

The post rational phase of **DTC** **advertising**

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We are all consumers. We all have our favorite brands. Brands we inexplicably remain loyal to, or brands that make us believers in something bigger than ourselves. What makes us identify more with one brand over another?

Are all of our choices rooted in deep consumer reports—style side-by-side product comparison tests? Certainly not. Camshafts, thread counts, and UV ray protection aren't the reasons we buy certain brands of cars, clothes, and sunglasses. We make these choices based on the shared value systems between brand and person. And we do it all the time.

Today, historically function-first brands like Always and Gillette have evolved—following the model set by lifestyle brands such as Nike and Apple. Entering a marketing frontier where insight uncovers the values we hold and aspire to, and where brands weave them into elegant, provocative narrative we listen to, talk about, and debate. It's here that brands find their footing—building enduring relevance in a world of brand/media amnesia.

The common requirement of all these value-based brands is that they sacrifice product function for a higher order benefit. Not to say they abandon function completely. The product has to connect back, but in these cases, function becomes the thing you use vs the thing you buy (into). We're buying values systems.

Values are nothing new. Values like integrity, loyalty, respect, and responsibility have become moral cornerstones—told through the arts since the beginning of time. Yet they hold a special place in our hearts because they come to symbolize the standards we hold ourselves up to, and behaviors we live through.

It begs the questions then: In healthcare, should we expect consumers to bond differently with our brands than the value-based brands they know and love? Can the same emotional pull that draws people closer to a brand like Volkswagen or Apple, draw a patient closer to a brand of insulin or cholesterol medication? We think more so, in fact.

Where better to create shared value brands than in a space where health and wellness are on the line? Here, the stakes for the consumer are so much higher. Driving a new car is thrilling. But it's nothing compared to the thrill of moving without pain for the first time in years. Or seeing a chronic skin condition clear up. Or, better yet, having cancer go into remission.

If there was ever a place for emotionally based advertising, DTC is it. Welcome to the Post-Rational Phase of DTC Advertising.

Our journey continues in the category of diabetes and more specifically with the brand, Tresiba—a branded insulin pen. At launch, segmentation identified people who were ready to take the next step with insulin. Each segment included specific disease needs that were undebatable. The segments had moved past denial and defense mechanisms, and now ready to accelerate treatment, and FINALLY, get to a goal eluding them for so long...an A1C of 7.

A1C is a standard measurement of diabetes that looks at a 3-month average blood sugar score. Simply, below 7 is the goal, above 7 means uncontrolled. Many people with diabetes live with dangerously high A1C levels; however, not everyone has the same sense of urgency to take definitive action.

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Tresiba launched with the DTC “Ready” campaign. Communications specifically designed to move people “ready for more” to embrace Tresiba in all its functional glory. However, as the brand started to mature, the next opportunity presented an audience in need, but unready to take action. Hence, we needed a new way to present the brand.

The brand evolution started with research, and very quickly revealed few tough realities we needed to tend with.

1. *The competitive set extended beyond the therapeutic diabetes category. For this audience, diabetes took a back seat to other comorbidities, caregiving for family members, and overall health.*
2. *Our audience, while not at goal, had lowered their A1C somewhat. Their desire for function waffled over time—relative to their perceived need moment by moment.*
3. *Diabetes was seen as a future threat they could put off until later. They lowered their A1C a little, but getting to goal meant making lifestyle and treatment sacrifices they were not ready for.*

It was therefore no surprise that function, and even emotion derived from function, wasn’t going to move this audience. We need to create a sense of urgency rooted in something bigger than just diabetes and A1C scores.

*People will forget
what you said,*

*People will forget
what you did,*

*But people will never
forget how you made
them feel.*

– Maya Angelou

We needed a timeless connection. We needed to go from a rational argument about a product that treats problems to a post-rational argument where the brand proposition is based on shared values, and the brand is invested in what matters to the audience above all else. If we could accomplish that, we could make them truly feel a connection, and a reason to engage.

The shared belief system we developed centered around better futures. Getting people to take action today, to ensure their vision of a valued future tomorrow.

This approach gave birth to the Tresiba “Reason” campaign. A celebration of enduring values and moments—underpinning the reasons why people treat with Tresiba. Quotes like “Managing my type 2 diabetes wasn’t my top concern until I held my (granddaughter)” built a stronger share of choice for Tresiba through hope for a better future. The campaign was also designed as a platform for consumers to define their own Reasons...a better future inspired by better care today.

To find out how CultHealth can help you in the post-rational phase of DTC advertising, email us at JRothstein@CultHealth.com

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