

Grattan Institute  
Communications Strategy by  
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## How do we start a conversation about Death & Dying?

By being intriguing, positive, unexpected and engaging, is how!

Promoting the need for the broader community to begin such a sensitive discussion with loved ones is a challenge, but one with benefits for all.

So we need to make our national audience feel that it's okay to start talking about 'dying', and to give them permission that it's actually a healthy thing to do.

And not only is the subject matter a challenge, but reaching the significantly different audiences we need to engage with is as well.

Our key audiences include individuals who are facing serious terminal illnesses, their families who are directly involved in their care and the medical practitioners charged with assisting patients through a very difficult time.

De-stigmatising 'dying' as a topic will require a multi channeled and multi layered communications response, utilising all forms of marketing, including PR, social media, mass media advertising and direct communications collateral.

## Strategy

Death is a consequence of dying, but dying does not mean you're dead.

In fact it's the reverse. Dying is the final stage of living. This is where our campaign thought of 'Dying – It's a living thing' is born.

Clarifying/ /Defining the difference between (or Differentiating) these two words – death and dying – will form a key part of the conversation with the community and overall communications strategy.

Educating and empowering the community on the opportunities and services available to them through an extremely difficult period is also be key to the strategy.

Communicating this message will require a degree of sensitivity, but will also require an 'in' for people to become engaged in the topic.

'Dying – It's a living thing', offers an intriguing and positive way to engage with audiences of all ages and backgrounds to start talking about the subject.

Australians have become more comfortable in discussing and organising wills and funerals as a practical way to minimise the emotional effects on family and loved ones once they have died.

But as a nation we are yet to embrace talking about the emotional aspects of dying, a process that might in some cases may take years.

## Strategy (continued)

How do we define how we want to live when we are dying?

Are we hospitalised? Are we at home? Do we want to go fast or hang on for that life saving new piece of technology? Is it about quality of life or lasting as long as you can?

As soon as we begin to demystify the last stage of 'living', the conversation becomes easier to have, and the support systems available to us become clearer.

A mass broadcast media campaign will be required to reach the target audience and initiate interest and discussion on the topic. This would need to be supported by a strong online and digital presence along with printed communication and collateral kits.

A 'conversational' approach to this topic could take many forms, including talkback radio, television, print & online advertorial, workshops & seminars. All are mediums in which the topic can be discussed and engaged with by members of the community.

## Target Audience

### Primary Target Audience

All People 35 + (Individuals or children of individuals who are facing terminal illness)

### Secondary Target Audience

Doctors & Health Professionals

The Primary & Secondary target audiences can be further broken down into five groups and described as follows –

#### 35 – 49

People whose parents are approaching the high-risk age (70+) of serious and terminal illness. They may not already be dealing with the issues associated with death and dying particularly of immediate and extended family, but may have to do so in the very near future.

#### 50 – 64

People who themselves are moving closer to the high-risk age of serious and terminal illness. They are highly likely to already be involved in a carers role with immediate or extended family.

#### 65+

People who are in the high-risk age bracket for serious and terminal illness. They are also highly likely to already be involved with or already dealt with situations to immediate or extended family members.

#### 85+

People who are in the extreme high-risk age bracket for serious or terminal illness in the very near future.

Health Professionals – In regular contact with people who are in the high risk age bracket or have already been diagnosed with a serious or terminal illness. They are in a position to provide advice and information directly to affected parties.

These five groups consume media in quite different ways and need different messaging, tone of voice and mediums in which to interact.

Doctors and Health professionals will best be targeted via direct marketing education campaigns and trade publications. This may include seminars, workshops and group presentations. The messages for this audience will significantly different to that of consumer communications and not appropriate for mainstream media channels.

## Media Channels & Target Audience

The below table outlines the typical media consumption habits of the target audience.

	35 – 49	50 – 65	65 +
<b>Newspapers</b>	46% do not read a newspaper	24% read 1 – 2 papers per week	31% read 7 or more papers per week
<b>Magazines</b>	Magazine readership is quite similar across all demographics. Approximately 32% read 1-2 NIM's each week.		
<b>Television</b>	Lower overall time spent watching TV. 36% watch less than 2 hours per day.	Medium users of TV. 36% of people watch 3 + hours per day	Heavy users of TV. Approximately 44% of people watch 3+ hours per day.
<b>Radio</b>	30% of people listen to commercial radio 1 – 3 hours per day	28% of people listen to commercial radio 1 – 3 hours per day	Very low users of commercial radio, more than 50% don't listen to any commercial radio
<b>Internet</b>	45% are heavy users using more than 15 hours per week	55% or users use more than 7 hours of internet per week	Very lite with 36 % using less than 7 hours and 32% using no internet per week
<b>Cinema</b>	25% visited 2+ times in the last 3 months	18% visited 1 time in the past 3 months	55% did not attend the cinema at all in the last 12 months
<b>Outdoor</b>	28% are considered 'Heavy' Outdoor consumers	25% are considered 'Heavy' Outdoor consumers	40% are 'very lite' consumers of outdoor media

## Costings

Based on a campaign that would encompass mass media, PR, online/digital, direct marketing & education campaigns targeting all people 35+ Nationally, with an acceptable reach & frequency the following estimation can be assumed based on similar previous campaigns.

### **Campaign period (18 months – 24 months)**

- |         |  |
|---------|--|
| Phase 1 | Campaign Launch (Including mass media, Online & digital, education kits)<br>4 – 6 week period: \$3.5M  |
| Phase 2 | Campaign continued (Introduction of significant PR & advertorial elements, ‘maintenance’ level of mass media support)<br>6 – 8 week period: \$3M   |
| Phase 3 | Campaign continued (potential of appropriate social media & content campaigns – directed at continuing conversations about the topic, PR & ‘maintenance’ level of mass media support)<br>6 – 8 week period: \$3M |



## Media/ Advertising Channels

	Production/ content	Phase 1	Phase 2	Phase 3
<b>Medium</b>				
<b>TV</b>	\$150K	\$2M	\$2M	\$2M
<b>Radio</b>	\$20K	\$500K	\$300K	\$300K
<b>Press</b>	\$25K	\$300K	\$200K	\$200K
<b>Print (Magazines)</b>	\$15K	\$200K	\$100K	\$100K
<b>Online</b>	\$75K	\$400K	\$300K	\$300K
<b>Collateral</b>	\$400K	N/A	N/A	N/A
<b>Sub Total</b>	<b>\$785K</b>	<b>\$3.5M</b>	<b>\$3M</b>	<b>\$3M</b>
<b>Brand ID Concept &amp; Dev</b>	\$75K	N/A	N/A	N/A
<b>Research &amp; Consumer testing#</b>	\$100K	N/A	N/A	N/A
<b>Grand Total</b>	<b>\$960K</b>	<b>\$3.5M</b>	<b>\$3M</b>	<b>\$3M</b>

\*All figures are indicative only.

### **Research & Consumer testing**

A thorough and rigorous testing process would need to be conducted to ensure the campaign messaging and selected communication channels were most appropriate to the specific target audiences.

This would include focus groups with specific sub-sections of the target audience, online usability testing for any website and digital components along with feedback on the communication messaging.

## Outcome

How will this campaign affect the behavior of the target audience?

The campaign should have two main aims –

- Give people the permission and confidence to start open and frank discussions with family members on the topic of death and dying.
- Direct people to resources, both online and offline that allow them to further educate themselves on the options available to them during difficult and sensitive times.

## Creative Concept

### Dying – It's a living thing

Strategic background:

The task is to encourage people to discuss their thoughts, feelings and wishes should they be needing ongoing care and hospitalisation in the lead up to their death.

How do we want to 'live' the last stage of our lives?

How do we want those dearest to us to live their lives during this period?

What levels of medication and mechanical support is the individual happy with?

What kind of quality of life means 'life' to the individual?

What kind of 'burden' do individuals feel is fair to place on family, friends, on the medical carers etc?

How would they like to 'live' in the last stages of their life? This final stage of life that we term 'dying' is actually 'living' – and we need to discuss what we, as individuals, consider are the boundaries for this stage of 'living'.

Therefore 'Dying is a living thing'

## Potential TVC Script treatment

To camera – portraits of a cross section of truly representational broader Australians – genders, age, religions, cultures.

All are giving their interpretation of what ‘living’ is;

i.e

WOMAN TO CAMERA: Well I certainly don’t want to be medicated to the point of not being conscious...

MAN TO CAMERA: As long as there’s breath, there’s hope...

MAN 2 TO CAMERA: I just don’t see the point in distressing everyone...

V/O:

While we prepare practically for death by making wills and funeral plans we never prepare ourselves emotionally about what happens before death.

And making sure you, your loved ones and your carers have an understanding of what your thoughts and feelings are, is as simple as beginning a conversation.

It’s not about dying, but how you want to live. SUPER:

Dying: It’s A Living Thing

## Other Lines

Dying: Go Your Own Way

Let's Talk About Death, Baby (Salt n' Pepa) Dying:

Have the last word

Dying: begin the conversation. Have the last word. Dying:

Way To Go!

Don't leave dying til your last breath

Don't die wondering.

## Other Thoughts

### Relevant case Study:

The Metro trains campaign ‘Dumb Ways To Die’ has indicated that an unexpected, and slightly irreverent, approach to presenting topics related to mortality can help promote conversation about a sensitive issue, rather than have it dismissed out of hand for being ‘too dark’ or ‘too depressing’.

Aimed at Victorian secondary school aged students as a safety message, the campaign didn’t trivialise the subject matter as much as present it in a palatable way that allowed audiences to engage with the subject matter, rather than dismiss it simply because of its challenging nature.

The successful public response to this campaign would indicate that when it comes to ‘death’ a broader audience is open to the subject matter of ‘death and dying’ to be presented in a more light-hearted, engaging way that gently invites participation and consideration, while remaining respectful.

## Media Consumption highlight

People aged 50+ are heavy users of newspapers

A high % of People 50+ are considered heavy users of TV People 65+

are less likely to listen to commercial radio

35 – 64 are more likely to listen to commercial radio

35 – 64 are heavy internet users

65 + are only lite to no users of internet



## Lateral concepts

### **A television drama series designed around the topic of death and dying.**

Focuses on a range of experiences of death and dying in each episode – should be bold, uncompromising, different, controversial and spark conversation. A quality piece of thought provoking captivating drama in the style of HBO.

### **An ‘Australian Stories’ - like documentary series**

Follows the experience of death and dying of real people and their friends and family. Open discussion about wants and thoughts and needs. Basically a documentary that mimics/influences the discussion that the initiative is aiming to establish. A new story each episode will look at all forms of death and dying young, old, tragic, unremarkable.

### **Develop a character**

In the creation of an irreverent character – think John Cleese, the Old Spice guy – who stars in a webisode series that forms itself around the hilarious notion of death and dying. It’s so matter of fact we’re talking about it. Would be extreme and funny, ironic and tongue in cheek, but an easy way in to the difficult conversation.

### **A ‘dumb ways to die’-style viral**

30 – 50 target

50+ thought provokes

TVC radio

Experiential Bus travels to shopping centres

Advertorial convo starters

PR budget to get radio and TV talking about it.

Thank you