

CRAFTING EFFECTIVE ADS



Once a product has been positioned and its brand story told, it's time to develop a creative concept. **Cathy Su** and **Noah Pines** look at marketing research techniques that help evolve visual executions, resulting in truly effective ads

In today's heavily promoted medical marketing environment, an effective advertisement is one that captures the attention, heart and intuition of the physician and over time embodies the brand promise. Crafting an effective pharma advertisement requires a blend of creativity and systematically gathered and channeled customer input.

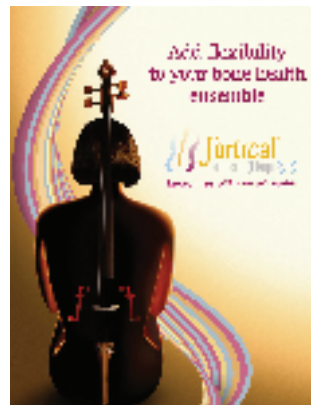
Process Overview

The process of creating a pharmaceutical advertisement should begin once the brand team has concluded several other key aspects of the brand promotion development process. Specifically, the team already should have (in the following sequence):

1. Conducted a thorough market landscape and customer insights evaluation
2. Established a market segmentation structure that will drive the focus and priority of brand promotion
3. Elected a brand positioning statement and brand promise
4. Ideally, but not necessarily, built a compelling brand story

Inherent Challenges

Before detailing techniques of ad testing, it is important to enumerate a few important challenges. The first is that physicians tend to be skeptical of pharma advertising primarily because of concerns about exaggerated product claims; this skepticism has become heightened in the wake of new product safety considerations. Many also deny that



Upsher-Smith's ad for Fortical and Pfizer's HIV/AIDS awareness ad used striking visual imagery to draw in physicians. Research shows that doctors become 'art critics' when viewing ads, bringing varying opinions

advertising plays even the slightest role in their therapeutic decision making – their decisions are based upon science and not symbolism—and thus have little regard for advertising.

The second key marketing research challenge of involving physicians in the process of developing advertisements is the inherent subjectivity in their reaction to visual stimuli. While physicians may respond more uniformly to product messages, each becomes an "art critic" when looking at advertising, often bringing varying opinions and personal preferences to bear in assessing visual imagery.

■ For example, one physician may regard a speeding car as a symbol of rapid onset of action and power, while another may view it as dangerous and suggestive of safety issues.

■ To one physician, a picture of rowers suggests power, smoothness and cohesion or teamwork, while to another physician it may represent a slow onset of action (vs. a power boat).

A third, related challenge is that advertisements often are designed to appeal to physicians' emotions and intuitions in addition to their rational sensibilities. However, similar to the way that they may deny the influence of advertising, doctors often are reticent to admit that emotion plays a role in their prescribing calculus.

A fourth challenge is that physicians pay cursory—if any—attention to advertisements when looking through journals. They look at ads more in-depth in marketing research than in real life. Therefore, it is incumbent upon the team to create ads that are at once credible, deliver the message and communicate this message in an immediate, at-a-glance manner that does not require “work” on the part of the doctor.

Start Broad: The Art Gallery

Since the creation of an effective advertisement requires a great deal of work on the part of the creative team in channeling the feedback from customers, it is best to anticipate several rounds of marketing research, each one intended to refine and narrow the potential spectrum of promotional concept candidates. Plenty of time should be allotted between sessions to permit the digestion and incorporation of marketing research feedback into the creative process.

An effective way to initiate the process of pharmaceutical advertising crafting is to start broad—to test a wide variety of alternative promotional concepts (prototype advertisements) with the target customer audience(s). Typically, this phase is generally one in which customers/respondents may be exposed to a relatively broad assortment of rough black and white sketches (perhaps up to 25 to 30) using an art gallery approach to determine which concepts are: (1) effective in communicating the brand promise, and (2) reside in physicians' visual, emotional and intuitive “neighborhood” (as well as, conversely, those which may be potential “train wrecks”).

This approach is most effectively achieved by employing one-on-one interviews (IDIs) with physicians since they permit in-depth assessment of physicians' rationale and, to the

extent possible, emotional reactions to the visual stimuli. Following is the typical flow of these interviews:

Physician introduction and practice background: A brief introduction is designed to understand the physician's practice and relevant patient and practice characteristics (volume of patients, treatment patterns, etc.).

General views on advertising: Before showing the physician any advertisements, it is often helpful to find out how much he or she pays attention to advertising in the first place; as well, it is useful to gauge the physician's recognition of previous advertising for the brand itself since this may influence reactions to new advertising.

Exposure to the product profile and brand promise: The brand promise is a statement intended to embody the singular goal of the advertising – that one aspect of the brand which is an intriguing introduction and which summarizes the long-term value of the product; showing this to physicians helps orient them to the purpose of the ad.

Evaluation of the ad concepts: During this component of the research, the physician is asked to browse a gallery of images and arbitrate the winners from the standpoint of their correspondence and effective communication of the brand promise. These prototypes often are literally affixed to the walls so that physicians can shop the various pictures in an unrestricted manner.

Drill-down: Once the physician has selected three to four concepts that best correspond to the brand promise, the moderator will query the physician specifically on the following facets of the concepts, including:

- Attention-getting capacity
- The take-home message communicated by the advertisement
- Whether this is credible given the product profile
- Whether it is motivating to seek more information about the brand (and/or to start prescribing the brand)
- Why it is or is not consistent with the brand promise
- Ideas for rendering the concept in an intriguing manner (i.e., recommendations on selecting an appropriate image, etc.)

During this stage of the research, it is critical to gauge and observe how the physician is programmed to view the visual stimuli being considered and how they resonate with him or her. For example, certain specialists tend to scrutinize visual imagery in an extremely precise and technical manner. If images of an MRI are shown, results of a particular laboratory test, or even the way in which the patient looks, physicians may even involuntarily attempt to render a “diagnosis.” Thus, there are subliminal cues within particular therapeutic areas that may mean nothing to the untrained eye but may speak volumes to a given specialist. Based on the feedback collected from this initial round of testing, the brand team selects the winning concepts to

advance into a second phase of testing. Typically, the creative department would amend and augment the winning concepts by incorporating the feedback.

Refine the Winners

The next step in the process should involve a more in-depth evaluation of a narrower set of concept prototypes based upon standardized criteria used to gauge the effectiveness of pharmaceutical advertising. From the standpoint of data collection, this next round of research also should involve one-on-one in-depth interviews in multiple locations. Following is the typical flow of these interviews:

Introduction and practice characteristics: Similar to the art gallery research, there should be an initial physician introduction and brief discussion of the physician's awareness and recognition of pharma advertising in general.

The "flash test:": The next step would involve testing the imagery of the concepts only through a flash test—no headlines, taglines or body messages are included. The purpose is to identify the concept with the best visual recall power and one that delivers brand essence in a single second by simulating the natural habitat in which physicians encounter advertisements, i.e., quickly flipping through medical journals. Once all of the concepts have been flashed, physicians would be asked which one they recall most strongly.

Attention-getting capacity: After studying the concepts in more detail, physicians are then shown more developed versions of the concepts (concepts which include headlines, taglines and body copy) and instructed to rank them based upon attention-getting capacity. The objective here is to ascertain which ad best attracts physicians' attention given more time to review them (again, prior to being exposed to any previous information about the product); the moderator then will probe the respondent on why each ad was more or less attention-getting.

Key advertising diagnostics: Next, the moderator would query the physician on the two or three most attention-getting concepts in terms of several key dimensions including:

- Key message(s) communicated
- Credibility
- Motivational impact to learn more about the product
- Motivational impact to start prescribing the product or prescribing the product for more patients
- Assessing the correspondence of the visual imagery with the other creative elements, i.e., headlines and taglines
- Ensuring nothing is problematic, unclear or offensive
- Ensuring that the concept is unique and thus not reminiscent of other advertisements
- Other suggestions and recommendations

Alignment with the brand promise: The physician would then be exposed to the brand promise statement and asked to re-rank the most attention-getting concepts with regard to how well they convey the brand promise. This way, the brand team can determine how close the message(s) played by the physicians is to the brand promise.

Following the art gallery approach, this second drill-down round is designed to reduce the spectrum of advertisements from seven or eight to two or three that can then be migrated into final-round testing.

Quantitative Testing and Semantic Differential Scales

Based on the qualitative testing, a small cadre of advertising concepts has been selected, two or three that are not only aligned with the positioning but that also perform best on the key dimensions of advertising effectiveness (previously enumerated). Now the team may elect to conduct a quantitative examination of the advertisement's effectiveness with a large sample of the physician specialty/specialties in question.

One particularly effective technique is "tip-in" testing where the advertisement is placed in the authentic context of a mock medical journal to truly gauge its "stopping power," its alignment with the brand promise, its credibility and motivational impact and whether it really leaves a durable impression.

Another approach that is useful in evaluating the perceived meaning of advertisements is to use semantic differential scales. Such scales can be useful in measuring how concepts perform with respect to a series of abstract themes such as "good-bad," "unique-common," etc. Such an approach can help identify potential dissonance within an ad, such as one which portrays the brand as "strong" but "bad," or "good" but "common." This technique has been applied and validated in a variety of contexts to understand how people perceive stimuli and is an excellent method to evaluate reactions to both advertising images as well as other promotional elements (e.g., taglines, icons, logos, etc.). The output of this exercise would feature perceptual maps that display the association between a given stimulus and the various thematic dimensions.

The brand promise is a statement intended to embody the singular goal of the ad—that one aspect which is an intriguing introduction

Keeping Things in Perspective

As much as this article has laid out the rationale and methodology for productively involving physicians in the

process of testing advertising prototypes, it is important to keep the following key facts in mind:

Physicians mostly do not study the pictorial aspects of the promotional materials nearly as in-depth as they do in research. Therefore, the process by which such materials are tested is somewhat artificial.

While physicians are extremely intelligent and often highly creative and/or intuitive, most are not themselves good marketers and know very little about marketing. Physicians have no particular stake in the success or failure of the medication being assessed. Therefore, it is always important to balance the input of physicians as one aspect of the process of decision-making surrounding the development of an ad, with the other aspects obviously being experience and good marketing judgment. It is also helpful for the research to have some useful comebacks to dispatch the concerns of physicians who are either skeptical of or object to pharmaceutical advertising. One that has been particularly useful is reassuring them that the ad is part of a broader mix of promotion, which would include presentations, data and medical education.

An effective ad is one that is instantly appealing and that

visually embodies the promise of the brand over time. Such ads are the fruit of a successful matrimony between the creative and account departments within an agency and the analytic techniques and good moderation brought to bear by the marketing research vendor in constructively incorporating the physician into the process. Beyond planning and promotional development groundwork, crafting an ad that successfully infuses the right message into the brain of the customer is the offspring of an effective partnership between creative and analytic minds. ■



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