

HEALTHLINE – CASE STUDY

BACKGROUND

Telephone health advice lines are used extensively overseas as effective and safe ways for people to access expert health advice. In 1999, it was agreed that the concept should be trialed in New Zealand and the Ministry of Health tendered for a provider to supply a pilot service. A consortium, consisting of McKesson NZ and St John won the tender, and in May 2000, the Healthline service was launched in four pilot areas: Northland, East Coast/Gisborne (Tairāwhiti), Canterbury (excluding South Canterbury) and the West Coast.

Objectives

The aims of the public relations initiative were:

- To create awareness and understanding of the Healthline service in each of the pilot areas
- To stimulate use of the service
- To position the service as being relevant, convenient and safe
- To develop positive linkages with local providers and access to their services

Target Audiences

- Public (both female and male, of all ages, races and socio-economic groups).
- Media
- Medical sector (GPs, pharmacies, Independent Practitioners' Associations, hospitals, medical centres, etc).
- Community groups and services (health government agencies, societies, associations, etc).
- Government agencies
- Maori (Maori health providers, local iwi and other Maori organisations).
- Pacific Islanders and other ethnic groups.
- Vendors/suppliers
- Potential employees

Key Messages

- Healthline is able to be accessed by everyone in the pilot regions.
- Healthline provides free, friendly and immediate health advice 24 hours a day, seven days a week, 365 days a year.
- Healthline is staffed by registered nurses who are able to advise on a range of health concerns.
- Healthline is able to provide the right level of care, at the right time, at the right place.
- Healthline is not competing with other health service providers such as GPs. Rather it complements the services by directing callers to available health professionals and health services within the appropriate time frame.
- While Healthline is staffed by registered nurses, they will not diagnose or treat health problems over the phone. Through telephone triage they will work out what the caller should do and how urgently they should do it.
- Healthline provides an easy source of health service information for people in rural areas.
- Healthline applies international expertise and technology to a locally based service which employs local staff and cultural expertise.

STRATEGY

- The public relations consultancy which conceptualised the program developed two key strategies. The first was to launch the Healthline service through a comprehensive public relations/publicity campaign prior to Healthline operating, during the formal and regional launches of the service and post-launch activities.
- The second key element of the strategy was to ensure the momentum generated by the launch continued with a well-planned on-going program of media activity. This would be through editorial publicity, advertising, direct mail and personal contact.

Some key points in the strategic communication:

- It was important to use an integrated approach to the marketing, public relations and stakeholder activities of the Healthline service including St John's on-the-ground sight-raising activities, Maori advisors, Pacific Island advisors, Medical Director, General and Site Manager activities.

- The public relations program had to have the right balance of community activities, local news media exposure and tailored advertising campaigns to ensure maximum reach and the delivery of the right messages to the right groups.
- Ongoing consultation with key groups was integral to Healthline's success with feedback and recommendations incorporated into reporting and evaluation for consideration and possible action.
- Specific programs for Maori and other groups were developed. As well as this, extensive community networks, cultural support groups and health sector groups already existed and by working with these networks, high awareness levels were achieved.
- In terms of responsibility, it was necessary for the public relations consultancy regularly to evaluate its communication activities so that they could be adjusted to ensure correct call volumes were being reached.

TACTICS

- Media releases

Media releases were issued on a wide range of subjects: milestone releases, good news stories, seasonal changes in call volumes, topical health issues (e.g. winter flu season), quarterly results in the region, support from the health sector, Maori utilisation. Releases were localised and in some cases, targeted towards a specific audience. It was important to gain editorial content to promote the validity of the service and also to maintain ongoing communication with the media.

- Issues Management Model

The issues management model was prepared at the outset and continually updated and revised. The plan was designed to outline procedures and steps to be taken in the event of an issue that could adversely affect the delivery of the Healthline service and its key messages.

- Community Relations

Databases of community groups within New Zealand who would benefit from Healthline were drawn up and regularly updated. Activities with these groups would complement the sight-raising work which St John was doing. Community sight-raising activities included mail-outs of information to GP surgeries and schools.

- Advertising

Advertising of Healthline took place in newspapers, on radio and local televi-

sion. The services of the public relations consultancy were essential during this time, as it was necessary to make sure the key messages were being delivered effectively through the advertising media.

- Collateral

Healthline branded collateral was an important part of raising awareness of the service. Magnets, posters, flyers and information packs were designed to fit in with the branding and were used to accompany numerous sight-raising activities. It was important continually to collate the information at hand and to evaluate it in order to provide feedback to the group.

IMPLEMENTATION

There were four phases of activity:

1. Pre-launch
2. Launch
3. Phased regional launches
4. Post-launch activity

Pre-launch

- Pre-launch activities involved consultation, planning and preparation between all major stakeholders.

Launch

- A formal launch was held at Parliament, led by The Hon. Annette King, Minister of Health and involving representatives from McKesson and St John. While the announcement was for news media, key stakeholders were also invited.
- News releases (tailored to different media) from the Minister of Health and Healthline and information explaining the service were distributed to the relevant media. Key interviews were secured with important media.
- Key stakeholders of the partners and politicians received a briefing document explaining the service and its roll-out. Many key stakeholders are common to all consortium partners – the list was extensive and incorporated professional and voluntary community organisations.
- Information on the service was posted on the partners' websites, providing links as appropriate.

Regional launches

- The events were held in school environments, therefore the contacts needed to be established with local schools in the roll-out regions and relationships with the principals cemented.
- Healthline had a 'hero' available at most of the launches. These were supportive individuals (usually involved in sport) who could talk about the value of the service and interact with the students.
- The launch format included speeches from Healthline representatives and the 'hero' (typically emphasising the usefulness of the service for all New Zealanders) and a video of how the service works.
- Parents, members of the local community and media were invited to the event
- Collateral (fridge magnets and flyers) was distributed at the event.
- A chance for all involved to discuss Healthline occurred after the formalities.
- Refreshments were provided.

Post-launch activity

- Targeted advertising commenced one week after the event in all local community newspapers in the region.
- The collateral mail-out commenced two weeks after each regional launch. This ensured that the public was made aware of the service and was educated as to its usage and benefits so that the maximum initial impact was maintained.
- Dissemination of literature to a number of target groups followed via trusted health professionals.
- Work with NGO regional representative was undertaken to achieve continuation of advocacy and promotion of the service by credible community groups to potential high users.
- Increased awareness of Healthline was achieved by regular publication in local service directories.
- Relationships were created with GPs, IPAs, etc.
- Advertising via television commercials on local tv stations increased awareness of the Healthline service and increased call volumes and kept Healthline top-of-mind for many consumers.
- Healthline ambassadors were selected to encourage Healthline champions in the regions to increase awareness of the service.

Public Relations challenges and opportunities

The phased regional roll-out of the service meant no national activity was able to take place until the service was available throughout the country. This entailed careful limitation of media activity while still working to get the message across to each region as Healthline became available. Care was also needed to ensure that the promotion was not such that it would exceed the client's operational capabilities.

Another challenge was to ensure the service addressed the needs of Maori and those identified with lower health status in the pilot areas and that their use of the service was adequate. This was monitored on a regular basis.

The ability to create on-the-ground networks through Healthline's partners, such as St John, was a real opportunity.

RESULTS

Healthline has been a resounding success in the four pilot regions, with the decision taken in 2004 to make the service available nationwide. Maori usage of the service in the pilot regions was extremely satisfactory, with the percentage of Maori using the service actually exceeding the percentage of Maori in the pilot area of Tairāwhiti.

Call volumes continued to rise throughout the pilot period, and a survey of 179 callers in July 2004, showed that 98.7% expressed overall satisfaction with Healthline and 100% said they would use Healthline again.

Healthline gained acceptance in the health care communities in the pilot regions, with health professionals seeing the service as complementing rather than competing with them. 70% of Healthline's calls are received after hours, so Healthline is clearly playing an important role.

The fully integrated communication program, which used a combination of tailored public relations, on-the-ground activities and mass marketing, both regionally and at a community level, helped Healthline achieve successful brand recognition and utilisation of the service.