth.gov)), which make it clear this information comes from the Heart Truth campaign. For example, *The Heart Truth: Women and Heart Diseases* fact sheet describes heart disease, the myth of surgical cures, and screening tests such as the electrocardiogram, the stress test, the coronary angiography, and then lists partner organizations as additional resources at the end of the sheet. The fact sheet also divides risk factors into those beyond an individual's control and those that can be changed, while outlining various treatment options such as lifestyle changes, medication, and special procedures. These same messages are also found throughout the 72-page speaker's guide devised to help individuals develop public speeches about the campaign and its cause. With sections on audience composition, finding a sponsor, hosting an event, timing the presentation, handout, overheads, etc, this guide acts as a one-stop shop for anyone creating a presentation. Although this resource is valuable, it is not well promoted. Visitor's are expected to visit the "Campaign Materials" section on the Web site

and then find this resource among all the other individual campaign materials. In addition, it is unclear how many people have used this resource or how effective it has been because of a lack of measurement activities.

In addition to the vast amount of information and awareness-building materials, the online toolkit includes two key interactive pieces. These pieces go beyond the traditional informative role and incorporate direct calls to action that may spark attitude and behavior changes. The first piece is a list of “ten questions to ask your doctor” to find out about “your heart health.” Questions include:

“What is my blood pressure? What does it mean for me, and what do I need to do about it? What are my cholesterol numbers? (These include total cholesterol, LDL or “bad” cholesterol, HDL or “good” cholesterol, and triglycerides.) What do they mean for me, and what do I need to do about them? How much physical activity do I need to help protect my heart? What is a heart-healthy eating plan for me?”

A quiz on heart disease is the second campaign tool that asks women to find out their personal risk of a heart attack. With a list of nine questions, this quiz –located in the *Heart Healthy Handbook for Women* as well as a stand-alone piece - is designed not only to educate women about different risk factors that many women have, but to help women calculate their own personal risk of developing heart disease. The more “yes” answers a woman checks, the higher her risk of developing heart disease. At the end of the quiz, a paragraph reads, “If you answered ‘yes’ to any of these boxes, you’re at an increased risk of having a heart attack.” Although this message is important for alerting women to their risk, it is not personalized, nor does it immediately tell women to speak with their doctor. In essence the same message is given to a woman who is over 55 and a woman who has diabetes, does not exercise, and smokes. This type of warning message is also reflected in a February 6, 2004 news release: “While having even one risk factor is dangerous, having multiple risk factors is especially

serious, because risk factors tend to ‘gang up’ and worsen each other’s effects.” Essentially, it is necessary for a woman to speak with her doctor to figure out her personal risk.

The image of the Red Dress is present throughout all the materials. As discussed previously, this icon is the national symbol for women and heart disease awareness and carries the message, “Heart Disease Doesn’t Care What You Wear – It’s the #1 Killer of Women.” Many of the online toolkit materials simply share this image and its message. For example, the Red Dress pins, note cards, posters, photography, and logos are designed to reinforce the campaign’s key symbol and act as eye-catching visuals to help spread awareness and perhaps spark discussion. However, when the Red Dress symbol is present without any accompanying messages, it is futile for women without previous exposure to the campaign’s messages. In addition, too much focus on the success of the Red Dress symbol and people’s ability to recall this image distracts from the overall goal of the campaign, which is to affect change in women to lower their personal risk of developing heart disease.

Lastly, most of the online toolkit materials are translated into Spanish to reach out to the growing Hispanic population, which is at a high risk of developing heart disease. As is reinforced in a January 31, 2006 press release, “some 83 percent of midlife Hispanic women are overweight or obese, and more than 10 percent have been diagnosed with diabetes.” Both of these conditions are considered risk factors for heart disease and when coupled together, create a higher risk of heart disease for this population. In addition to translating the materials into Spanish, the campaign planners also ensured that the informational DVD was closed captioned for the hearing impaired. By doing this, the team ensures that all women have access to this important information. However, because the team has limited evaluation measurements in place, it is unclear how successful these materials have been.

This section examined important written communication tools, including news releases, subsequent news coverage, and the online toolkit. Examination of these materials revealed themes and messages that help build public awareness about heart disease and the Heart Truth campaign. To better understand, the strategy behind these tools and key messages, interviews were conducted with the campaign planners. The next section examines the data from these interviews.

### Part Three: Interviews

Interviews were conducted with Heart Truth Campaign Project Director Ann Taubenheim from the Center for the Application of Research in the National Heart, Lung, and Blood Institute and five members of the Ogilvy PR team. The Ogilvy team consisted of Sarah Temple, the Director of the Heart Truth Team; Heather Hart, Account Supervisor who manages the community outreach program; Ashley Duncan, Account Executive on the media team; Jessica Ansley, Senior Account Executive on the media team; and Cassandra Ophinnaiye, Account Supervisor leading the Hispanic outreach for the multicultural team. The participants provided a behind-the-scenes look at the campaign and shared insights and thinking that created many of the campaign activities. The informal conversations covered a wide range of campaign areas including strategy, measurement, celebrity involvement, and evolution of the fashion show. Unlike the document analysis research, the interviews provided rich data that painted a more-complete picture of the Heart Truth campaign that illustrated how all the different campaign facets work together. Participants discussed several key areas that influenced the success of the campaign: message creation, partnership building, educational material development, grassroots and national outreach, and process measurement. Each of these areas is discussed below.

## *Messages*

The campaign's messages stem from solidified campaign goals. According to Ann, the "goals have always been to increase awareness among women that heart disease is the number-one killer. To give women critical messages about what the risk factors for heart disease are. And what are some action steps they can take." Cassandra made a similar statement, saying, "to reach as many women as possible with messages, and create opportunities to reach the largest number of women with materials."

To accomplish these goals the team devised a set of messages that stemmed from the in-depth research conducted before the campaign's launch. This research highlighted the need to make the campaign relevant to women, and to ask each woman to assess her personal risk of heart disease. Sarah described how all the messages – whether in the national campaign or in the local community group outreach – "must be personalized and relevant." She pointed out how all the Heart Truth activities support this research finding by discussing how "outer beauty is good but you need to have inner health and beauty, too." This message can be found in a number of the awareness and educational materials, including the PSAs. Although the messages are targeted at midlife women ages 40 to 60, Ann pointed out that, "our messages are still important for younger and older women because it's never too early and never too late to prevent heart disease - or if you have it modify your lifestyle to not worsen the disease."

However, having relevant and personalized messages isn't enough, according to Ann, who describes the importance of message repetition. "One of the things, the lessons we've learned, is that you have to keep on focus and not change your focus.... You have to have one symbol." She discussed how several groups have approached the campaign planners asking to incorporate other heart-related messages. She described how a recent research study linking

preeclampsia to an increased vulnerability of developing cardiovascular disease sparked the interest of the Preeclampsia Foundation. “Of course they’d like us to bring preeclampsia into the whole Heart Truth picture, which we won’t do because we’re sticking with messages.”

But the participants believe that sticking with the message does not mean working alone. “It takes years and years to get the word out,” Ann said. “It takes a lot of different groups to get a movement going. You know we can’t do this alone.” Consistent and repetitive messages not only strengthen the image and brand of campaign, but also help women recall the important key messages. Brand-building through key messages is one of the cornerstones of Ogilvy’s public relations strategy. “We brand and re-brand issues in women’s minds, [which is] transformative for women’s heart health,” said Sarah. “Heart disease has a whole new recognition [that is] essential in galvanizing partners around the issue.” Through using consistent messages to build awareness and educate women about heart disease, the Heart Truth campaign has built a solid recognizable brand. This brand is used to leverage the help of partner organizations that are essential the success of the campaign. This point is further discussed in the next section.

### *Partnerships*

Understanding that raising awareness about heart disease would require the mobilization of many groups, the Heart Truth campaign focused heavily on building partnerships. On a more practical level, Ann described how partnerships provide the additional resources, funding, time, and energy required to spread the messages. “Partnership building has been really critical and that includes many different types of partners whether its media, other government organizations, other nonprofits, corporate partners.” Developing partnerships with different groups at all levels has been a very successful strategy for the entire team. But Sarah also

believes that creating partnership with these different groups has been an “enormous cultural shift for the government,” especially regarding the partnership with the American fashion industry that requires the mobilization of many individual designers and many of the larger corporate sponsors. She said, “We have crafted those partnerships. What is beneficial to corporations and how do we get them to take on?” She described how it is necessary to provide incentives to the companies to spark their interest. In the case of the Fashion Show, corporate sponsors had exclusive rights to place items in the gift bags, sample products at the Heart Truth booth, and to be part of media coverage.

Similarly, Heather discussed the strategy behind finding the national community partners that she actively targets for grassroots efforts. She looks for national organizations that have a large membership base that can spread the Heart Truth messages. Likewise, Cassandra and her team focus efforts on developing relationships with the national Latina and African American organizations and with cultural media including *Essence* and *Catalina* magazines.

However, the campaign's largest partnership effort is aimed at corporate sponsors. Ann said, “For the corporations basically the bottom line is a dollar. If these things help their bottom line, then they are going to continue to support the issue.” Currently the campaign has about 25 active corporate sponsors ranging from General Mills Berry Burst Cheerios, 8<sup>th</sup> Continent's SoyMilk, and Celestial Seasonings tea selections, to Johnson & Johnson, Swarovski Crystal, and Jet Aviation's corporate credit card. Many of these corporate sponsors wish to do cause-related marketing, which typically describes a partnership between a corporation and a nonprofit or government agency that is promoting a social initiative. This partnership has dual benefits as it provides funding to nonprofits and it highlights the corporation as a good corporate citizen (Crawshaw, 2005). However, since the government

cannot receive of cause-related funding, the Heart Truth's nonprofit partners became the beneficiaries. For example, General Mills features the Red Dress on its products but sends cause-related funding to WomenHeart and the American Heart Association. These partnership organizations in turn support the Heart Truth campaign by spreading key messages and reprinting additional copies of educational materials and sending them out to women. "It's almost become a three-way partnership," said Ann. Not only are partners invaluable for sharing the campaign's messages with their own members, but partner organizations also provide the funding to create and distribute educational materials, which is vital to the grassroots community outreach efforts discussed in the next section.

#### *Meshing Grassroots and National Campaign*

Several interviewees discussed the two-pronged approach to the Heart Truth campaign. The first prong is the national awareness campaign, which the Fashion Show, corporate sponsorships, and national media activities support. The second prong is the community outreach program that utilizes grassroots efforts to bring Heart Truth messages directly into the community. Heather believes it is important to have a grassroots effort in which community members learn from community leaders. But she also embraces the importance of the national campaign efforts that spread the message to masses of women. "It's key to have those two big media relations activities to get the word out."

Although each of these approaches is necessary and important to the success of the campaign, they in some ways "confused" the media, according to the media team. The team believed that the local community media did not cover the national fashion show because they did not find it relevant or personalized for the local community. They said that some women in the local community could not relate to the glamour and celebrities of the New York



Fashion Show. For this reason the team created two separate media mailers featuring the 2007 Fashion show and National Wear Red Day. The first mailer was geared toward the local media and featured women in red dresses with links the Heart Truth Web site; content focused on National Wear Red Day “to show that the fashion show was secondary.” The second mailer, geared toward the national media, featured a model in a red dress with links to a separate media-focused Web site hosted by Ogilvy PR discussing a “Red Alert for February.”

Cassandra experienced a similar dilemma when working with media geared toward African American or Hispanic audiences. She found that the issues and supporting statistics must be directly relevant to the community. For this reason she translates as many educational materials as possible for Hispanic audiences, and utilizes fact sheets with targeted information specifically for these populations. In her experience, she believes that it is easiest to get attention and coverage “where there’s an opportunity to highlight Hispanics” or “discuss the issue itself” and has found her biggest success in getting coverage within the newsletters published by partner organizations. This comment echoes a study by Aldoory (2001) in which focus groups discussing health issues were held with women of all races and socioeconomic backgrounds. The researcher found that women prefer health messages that are specifically tailored to their needs. Attempts to make the Heart Truth messages relevant to these communities is made possible by a team effort to create online toolkit materials that allow any group to use all of the campaign content, images, materials, and statistics, and tailor the materials to the individual organization’s needs. “The Red Dress symbol is something you can own,” said Cassandra. “[They can] make it part of their own materials.”

Heather gave an example of tailoring as she described how the state of Mississippi has launched its own Heart Truth Mississippi initiative that customizes the Heart Truth logo (see

Figure 5). Many local hospitals incorporate the Heart Truth campaign materials into their own materials. She says the team wants people to “adopt it – not reinvent the wheel.” By providing the well-designed materials with recent statistics, compelling stories, and important information about heart disease, the team hopes to make it easier for organizations to adopt and tailor the materials – resulting in the Heart Truth messages out on a grassroots level.

### *Measurement*

When asked about the campaign’s success and measuring results, the participants discussed the difficulty of measuring all the activities in this campaign. Sarah and Ann point to the “process measures” that the team focuses on. Ann says,

“Our evaluation has been process. How many materials we’ve distributed? How many media hits? The number of people we’ve screened...and, um, the road shows and ...woman who have risk factors that were screened. And the number of Heart Truth Champions that we trained. The number of events that they’ve done after their training.”

Heather described the process measurements relating to her community outreach activities saying the team, “keeps track of impressions and every group in the activity registry.” They also count the numbers of materials given out during the Community Champions program and through official partner organizations. However, Heather also discusses how informal feedback and “non-scientific” evaluation have helped shape the campaign by the team listening to feedback and responding appropriately. Because she received so many requests for reprints of educational materials, she conceived the online toolkit to house all the publicly available materials, which allows groups to print off as many as needed. “Because NHLBI doesn’t have unlimited funding for printing, we need to make it available, everything - all our materials - in one place.” By placing everything online, the team has the potential to track those materials that are used and those that are not. However, both Heather and Ann agree that it’s “hard to get Web stats.”

Cassandra echoes Heather's discussion of the importance of informal evaluation. She says she hears feedback from her partner groups who "love the fashion show" and the campaign. Cassandra believes they get this feedback because they "do more than just give out the materials but help to plan events and offer technical assistance in other programming." She says this assistance is hard to measure since her team "keeps interacting" with partners and the Hispanic media to have them "not just build relationships with the campaign but then a comfort level with the team."

The participants believe that this relationship building is not only hard to measure but can be costly. According to Ann, "We don't have the funding to do outcome research. The only kind of outcomes that we have is that the American Heart Association [does] surveys." The American Heart Association and LifeTime Television recently published surveys indicating how many women recognize the Red Dress symbol, which is up to 57% in 2006 compared to 25% in 2005.

The participants believe that awareness is such an important measure for the team "because awareness is the first step in taking action," according to Sarah who points to social marketing and health communication theories. "Awareness and action goes [sic] together obviously." Since awareness is a key measure, the team tracks all awareness-building activities. Heather said they "keep track of pins" and gave the example of a grandmother who gave Red Dress pins to her high school reunion class. She believes that because of this activity, "we can assume ... awareness," she said.

Awareness is a hard number to capture, yet in 2005 at the end of Ogilvy's first contract, the team put together an Executive Summary Report of the Heart Truth campaign activities that highlights these process and awareness measures. The report includes major Heart Truth

events across America (56), the dollar value of Fashion Week Partnerships (nearly \$7,000,000), total media impressions (1,089,242,427), total number of Heart Truth materials distributed (1,610,549) and a breakdown of the recipients (with corporate partners leading), among other measures.

#### Part Four: SWOT Analysis

The SWOT analysis was created to assess the current health of an organization by examining its strengths, weaknesses, opportunities, and threats. The following figure presents a SWOT analysis of the Heart Truth campaign:

<b>Strengths</b>	<b>Weaknesses</b>
<b>Awareness</b>	<b>Awareness</b>
* Well-known ambassador	* Main events focus on fashion industry
* High-profile partnership with fashion industry	* Some activities aren't targeted at age
* Big brand name partnerships: J&J, General Mills	* Road Show only hits a few main cities
* Applicability of messages to all publics including men	<b>Messages</b>
* Clear key messages	* Disconnect between national and local
<b>Materials</b>	* Few behavior and attitude change messages
* Visually appealing design of campaign materials	<b>Other</b>
* Materials are customizable	* Limited outreach to healthcare professionals
<b>Other</b>	* Lack of funding
* Excellent support from Go Red for Women campaign	* Lack of measurement activities
* Dedicated team working to mobilize	
<b>Opportunities</b>	<b>Threats</b>
* Find more celebrity spokespeople with heart disease	* Other campaign noise
* Find other major events to partner with	* Limited budget resources
* Improve key measurements: Web statistics	* Possible new ambassador after next election
* Increase outreach to minority/disadvantaged women	* Corporate partners drop out
* Increase outreach to healthcare professionals	

The campaign has almost a dozen key strengths that fuel its success. Ranging from well-known spokespeople and brand-named partners, to visually appealing materials and support

from the American Heart Association's Go Red for Women campaign, the Heart Truth campaign strengths keep it well-positioned for continued success and growth.

There are a few weaknesses that may limit the effectiveness Heart Truth campaign, however. Primarily, the campaign has limited and unreliable funding to carry out all activities, which affects the scope of the campaign's strategies and tactics. To address this weakness, the team has continued relationship-building efforts with many corporate and community organizations. In addition, the campaign focuses heavily on fashion - fashion shows and fashion exhibits - that may exclude targets and weaken some targeting efforts. While the current fashion-based activities are excellent for raising awareness with certain segments of women, there are other segments of women that lack interest in this industry and would not likely be exposed to the messages through these fashion-based tactics. In addition, focus on the national fashion show makes it difficult for local communities to relate to the event and embrace the cause, as noted by Ogilvy's media team. It is recommended to branch out beyond the fashion industry and tap into others areas, such as shopping or sports, which affect women at all socioeconomic levels. In addition, some of the current outreach strategies – like using hot celebrities as models – may not reach the target audience. It is recommended to use tactics that better reach the campaign's target audience of 40–60-year-old women.

Similarly, the campaign has few structured programs that specifically target healthcare professionals – many of whom are misinformed about heart disease in women. By increasing efforts targeted at healthcare professionals, the campaign could significantly affect the number of misdiagnoses related to heart disease. Through a grassroots effort of contacting all cardiac centers, women's centers, and primary care physicians, the campaign's messages will

get into the hands of nurses and physicians – some of the individuals that people trust most. Materials may already be getting into the hands of these professionals; however, the campaign lacks structured measurements to keep track of all the materials, their usage, readability, and more. By setting benchmarks based on effective measures rather than simply conducting process-based measures, the campaign planners can better assess the success of the health care professional outreach.

The weakest point of the campaign, however, is its limited use of action and behavior-changing messages. Overwhelmingly the campaign's messages are educational in nature, and lack the urgency needed to influence women to make immediate changes. By incorporating more action-based messages, the campaign may have a more-significant effect influencing women to make the changes needed to lower their personal heart disease risk. Therefore, it is recommended to create an additional set of action change statements and infuse them into current messaging to ensure women personalize the risk the heart disease.

Despite these weaknesses, the campaign has many opportunities for expanding the breadth and depth of the campaign. By continuing to uncover more celebrities who have had personal experience with heart disease and building additional partnerships with other industries and brand-name corporations, the campaign momentum can continue to flourish. To improve community outreach efforts, the campaign planners should concentrate on the Women of Color and Faith-based initiative efforts to ensure women at all socioeconomic levels are targeted. In addition, focusing outreach efforts on healthcare professionals in areas most affected by heart disease, like the “black belt” of the South, may help in supporting the other community-based efforts (personal communication, Ann Taubenheim).

Lastly, there are intrinsic threats, such as competing campaigns, that the Heart Truth

planners must keep in mind. Specifically, threats related to funding pose the greatest danger. Without the partnerships with corporations, many of the campaign's main tactics such as the Road Show and First Ladies Red Dress Exhibit, would lack sufficient funding and would need to be halted. A drop in corporate support, or a lack of funding from the NIH would drastically affect the success of the campaign as well. For this reason, the team should devise a plan of action if current funding dries up. Likewise, the team should prepare for the possibility of a new campaign ambassador after the next election. This is particularly important because Laura Bush is the most-quoted campaign spokesperson. Although many of these threats cannot be avoided, they certainly can be planned for. The sooner the team creates a response plan, the better prepared they will be.

This chapter has described the key messages utilized in the campaign materials and subsequently by the media over the last five years. The media have utilized many of the key messages in mediated, mass communication vehicles by repeating key statistics, incorporating educational messaging, and including tips for a healthy heart. Additionally, the campaign team developed non-mediated tactics, such as the Single City events and corporate partnerships, and targeted some populations directly through grassroots programs like the Women of Color and Faith-based initiatives. A SWOT analysis presented the current strengths, weaknesses, opportunities, and threats of the Heart Truth campaign, which will be further discussed in the next chapter. The next chapter further discusses the Heart Truth campaign placing it within the context of the mobilization agenda-building model. In addition the campaign's messages, tactics, partnerships and feedback are examined when answering the two proposed research questions.

## **CHAPTER V**

### **DISCUSSION**

#### The Heart Truth and Agenda-building Theory

The first research question asks, “What agenda-building strategies or models framed the Heart Truth campaign?” The goal of the Heart Truth campaign is to bring an issue to the public’s agenda. In this campaign, the government is bringing the issue of heart disease risk for women to the public agenda, which parallels one of the original models of agenda-building theory created by Cobb et al. in 1976. Cobb et al.’s mobilization model describes how government agendas are initiated by key decision-makers who attempt to promote and support an issue, which requires widespread voluntary compliance by the public. In this case, the NHLBI is promoting an awareness campaign that requires women to comprehend the educational messages and then take subsequent action to reduce their personal risk of developing heart disease and eventually the overall prevalence of heart disease in women. According to Cobb et al. (1976) there are four stages involved in every agenda-building model: 1) initiation or articulation of the issue; 2) specification or purpose of the campaign; 3) expansion, or spread of information; and 4) entrance on the public’s agenda. In addition there are three factors that are specific to the mobilization model: 1) structural mechanism for group interaction; 2) an accepted symbol; and 3) a “new” and “exciting” program (p. 134). Without these factors, the mobilization model risks failure. All of these factors have been thoroughly addressed in the Heart Truth campaign.



First, NHLBI has the structural mechanism needed to ensure group interaction. Primarily, the NHLBI has access to and relationships with the Office of Women's Health in the U.S. Department of Health and Human Services and other groups in the National Institutes of Health. Because of the similar nature of work, NHLBI also has relationships with nonprofit and advocacy groups such as the American Heart Association and WomenHeart: the National Coalition for Women with Heart Disease. A collaborative group initiated the Heart Truth campaign and specified its goal, strategies, and tactics, thereby achieving the second phase of agenda-building according to Cobb et al.'s (1976) models. Through these groups and relationships, NHLBI was able to reach out and expand to other member-based groups, corporate partners, and local communities, thus fulfilling the expansion phase of the mobilization model.

Second, like the mobilization model, the Heart Truth campaign embraced an emotionally laden symbol – the Red Dress. According to Cobb et al. (1976), a symbol is a common agenda-building tool that evokes feelings and inspires action. The campaign audit suggests that the color red is powerful. It also suggests the dress symbol resonated well with women. The simple, attractive symbol is memorable and is appropriate for its attached slogan, “Heart disease doesn't care what you wear – it's the #1 killer of women.” The Red Dress symbol also framed many of the campaign's tactics, specifically the partnership with the American Fashion Industry, the creation of the Red Dress collection from famous designers, Single City Program, and the First Ladies Red Dress Collection.

These tactics based on the Red Dress represent new and exciting programs that require the government to partner with corporate, nonprofit, and community groups, thus achieving the third key factor for success, according to Cobb et al. (1976). In addition to the Red Dress-

related events, the campaign featured other unique elements. The online toolkit, for example, allows any group to download and use all information without jumping through bureaucratic hoops. In fact, not only are the materials available for everyone, they are actually customizable to help groups show their support when the Heart Truth messages are disseminated. This innovative aspect of the campaign meets the requirement for this third element of Cobb et al.'s (1976) model.

By achieving the three key factors and addressing the necessary elements associated with agenda-building, the Heart Truth campaign has brought the issue of heart disease in women to the public's attention, thus fulfilling the last phase of the mobilization model: entrance on the public's agenda. The effectiveness of this entrance is somewhat unclear because the Heart Truth campaign implements minimal evaluative research to test the effectiveness of and utilization of the education materials in the public. This point will be further discussed in the recommendation section. However, based on the most-recent survey sponsored by the American Heart Association, women have clearly grasped this message as reflected in their recognition of the Red Dress symbol. Additionally, there may be a correlation between the awareness campaign's effectiveness and the decrease rate of heart disease in women; however additional research is required to ascertain this relationship. Thus it suggests that the efforts put forth by the Heart Truth campaign are capturing some women's attention and effectively entering the public's agenda. This assumption, however, has its limitations, which is discussed later.

While it is clear that the Heart Truth campaign accurately parallels Cobb et al.'s mobilization model of agenda-building created in 1976, it is also important to note that this campaign can be held up as modern-day example of effective mobilization within campaign

planning. The pre-research, strategy development, partnership building, message dissemination, execution, and more provide a good “how-to” model for other organizations looking to mobilize efforts around an issue.

### Discussion of Heart Truth Audit

The second research question asks, “What has been the success of these agenda-building strategies for this campaign?” To discuss the specifics of the Heart Truth campaign, the following section will follow Barbara Diggs-Brown’s (2007) outline of questions applied to all communication audits. Specifically, the questions regard message quality, message delivery, relationship quality, and audience communication. Answers to these questions as they relate to the Heart Truth campaign comprise the framework for the discussion and recommendation chapter.

#### *Message Quality: Key Messages*

The Heart Truth’s key message is that heart disease is the number-one killer of women. This is a simple and very important message to relay to women. However, one of the strengths of the Heart Truth campaign regards the applicability of this campaign message to women of all ages - not just the target audience. In fact, many of the key messages, such as listed risk factors, are also important for men to understand. The universality of the campaign requires the development of messages that effectively address the issue, are easy to understand, and may spark a change in behavior. Recent and relevant statistics and facts are repeated throughout all campaign materials to educate the audience and support the key messages. Similarly, repeated key messages from credible organizations and well-known spokespeople,

like first lady Laura Bush, bolster the campaign's overall goals and credibility.

The key messages primarily fall into the awareness/educational arena by sharing information and relevant facts about heart disease. There are fewer behavior and action change messages found within the campaign materials. According to the Ogilvy program director, awareness is the first step to action and behavior change. Some researchers, however, point out that knowledge of a health issue does not automatically lead to change in behavior or attitudes (Blunden et al. 2004; Gelb & Johnson 1995; Narayana & Markin, 1975; Kotler & Zaltman, 1971). Blunden et al. (2004) writes, "for a behavior change to succeed, individuals must have the incentive to change, feel threatened by their current behavior, and feel that a change will be beneficial and be at acceptable a cost" (p. 2). In the Heart Truth campaign, there are a handful of messages that contain action statements such as, "know your risk factors" or "talk to your doctor." The majority of the campaign, however, simply shares educational messages that the team attempts to personalize to help influence real attitude and behavior changes. The limited use of these types of messages categorizes the Heart Truth campaign as solely an awareness campaign, when it has the potential to accomplish much more.

#### *Message Delivery: Campaign Tactics*

Because of the campaign's awareness goal, the message delivery focuses primarily on educational materials in the form of brochures, fact sheets, handbooks, and quizzes. These materials are professionally designed with a clean, appealing layout and simple, yet effective content. Overall, the images, colors, fonts, and styles are uniformly used across all materials, which help build and support the Heart Truth campaign brand while reflecting programs like the Women of Color initiative by including photos of women of all races.

The most appealing aspect of these materials, however, is that they are customizable and easily located in the online toolkit. Because the government supports the campaign, all created materials are considered public property and for this reason, any group may pull content directly from the materials and insert it into any newsletter or other marketing material. This unique aspect makes the Heart Truth campaign very different from other nonprofit and corporate campaigns by essentially letting anyone access it. The ability to customize the materials not only eases the dissemination process, but also helps groups embrace the cause and make it their own – thus helping push the campaign’s momentum.

To get the messages out, the campaign relies on several main tactics: the Fashion show, the Road Show, the First Ladies Red Dress Exhibit, the Single City events, the Community Champions Program, the Women of Color program, and Faith-based initiative. The last three programs are grassroots programs that bring campaign materials directly into the community, while the others are awareness venues to attract both the public’s and the media’s attention. The grassroots programs are hindered by budget restrictions and have a limited reach. Yet they have lasting effects in a community in which a healthcare professional may continue to share the materials with community members. The community members may be more inclined to accept messages from a trusted fellow community member than from other channels. In addition, community outreach affects the local healthcare providers who may not know the great risk women have for developing heart disease.

Conversely, it appears that the awareness events that spotlight the issue are used to primarily attract the media’s attention, which will, in theory, reach a large target audience. News releases are sent in conjunction with these events to attract the news media and are primarily used as a starting point for developing stories. This reflects Curtin’s (1999) study,

which revealed that the news media indeed use news releases for ideas, but not for specific content. For example, most news media did not use the quotes directly from the Heart Truth news releases, but instead contacted those who were quoted in the releases. Media coverage is primarily used to teach women that heart disease is their number-one killer and is an excellent venue for a woman's first encounter with the campaign. Subsequent encounters may be necessary before the campaign messages are fully embraced, however. Simply reading about the issue may not be enough for a woman to make life changes. Widespread media coverage is excellent for alerting as many women as possible about the issue, but any single news article may lack the depth to fully educate women about taking action and changing behavior. For example, the Oprah story focused on the Red Dress fashion show and skipped over its founding cause. In addition, the main tactical events are very fashion-focused and may not effectively gain the attention of women who are either not interested in this industry or believe it is frivolous. Similarly, using models such as Lindsay Lohan may not effectively reach the older target audience of women ages 40-60. While celebrities like Lohan garner media attention, the subsequent attention is gained from a much younger, teenage audience.

#### *Relationship Quality: Partnerships*

Overall, the Heart Truth campaign is a very inclusive campaign that welcomes all participation in spreading the campaign's messages. To effectively reach out to the target audience, the Heart Truth campaign planners have focused heavily on developing relationships. The popularity of the campaign has attracted corporations, which have directly asked the campaign planners about partnership opportunities – a testament to the quality and influence of this campaign. In other instances, the team actively sought partnerships with corporations that target a similar audience segment. These corporate partners with a similar

target audience have widely recognized brand names and products, and have been able to gain immense attention for the cause. Through corporate support the Red Dress has not only become an icon, but nonprofit partners have greatly benefited from the fundraising efforts. The number and quality of both present and past corporate sponsors is admirable and serves as a good model for other groups looking to mobilize corporate partners.

Although the campaign focuses primarily on developing corporate relationships, the team also values and nurtures its relationships with community groups and nonprofit partners. The campaign's partnerships with large membership-based groups and influential groups such as the First Ladies of the Church group composed of the wives of pastors brings credibility to the campaign and provides a direct link to the target audience. By reaching out to these trusted influential community leaders, which researchers agree can help influence a community (Buller et. al, 2005), the campaign is building relationships that may influence more women to take their heart health seriously.

#### *Audience Communication: Feedback and Measurements*

The Heart Truth campaign has received numerous accolades and awards from several professional groups, medical societies, and nonprofit organizations ranging from the PRSA Silver Anvil Award to *Women's Day* creation of the Red Dress Awards. In addition to the formal awards, the campaign team has received significant informal feedback from partners, the media, and women across the country. This informal feedback has allowed the team to make necessary adjustments to the campaign during the execution, which keeps the team and the campaign flexible and receptive to change. For example, as requests for materials began to skyrocket, the team created the online toolkit to easily manage the dissemination of the materials. Likewise, as callers began asking for event ideas, the team created the activity

registry for people to share ideas and describe past events.

Lastly, the latest available data indicates a significant change in heart disease prevalence among American women, which may point to the success of the campaign. This success must be assumed, however, because the campaign lacks formalized benchmarks and structured measurement activities. Instead, the team focuses primarily on process measurements that simply measure outputs such as quantities of materials distributed and number of media impressions, rather than outcomes. Heath and Coombs (2006) write, “Just because people might have been exposed to a message does not mean they saw or heard the message. The process of getting attention (publicity) was evaluated, not the outcome of actual awareness of the topic” (p. 185). In addition, this publicity measurement, while valuable, is incomplete because it only captures the usage of official partners and community groups that order materials. People and groups who download materials from the online toolkit are not currently captured in these output measurements. By simply incorporating regular and consistent Web statistics into the campaign, the team could track total numbers and find out which materials are downloaded most often and which are not. These measurements along with the other process measures do not indicate actual usage or effectiveness, however. In order to capture the usage and effectiveness of these materials the campaign planners could implement readability studies and conduct surveys with groups that have utilized the materials. This evaluation tactic will be further discussed in the recommendation section.

This chapter discusses the different agenda-building strategies implemented by the Heart Truth campaign. Specifically, the campaign has successfully placed the issue of women’s heart disease on the public’s agenda through several agenda-building tools. The most-successful tools include gleaning media coverage from the different awareness events, such as



the Fashion Show and Road Show, and building solid corporate partners that place the Red Dress symbol on consumer product labeling. In addition to these tactics, the team also directly reaches the audience through grassroots initiatives such as the Heart Truth Champions program and through the public Web site. The campaign also has a multitude of educational and awareness materials for public consumption. Because of a lack of extensive research, however, the effectiveness and success of these individual materials is unknown.

## **CHAPTER VI**

### **RECOMMENDATIONS**

Based on the audit research, discussion, and SWOT analysis of the Heart Truth campaign, the following recommendations are suggested:

1. Move beyond the fashion industry

The fashion industry only attracts a certain segment of women. By branching out and working with another industry on a similar event, the campaign can reach a different segment of women, and reach a new set of reporters.

- Move into the sports industry, which promotes physical activity:

- 1) Sponsor a driver or even a team of NASCAR drivers as 40% of NASCAR fans are women (*Fan-actic*, 2003). Additionally, sports media may pick up on the story and help spread the message.

- 2) Partner with professional sports league such as Major or Minor League Baseball to create multi-stadium game day announcements, Red Dress signage, and Web postings about the issue of heart disease in women. This event may take place on Mother's Day, which appeals to both men and women. It would be ideal to find a major league player who has female family members with heart disease that can act as a spokesperson for the event.

- Move into the entertainment industry:
  - 1) Develop relationship with NBC to create an ER episode about women with misdiagnosed heart disease. Have cast members film a PSA that will air during and at the end of the show.
  - 2) Work with Hollywood producers to bring up the issue of women and heart disease in upcoming movies.

2. Incorporate more action-based messages into current educational materials

The majority of the Heart Truth campaign information is informative and educationally based. Since the educational element is reaching the public, the next viable step is to move into the behavioral arena. Proportionally, there are fewer statements directly calling women to action. Incorporating more action-based statements may urge more women to take their heart health seriously and thus better fulfill the goals of the Heart Truth campaign.

- Place higher emphasis on risk-reduction activities than just risk factors.
- Highlight the heart-healthy tips instead of burying them on the Web site and other materials. Make these tips easy for visitors to see by creating a graphic sidebar or pullout box.
- Include the tips for a healthy heart on all materials –even if it is in a sidebar.

3. Continue push for corporate sponsors

Corporate partners offer an array of support to the Heart Truth campaign ranging from financial support and in-kind gifts, to product labeling, and event sponsorship. Targeting

corporate sponsors that attract the target audience is vital to the success of the campaign and should be continued. Share research results that indicate the impact of the campaign – that may help in recruiting. And, get these corporations to help fund research.

- Create new partnership with Victoria’s Secret, Karen Neuberger, or other sleepwear designers to create a red line of sleepwear for women. This sleepwear can have a Red Dress tag and label that includes information about heart disease and the campaign.
- Create partnership with Reebok, Adidas, or Puma to develop a red line of shoes or workout wear for women. (Nike already sponsors the Breast Cancer cause).
- Create a partnership with Curves Gym for Women to display posters in the restrooms, and signage for the gym with heart healthy tips. The gym is an excellent venue to capture attitude and behavior change data. Through a simple survey, which could be provided in the online toolkit, measurements of women’s current views about heart health could be captured before and after the introduction of heart healthy signage.
- Create partnership with Bank of America or other national bank to offer banking cards or checks with the Red Dress logo.
- Create partnership with major restaurant chain to provide a red dress icon next to “Heart Healthy” options on the menu. Restaurant could keep track of how many people choose the heart-healthy options.

#### 4. Use other tactics that target key audience

Through additional innovative activities, the Heart Truth campaign can reach out to

women who have not been exposed to the campaign's messages or further strengthen the messages for women who are all ready aware of the risk of developing heart disease.

- Continue efforts targeted at minority populations and focus on creating messages that are relevant and personal to these populations through continued use of minority spokespeople.
- Develop a Red Dress United States Postage Stamp that is unveiled on National Wear Red Day.
- Work with the Ad Council to develop a nationwide public service announcement television advertising campaign.
- Partner with magazines, such as *Ladies Home Journal* or *Good Housekeeping* to hold a nationwide short story contest about women and heart disease. Finalists can have the story published in the magazine
- Sponsor a float or Red Dress team to walk in nationwide parades like the Macy's Day Thanksgiving parade or the Tournament of Roses parade.

5. Intensify grassroots efforts geared at healthcare professionals

According to the American Heart Association more than 90% of primary-care physicians are not aware that heart disease kills more women than men, which suggests many of these physicians may not alert women to their heart disease risks. To counter this trend, it is important to specifically target these physicians.

- Continue hosting booths at medical conferences and sessions. This venue is also an outlet to conduct basic research with health professionals. By administering a survey

to people who stop by the booth, the team can learn how to more effectively reach out to this target audience.

- Have the NHLBI director or the partner organization speak at cardiac conferences to discuss heart disease in women. This venue also provides the opportunity to conduct a simple survey, which can be placed on the chairs in the auditorium.
- Develop comprehensive contact list of cardiac centers, women's centers, and hospitals in states with the highest risk the heart disease. Directly call, send emails, or mail information to these facilities pointing out the Health Professional Materials available on the Heart Truth Web site.
- Continue targeted news outreach to cardiac trade publications such as *Cardiology News*, *Cardiology Magazine*, and health-related Web sites like [diagnosisheart.com](http://diagnosisheart.com); [heartinfo.org](http://heartinfo.org); [scienedaily.com](http://scienedaily.com); [medicineworld.org](http://medicineworld.org); [principalhealthnews.com](http://principalhealthnews.com); and many more.

6. Utilize measurements that go beyond process measuring

While the most-recent survey indicates that heart disease deaths in women have declined, this survey does not fully measure the success of the Heart Truth campaign, nor does it take into account other campaigns or initiatives that may influence the survey results such as the Eat Smart Move More campaign. Therefore, it is necessary to create other measures that not only show success, but also help improve future Heart Truth activities.

- Conduct a survey with people registered in the online registry to see which materials they used, how they used them, which were most helpful, and which could be improved.

- Conduct surveys with healthcare professionals to see what other materials would be beneficial for them.
- Develop a partnership with the government Web team to regularly run Web statistics, to track Web site traffic, material downloads, and links to other sites.
- Develop a simple evaluative tool for the online toolkit that organizations can use in their own communities and report data back through the Web site. This allows for the collection of some grassroots data.
- Develop behavioral and attitudinal benchmarks. Begin with a survey about the recognition of risks of heart disease, and then follow up with annual surveys that determine what behaviors and attitudes women hold about heart disease prevention and care. Annual surveys will track the changes in attitude and behavior, and provide significant data that goes beyond awareness measurements.

This chapter outlined six key recommendations for the Heart Truth campaign and specific tactics that would support these initiatives. While some recommendations build upon current efforts, such as partnership building, others move the campaign into new directions, such as away from the fashion industry and into new industries. The most important recommendation, however, relates to the need for more behavioral and attitudinal messages, and subsequent measurement tools to measure the effectiveness of these messages.

## Conclusion

A communication audit of one public health campaign was conducted to understand how organizations spread campaign messages and gain the public's attention, which directly relates to the 1970s theory of agenda building. Through examination of the Heart Truth campaign - its planning, strategies, tactics, executions, challenges, and successes – a modern-day example of successful agenda building was presented. Specifically, this government-based public health initiative follows Cobb et. al's 1976 mobilization model because it presents an important health issue focusing on women and heart disease, gains support from many partner organizations such as the American Heart Association, uses the emotional symbol of the Red Dress, and expands to include many other groups placing the issue on the public's agenda. Primarily through corporate sponsorships, the campaign has been able to develop educational materials, host fashion shows, road shows, reach out to community groups through grassroots efforts, and make millions of women aware that heart disease is their number-one killer, thus fulfilling the campaign's agenda-building goals.

In-depth research of both document analysis and interviews resulted in the SWOT analysis of the campaign highlighting its strengths, weaknesses, opportunities, and threats. While the campaign is armed with many strengths, there are areas for growth and improvement. The most important improvement relates to the incorporation of additional behavior- and attitude-change statements to the existing educational materials, which may make the current outreach efforts more effective. Overall, the Heart Truth campaign is admirable for its strategic planning, its impeccable execution, and for bringing an important public health message to women across the United States. This campaign is an excellent example of modern-day agenda building for other groups to emulate.



## FIGURES

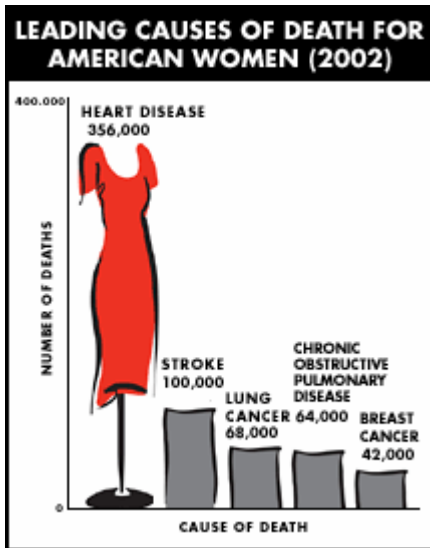


Figure 1: The Heart Truth heart disease prevalence chart, which shows how prevalent Heart Disease is in the United States.



Figure 2: The Heart Truth Campaign's Red Dress Symbol, which carries the message, "Heart Disease Doesn't Care What You Wear – It's the #1 Killer of Women."



Figure 3: The Heart Truth Logo is pictured above.



Figure 4: April 28, 2003 *Time* magazine cover story on women and heart disease sparked by the heart truth campaign.



Figure 5: The Heart Truth Mississippi logo was adopted in 2004 as Mississippi launched its own campaign using all of the Heart Truth campaign materials. The state has the highest rate of cardiovascular disease in the nation.

## APPENDICES

### Appendix A: List of the 41 articles examined

Red Dressed Make a Strong Statement

*Los Angeles Daily News*, February 19, 2007

The Heart Truth Unveils First Ladies Red Dress Collection

*States News Service*, February 15, 2007

East Bay Briefings

*The Providence Journal*, February 8, 2007

Launch Pad: NHLBI initiative has the best interests of women at heart

*PR Week US*, February 5, 2007

Interview: First lady Laura Bush discusses women and heart disease

*NBC News: Today*, February 2, 2007, MEREDITH VIEIRA

Facts about women's heart disease

*The Salt Lake Tribune*, January 29, 2007

Cherrios, a product of General Mills, is partnering with the National Heart, Lung And Blood Institute and WomenHeart through The Heart Truth campaign.

*The Food Institute Report*, January 22, 2007

Heartening news - JUST IN

*The Star-Ledger*, January 18, 2007

Jet Aviation Supports The Heart Truth Campaign by Launching Its New Red Dress Privileged TRAVEL(TM) Card

*PR Newswire (U.S.)*, November 7, 2006,

First Lady visits N.C. to issue caution about heart disease

*Associated Press Newswires*, February 15, 2006

First Lady visits N.C. to issue caution about heart disease

*Associated Press Newswires*, February 15, 2006

Laura Bush to visit Charlotte hospital to discuss heart disease

*Associated Press Newswires*, February 14, 2006,

Women's Heart Truth program going on at Park City Center

*Lancaster New Era/Intelligencer Journal/Sunday News*, February 7, 2006

Ladies in red for health  
*Calgary Herald*, February 5, 2006

First Lady Speaks on Heart Truth Campaign Red Dress Project  
*US Fed News*, February 3, 2006

Celestial Seasonings(R) Supports The Heart Truth Campaign's Red Dress Collection 2006 at Olympus Fashion Week; Partnership Highlight...  
*PR Newswire (U.S.)*, January 31, 2006

Out & About  
*The Plain Dealer*, November 13, 2005

Nancy Reagan shows heart with first ladies' red dresses  
*The Washington Times*, May 13, 2005

Heart to Heart  
*The Boston Globe*, May 13, 2005

Ogilvy hangs on to contract for NHLBI 'Heart Truth' effort  
*PR Week US*, April 18, 2005

Straight talk: Changing an unhealthy  
*Essence*, April 1, 2005

Forsyth Republican Women to Meet Monday  
*Winston-Salem Journal*, February 24, 2005

Laura's To-Do List She has four years left in the White House and new ideas on how to spend them. The First Lady speaks  
*People Magazine*, February 21, 2005

Groups kicking off heart disease drive  
*PR Week US*, February 14, 2005

Charity's Ladies in Red  
*The Express on Sunday*, February 6, 2005

First Lady Comments on the Heart Disease in U.S. During American Heart Month  
*US Fed News*, February 4, 2005

Celestial Seasonings(R) Supports The Heart Truth Campaign's Red Dress Collection 2005 at Olympus Fashion Week Partnership  
*PR Newswire (U.S.)*, February 1, 2005

Ogilvy Public Relations Worldwide Named International Agency of The Year - The Heart Truth Campaign with its Red Dress Receives Highest...  
*PR Newswire (U.S.)*, May 13, 2004

The Color of Health  
*Hispanic*, April 1, 2004

Crabtree & Evelyn, Woodstock, CT.  
*Household & Personal Products Industry*, March 1, 2004

Mrs. Bush speaks to women about heart disease  
*FDCH Regulatory Intelligence Database*, February 5, 2004,

First Lady visiting Miami today to warn about heart disease  
*The Palm Beach Post*, February 4, 2004

Laura Bush brings healthy heart message to deep-fried South  
*Associated Press Newswires*, February 4, 2004

Interview With Laura Bush  
*CNN: American Morning*, February 2, 2004, Soledad O'Brien

The Lifewise Heart Truth Pledges Urges Women to Measure, Motivate and Move for Better Heart Health  
*Pressi.com* September 30, 2003

Heart Disease is the Leading Killer of Women; Women's Heart Program at GW Cardiovascular Center Offers Help  
*U.S. Newswire*, April 25, 2003

Raising Awareness About Women, Heart Disease; National Heart Lung and Blood Institute Launches Heart Truth Campaign/Red Dress Project  
*U.S. Newswire*, February 14, 2003

HHS Unveils the Red Dress Project to Fight Heart Disease in Women with Top Designers During Mercedes-Benz Fashion Week in NYC  
*U.S. Newswire*, February 7, 2003

Heart Truth.  
*Internal Medicine News*, January 1, 2003

Heart Truth campaign.  
*Ob.Gyn. News*, December 1, 2002

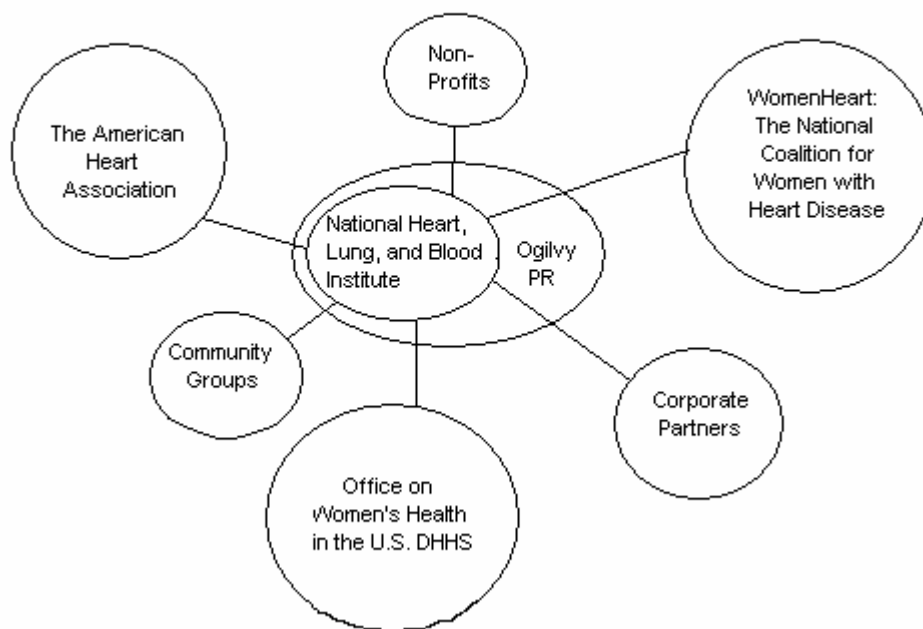
Appendix B: Heart Truth Campaign Online Toolkit Materials  
([www.nhlbi.nih.gov/health/hearttruth/material/toolkit.htm](http://www.nhlbi.nih.gov/health/hearttruth/material/toolkit.htm))

- Background information
- Promotional and education materials
- Fact sheets
- “Real Women Wear Red” poster
- Questions to ask your doctor
- Leading causes of death for American women
- Print PSAs
- Real Women photography
- Red Dress photography
- Sample media alert
- Sample newsletter article
- Sample partner outreach letter
- Sample press release
- Sample proclamation
- Ten commandments for a healthy heart
- Talking points for red dress Sunday/Sabbath
- Text email templates
- Heart Truth Logos

## Appendix C: Interview Guide with Heart Truth Campaign leaders

- What led to the inception of the campaign?
  - Prompts: particular statistical concerns, various groups addressing the same issue
- What are the goals of the campaign?
- What key strategies were devised to meet these goals?
  - Prompt – ID some key tactics employed,
- How was the campaign rolled out?
  - Prompts – schedule, how coordinated, how questions answered from media
- What is the role of the online toolkit?
  - How effective has it been?
    - Prompt – how has its effectiveness been measured
- What feedback have you received about the campaign?
  - Prompts – formal as well as informal
- What are the next steps that will be tackled in the campaign?
  - Prompts – e.g., beyond awareness.

## Appendix D: Organizational Chart of the Heart Truth Campaign





## Appendix E: Heart Truth Campaign Timeline (Milestones from the Heart Truth Campaign)

Summer 2000	American Heart Association survey indicates only 34 percent of women know that heart disease is their #1 killer
Spring 2001	The Federal Government through the National Heart, Lung, and Blood Institute addresses issues by gathering 70 experts to create blueprint to reduce heart disease in women
Spring 2002	NHLBI conducts extensive research on heart disease literature, habits of midlife women, and focus groups with women to test concepts and messages
Summer 2002	First round of educational materials are produced
September 25, 2002	Heart Truth Campaign officially launched in Washington D.C.; New Web site, Speaker's Kit with 10-minute video and PowerPoint presentation, and Healthy Heart Handbook for Women are unveiled
October 2002	Groundbreaking collaboration between the Federal Government and the fashion industry is penned with plans to launch the Red Dress at the Mercedes-Benz Fashion Week in New York
November 2002	Five radio PSAs and two television PSAs are distributed
January 2003	Radio PSAs reach 186,928,824 people through 54,688 broadcasts
February 7, 2003	The Red Dress project unveiled at the Mercedes-Benz Fashion Week with 19 fashion designers creating and contributing red dresses. Original Red Dress pin created by jewelry designer Angela Cummings
February 14, 2003	First Lady Laura Bush becomes the Heart Truth Ambassador and appears on all network morning shows airing live from Mercedes-Benz Fashion Week to promote the Red Dress symbol and issue
February 21, 2003	Department of Health and Human Services Secretary Tommy Thompson issues a Proclamation declaring Women's Heart Day while hosting the original Red Dress Collection
February 2003	Media calls increase by 40 percent; Campaign partner National Black Nurses Association distributes educational materials to nearly 80 chapters nationwide
April 2003	<i>TIME</i> cover story "The No. 1 Killer of Women" reaches 4, 109,962 people; The Heart Truth present at the first national Steps to a Healthier US Summit in Baltimore, Maryland

May 11, 2003	Parade magazine features Laura Bush promoting the Red Dress Pin for Mother's Day
May 13, 2003	The Heart Truth receives the 2003 Wenger Award for Communications Excellence from WomenHeart: the National Coalition for Women with Heart Disease
May 2003	The Heart Truth begins working with Swarovski to launch the Red Dress pin; The Red Dress Pin is sold at Wal-Mart stores nationwide; Over 200 airport dioramas featuring the original Red Dress Collection are featured at 22 airports across the country; Cover story in <i>Prevention</i> , "Put on your red dress, baby!" reaches 3,150,017 readers
June 2003	The Heart Truth begins working with TimeInc. Women's Group and RadioShack's LifeWise brand on promotional partnerships
July 2003	The Heart Truth presents at the National Black Nurses Association Annual Institute and Conference in New Orleans; More than 28,000 cardiologists exposed to campaign through a cover story in the American College of Cardiology's publication <i>Cardiology</i> , "Red Dress Attracts New Attention to Heart Disease in Women;" partnership discussion begin with the California Pistachio Commission
August 2003	Single City program launched with first kick off at the Ministrelli Women's Heart Center in Detroit, Michigan; Campaign partner General Federation of Women's Cubs distributes educational materials to nearly 5,000 club presidents nationwide
September 3, 2003	Four red dresses from the original collection are featured on the Today Show with GLAMOUR's Cindi Leive
September 16, 2003	Laura Bush speaks at St. Luke's Hospital during "Heart Truth Week in Kansas City, Missouri
September 23, 2003	The Heart Truth hosts its annual partner roundtable, bringing together the campaigns community partners
September 25, 2003	Television PSAs won a Thoth Award and the <i>Heart Truth for Women Video</i> won a Certificate of Excellence presented by the National Capitol Chapter of PRSA
September 2003	<i>PR Week</i> highlights success of the campaign; Red Dress PSAs appear in <i>Health</i> , <i>Baby Talk</i> , and <i>People en Espanol</i> ; Heart Truth develops fact sheets targeting African Americans and Latinas; Heart Truth reaches out to Johnson & Johnson for partnership

- October 2003 GLAMOUR debuts its 3-year “Love Your Heart” with a 15-page cover story featuring Shania Twain, an exclusive interview with Laura Bush, a fold out of 24 celebrities in red dresses, and promotions of red lipstick and Swarovski crystal Red Dress Pin; Discussions begin with partner 8<sup>th</sup> Continent SoyMilk to put Red Dress messages and symbol on its product packaging; California Pistachio Commission launches advertisements promoting the Red Dress Pin in *Better Homes and Gardens*, *Family Circle*, and *Ladies Home Journal*; The Department of Health and Human Services Office on Women’s Health awards contracts to several National Centers of Excellence in Women’s Health and National Community Centers of Excellence in Women’s Health to develop and disseminate educational materials to health professionals
- November 2003 The Online Toolkit and Activity Registry are launched on the Heart Truth Web site; Campaign partner Hadassah incorporates the Heart Truth into existing “Healthy Women, Healthy Lives’ Women Take Heart” module to reach 300,000 members; Heart Truth presents at three conferences: American Heart Association Scientific Sessions in Orlando, The American Public Health Association in San Francisco, and the Society for Public Health Education; Laura Bush speaks at Norfolk General Hospital
- December 2003 Red Dress Collection PSA appears in *Essence*
- January 2004 RadioShack launches LifeWise Heart Truth Pledge Sweepstakes for grand prize package worth \$20,000; Partnership discussions begin with Berry Burst Cheerios
- February 2, 2004 Laura Bush declares February 2004 as American Heart Month and Heart Truth unveils official Red Dress Pin
- February 4, 2004 Laura Bush speaks at St. Joseph’s Hospital in Savannah, Georgia and Baptist Hospital in Miami; Women’s Day recognizes the Heart Truth Team at its inaugural Red Dress Awards
- February 6, 2004 National Wear Red Day declared at the 2004 Red Dress Collection sponsored by Johnson & Johnson at Olympus Fashion Week
- February 2004 Sales of Heart Truth materials surpass 450,000 items; Heart Truth dioramas are placed in seven Washington D.C. metro stops; California Pistachio Commission launches national red dress sweepstakes; American Heart Association survey indicates 46 percent of women know that heart disease is their #1 killer – a 12 percent increase from

	the 2000 survey; The American Heart Association adopts the “Go Red for Women” campaign
March 1, 2004	Crabtree & Evelyn team up with the Heart Truth Campaign
March 4, 2004	PR Week honors the Heart Truth with the Public Sector Campaign of the Year award and names the campaign a finalist for Best in Show
March 8, 2004	Laura Bush speaks at the American College of Cardiology Annual Scientific Session in New Orleans
March 19- 21, 2004	Heart Truth Road Show exhibit featuring free heart health screenings, free information, and red dress display launched in Philadelphia
March 23, 2004	Laura Bush speaks in Chicago to promote the Road Show
March 26 –28, 2004	Heart Truth Road Show arrives in Chicago
March 2004	Johnson & Johnson promote Heart Truth on the consumer Web site; GLAMOUR partners with Berry Burst Cheerios to promote the Heart Truth and its Red Dress
April 2-4, 2004	Heart Truth Road Show in San Francisco
April 16-18, 2004	Heart Truth Road Show in Dallas
April 20, 2004	The Heart Truth wins three Plain Language Awards presented by National Institutes of Health for products that improve communication between the government and the public
April 21-24, 2004	The Heart Truth healthcare providers exhibit debuts in New Orleans at the American College of Physicians Annual Session
April 24, 2004	Campaign partner the Association of Black Cardiologists distribute 2,000 Red Dress Pins at their 4 <sup>th</sup> Annual Symposium on Cardiovascular Disease in Women in New Orleans
April 30, 2004	Heart Truth Road Show makes final stop in Miami resulting in more than 3,900 screenings and 87,000 impressions during the five-city tour
April 2004	Heart Truth presents at the second a national Steps to a Healthier US Summit; <i>Hispanic</i> magazine runs story about Heart Truth and its impact on Latinas in the U.S.; Heart Truth PSAs aired nearly 20,000 times with approximately 230,292,297 viewer impressions; Red Dress PSA appears in <i>InStyle</i> and <i>Real Simple</i> ; Albertsons reprints 250,000 copies of The Healthy Heart Handbook for Women; ABC’s “One Life to Live” incorporates heart disease into story line and PSAs featuring

	Laura Bush run during the show causing a spike in campaign hotline calls
May 3 – 5, 2004	The Heart Truth healthcare exhibit travels to Philadelphia to the American College of Obstetricians and Gynecologists 52 <sup>nd</sup> Annual Clinical Meeting
May 12, 2004	Heart Truth campaign honored at the fourth annual SABRE Awards Dinner for winning the Gold SABRE in the Marketing to Women Category
May 13, 2004	Ogilvy PR wins Best PR Program of the Year for Heart Truth
May 14, 2004	The Heart Truth team is tapped to give the keynote speech at the University of California, Davis Women’s Health Conference
May 20, 2004	The National Association of Government Communicators award The Heart Truth a first place Blue Pencil award in the Promotional Campaign category
May 2004	Newsweek features cover story “The New Keys to Women’s Health” which includes Heart Truth key messages and statistics; Marie Claire launches Red Dress Campaign at Mercedes-Benz Fashion Week in Australia
June 3, 2004	The Public Relations Society of America announces The Heart Truth wins a Silver Anvil for best public service campaign, a Bronze Anvil for television PSAs, and a certificate of excellence for integrated communications
June 11-16, 2004	The Heart Truth healthcare providers exhibit travels to New Orleans to the American Academy of Nurse practitioners 19 <sup>th</sup> Annual National Conference
June 21, 2004	The Heart Truth is presented with three gold Bulldog Media Relations Award for health, medicine, and fitness campaigns, non-profits campaigns, and public service campaigns
February 1, 2005	Celestial Tea partnership with The Heart Truth Campaign by featuring the Red Dress on tea boxes
February 4, 2005	The 2005 Red Dress Collection Fashion Show at Olympus Fashion Week
February 4, 2005	The Women of Color Initiative announced
April 1, 2005	ESSENCE partnered with Heart Truth campaign

April 13, 2005	Ogilvy chosen to run campaign for another 3 years
May 2005	The Heart Truth's First Ladies Red Dress Collection debuted in a special exhibit at the John F. Kennedy Center for the Performing Arts in Washington, D.C.
February 3, 2006	The Heart Truth Red Dress Collection at Olympus Fashion Show
April 18, 2006	Heart Truth Road Show Travels to Three Cities
May 2006	ESSENCE magazine features Heart Truth Women of Color PSA
November 7, 2006	Jet Aviation launch of Red Dress Privileged Travel
January 18, 2007	Cheerios "Circle of Helping Hearts" supports campaign
February 1, 2007	The NIH announces that the number of women who die from heart disease has shifted from 1 in 3 women to 1 in 4—a decrease of nearly 17,000 deaths from 2003 to 2004
February 2, 2007	National poll sponsored by Johnson & Johnson indicates that 57 percent of women recognize the Red Dress as the national symbol for women and heart disease awareness, up from 39 percent in 2006 and 25 percent in 2005
February 2007	Announcement about partnerships with First Ladies of the Church
February 16, 2007	Red Dress Collection opens at the Ronald Reagan Presidential Library and Museum

Appendix F: List of goal statements  
(From news coverage and news releases)

- to save lives
- to help woman take action to take care of their heart health
- to encourage every woman to talk to her doctor about her risks for heart disease and to start taking action to lead a heart healthy life
- to improve their quality of life and quality of health care, to include early detection, accurate diagnosis, and proper treatment
- to deliver an urgent wake-up call to American women
- to deliver a wake-up call and help women focus on both their “outer” and “inner” selves
- to urge them to take their heart health seriously and personally
- to encourage every woman to talk to her doctor about her risks for heart disease and to start taking action to lead a heart healthy life
- to warn women of their number one health threat.
- to unite partners—the fashion world, women’s health community, major corporations, and voluntary and community groups—toward a common goal of greater awareness and better heart health for all women
- to raise women's awareness and fight back against heart disease. By learning about heart disease, and taking action to reduce risk factors, women can save their own lives
- to raise awareness, improve treatment and access, and inspire women to take action are truly saving lives
- to be achieving even greater awareness and contributing to the trend of steady decline in deaths

Appendix G: Sample News Release Template

**(Insert Date)**

Contact:

**(Insert Media Contact Name)**

**(Insert Contact Phone)**

**(Insert Organization name)** Hosts **(Insert event name)**  
to Help Local Women Learn *The Heart Truth*  
Local Activities Part of Nationwide Effort to Spread the Word  
About Women and Heart Disease

**(Insert City/State)**—To raise awareness among local women that heart disease is their #1 health threat, today (announced/will host/organized, etc.) **(insert event name)**. The event will **(insert one or two lines with more details about your event/activity, if needed)**.

According to **(insert your spokesperson's name)**, "Our **(insert event/activity name)** is a great opportunity to reach out to women in our community and alert them to their personal risk factors for heart disease. By joining together we can raise awareness locally about heart disease and help lead women on the path to prevention."

**(Insert a paragraph that highlights key aspects of your event.)**

**(Insert Organization name)** activities are in partnership with *The Heart Truth*, a national awareness campaign warning women about their risk of heart disease. The campaign is sponsored by the National Heart, Lung, and Blood Institute (NHLBI), part of the National Institutes of Health (NIH), U.S. Department of Health and Human Services (DHHS), in partnership with: The American Heart Association; Office on Women's Health, DHHS; WomenHeart: the National Coalition for Women with Heart Disease; and other groups committed to the health and well-being of women.

**About *The Heart Truth***

Only 55 percent of women know that heart disease is their leading cause of death and most fail to make the connection between its risk factors—such as high blood pressure and high cholesterol—and their personal risk of developing heart disease. A nationwide campaign—*The Heart Truth*—is underway to raise awareness that women need to protect their heart.

*The Heart Truth* features a Red Dress as the national symbol for women and heart disease awareness. This symbol links a woman's focus on her "outer self" to the need to also focus on her "inner self" and her heart. What's a Red Dress got to do with it? A simple Red Dress works as a visual red alert to get the message heard loud and clear: "Heart Disease Doesn't Care What You Wear—It's the #1 Killer of Women."

This national campaign is building awareness of women's heart disease and empowering women to reduce and prevent their risk. It is reaching women with important heart health messages in community settings through a diverse network of national and grassroots partner organizations.

For more information about women and heart disease, including materials such as *The Healthy Heart Handbook for Women* and fact sheets about women and heart disease, please visit <http://www.hearttruth.gov> or call the NHLBI Health Information Center at 301-592-8573.



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