

# DDB°



## Health is the New Wealth

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Results from a DDB Survey Across 11 Countries

The **Yellow** Papers Series

# The exploding access to information has empowered patients, so they are now able to exert even more influence over their current and future state of wellness than before.

## Introduction

Health care is one of the critical issues facing the world. Access to it. Investment in it. Utilization of it. It is central to the advancement of the developing world and to social cohesion everywhere in the world. Macro-economic forces are creating pressure on a systemic and individual level. Whether it is demographic shifts, like an aging Western Europe, or the inability to provide basic necessities, like mosquito nets in Africa to protect a vulnerable population from malaria, or over 40 million Americans without insurance, every individual has a personal connection to health care.

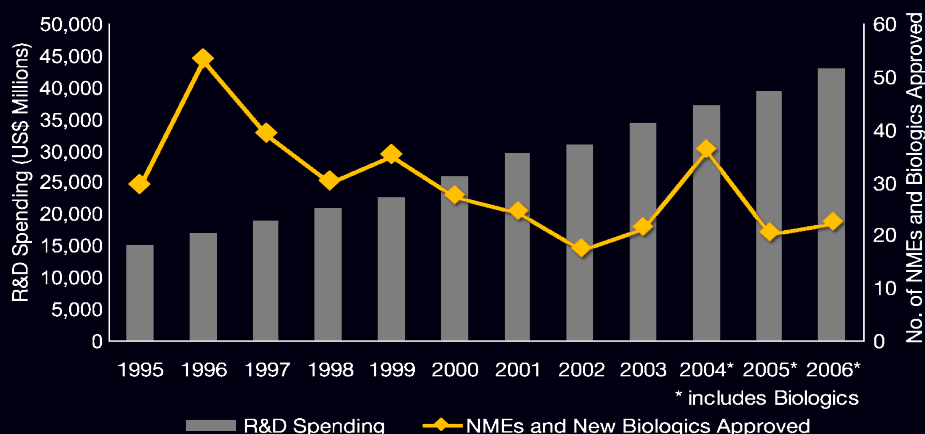
Over the years, pharmaceutical companies have developed products that enable choice. The exploding access to information has empowered patients, so they are now able to exert even more influence over their current and future state of wellness than before. People are making better informed decisions regarding their own health care.

However, the reality is that the pharmaceutical industry — and its potential for influence — is changing. Negative PR, aggressive politicians, regulatory scrutiny, safety issues,

counterfeit drugs and challenges to science make for a more skeptical population. Today we have an industry that needs to keep its promises to people, while still providing them with the science and information to make well-informed decisions with their physicians.

Against a backdrop of constant research and development that results in fewer new compounds gaining FDA approval (Exhibit 1), the needs of patients must still be met.

**Exhibit 1: R&D Spending has soared but the number of NME's and biologics approved by the US FDA is down**



Source: FDA/CDER Data, PhRMA data, PricewaterhouseCoopers analysis

Note: Data on R&D spending for non-PhRMA companies are not included here, because they are not available for all 11 years.



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In late 2008 DDB interviewed 1831 consumers and physicians in 11 countries (US, Canada, Mexico, Brazil, UK, France, Germany, China, India, Australia, and Singapore). Our research sought to reveal patient behaviors and attitudes, and include physicians as patients in today's evolving context. The topics we covered include, but are not limited to, the following:

- How do people feel about their health?
- How do those perceptions translate into attitudes and behaviors, especially concerning how they take care of themselves and interact with their physicians?
- What are the social, behavioral, and psychological differences between patients who suffer from a pathological condition and those who have a lifestyle condition?
- Why don't patients intuitively comply with taking their medications, and how can we get them to be more compliant?
- What are the perceptions of the pharmaceutical industry?
- Who do patients trust for information? Where do they go to get it?

With the goal of understanding how to influence patients in today's ever-evolving global pharmaceutical market, this paper examines:

- Global health attitudes and differences in health goals and behaviors around the world
- How the global economic crisis is affecting global health priorities
- Access to information, treatment decision-making and patient-physician relationships

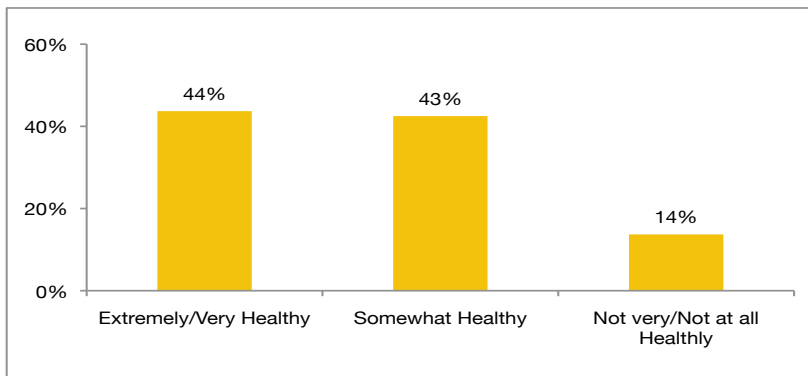
## Around the world, s-i-c-k is a four-letter word.

“Healthy” is a relative term. In some parts of the world, a “healthy” person is defined as someone who has lived beyond the age of 20. In other parts, a “healthy” person may be one who has an outward appearance of youth and vitality. Across cultures, “healthy” carries widely different meanings, yet even within cultures the definition can vary across the age spectrum and between genders.

Regardless of who we are or where we live, “health” is an aspiration. Health is good. By the law of inverse, illness is bad. According to this distinction, health is the absence of a negative (illness).

Because health is good and illness is bad, most people (87% of respondents) report, or at a minimum want to believe, that they are at least somewhat healthy.

### Health Self-Rating (Global Consumers)



Q20: How would you rate your current health?

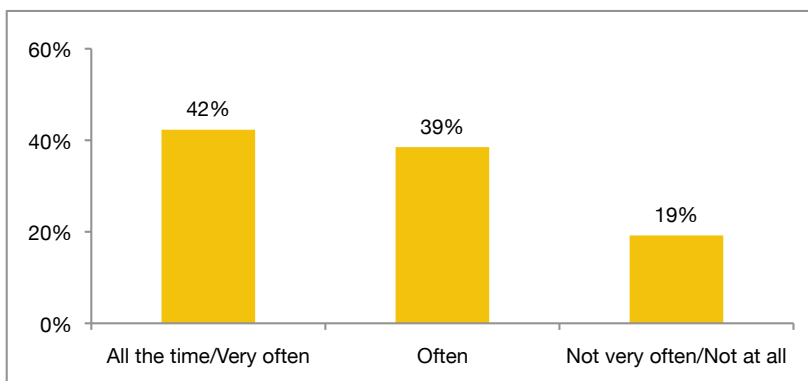
Base: 1627 Consumers

### Believing we are healthy is to believe we are in control.

Why? First, illness disrupts the status quo. It affects us physically and sometimes even emotionally. It alters social interactions by changing how others see us and how we see ourselves. Second, illness is something we feel that we should be able to conquer. Modern medicine has proved capable of preventing, curing and improving many conditions (e.g., polio, tuberculosis, cancer), enhancing quality of life and extending life expectancy. Today the world has a great obsession with being and staying “unsick.” We even protect our computers from viruses.

Given the global obsession with being and staying “unsick,” it’s no wonder that health is a preoccupation for people. A staggering 80% of respondents across the globe think about their health “all the time, very often or often.”

### Health Preoccupation (Global Consumers)

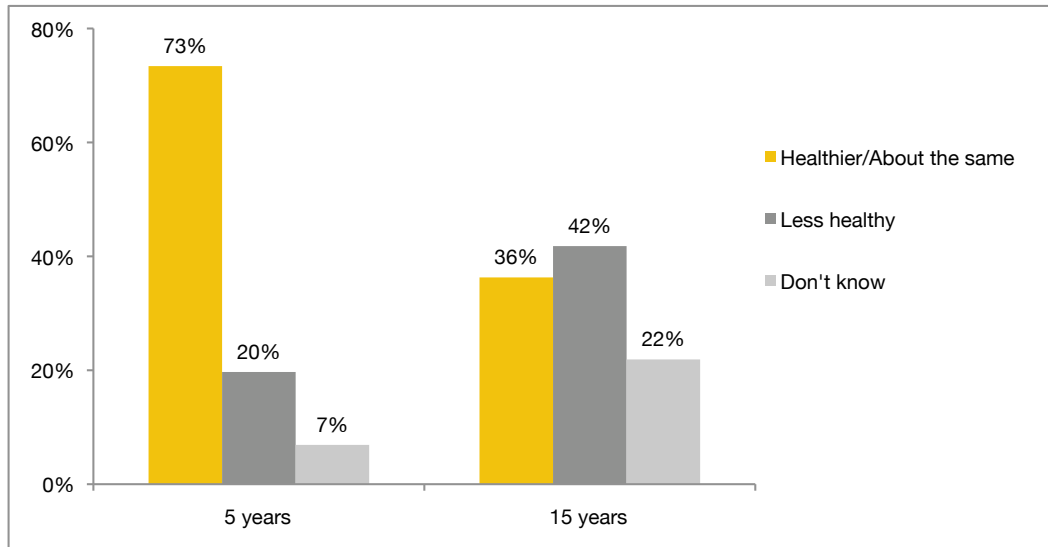


Q23: How often do you think about your health?

Base: 1627 Consumers

We also discovered that there is a general sense of optimism in that people believe they will remain healthy five and 15 years from now (graph below), perhaps driven by the fear of illness.

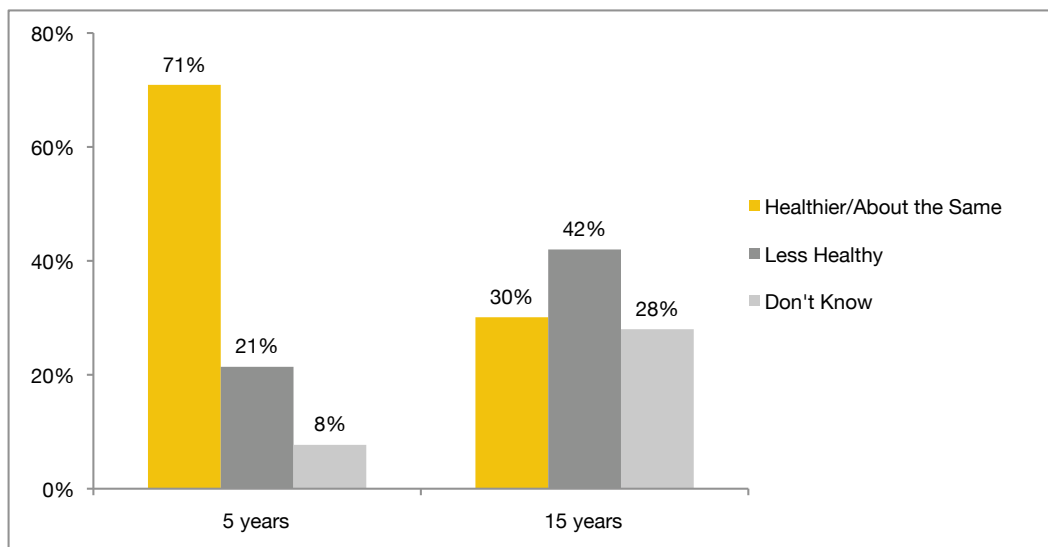
**Predictions of Future Health (Global Consumers)**



Q26: In the following number of years, do you think you will be: [Healthier, Less healthy, About the same, Don't know - 5years, 15 years] Base: 1627 Consumers

Even when we examine people age 55 and above, we see that they believe their prospects for health in the near term (five years), as well as farther out (15 years), match those of the total. They are holding on to the hope that their bodies will remain, for the most part, vital into their 70s and beyond.

**Predictions of Future Health (Global Consumers 55+)**



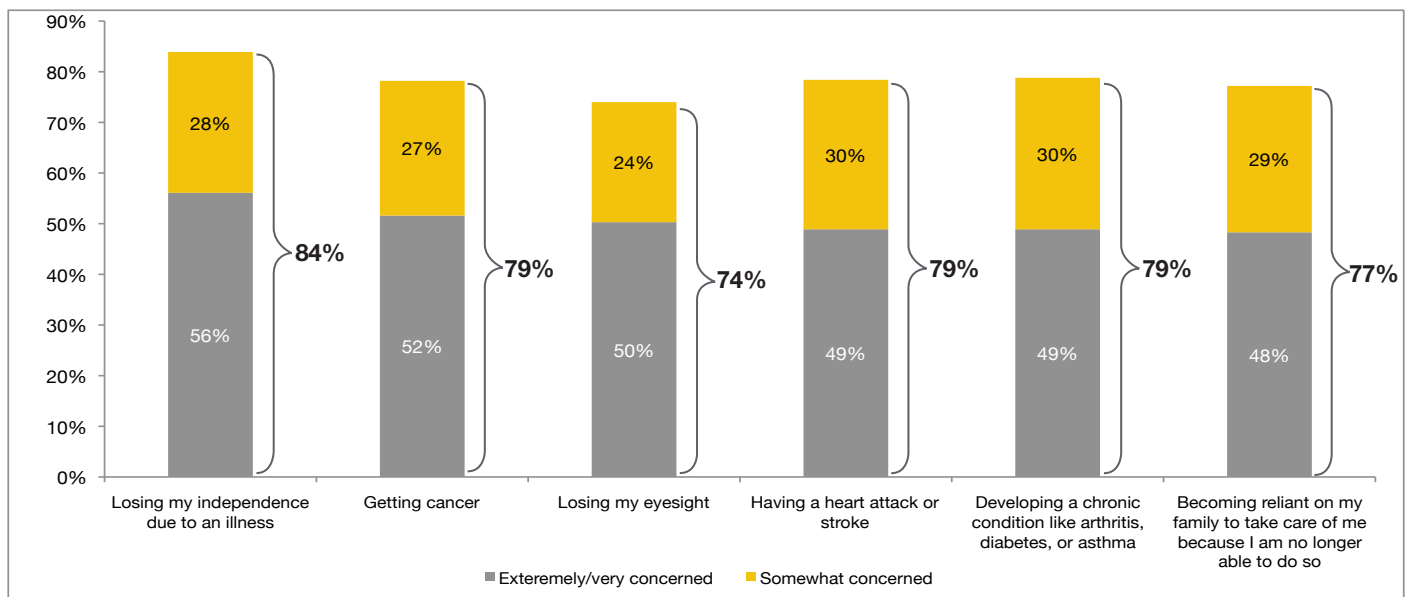
Q26: In the following number of years, do you think you will be: [Healthier, Less healthy, About the same, Don't know - 5years, 15 years] Base: 533 Consumers age 55+

So it would seem that the majority of people are healthy and believe they will continue to be in the years to come. **But, our study revealed that with every bit of optimism comes a dose of realism.**

There is a palpable global concern among individuals about developing a number of ailments. Consequently, even the mere specter of illness provokes apprehension. Over three quarters of respondents were “extremely, very or somewhat concerned” about the following:

- Losing independence due to illness
- Getting cancer
- Losing eyesight
- Having a heart attack or stroke
- Developing a chronic condition
- Becoming reliant on family to take care of them

**Degree of Concern with Various Health Issues (Global Consumers)**

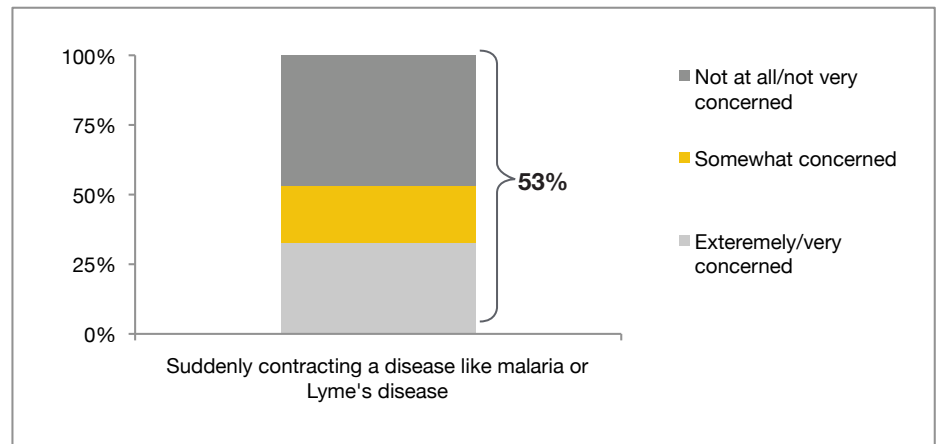


Q25: To what degree are you concerned with the following issues?

Base: 1627 Consumers

Not only is there concern over illnesses that could befall them, there is also concern over illnesses that are highly unlikely to occur. For example, in the chart below, we see that 53% of people are concerned with contracting a disease like malaria or Lyme, when the likelihood of it occurring is low.

**Degree of Concern with Various Health Issues (Global Consumers)**



Q25: To what degree are you concerned with the following issues?

Base: 1627 Consumers

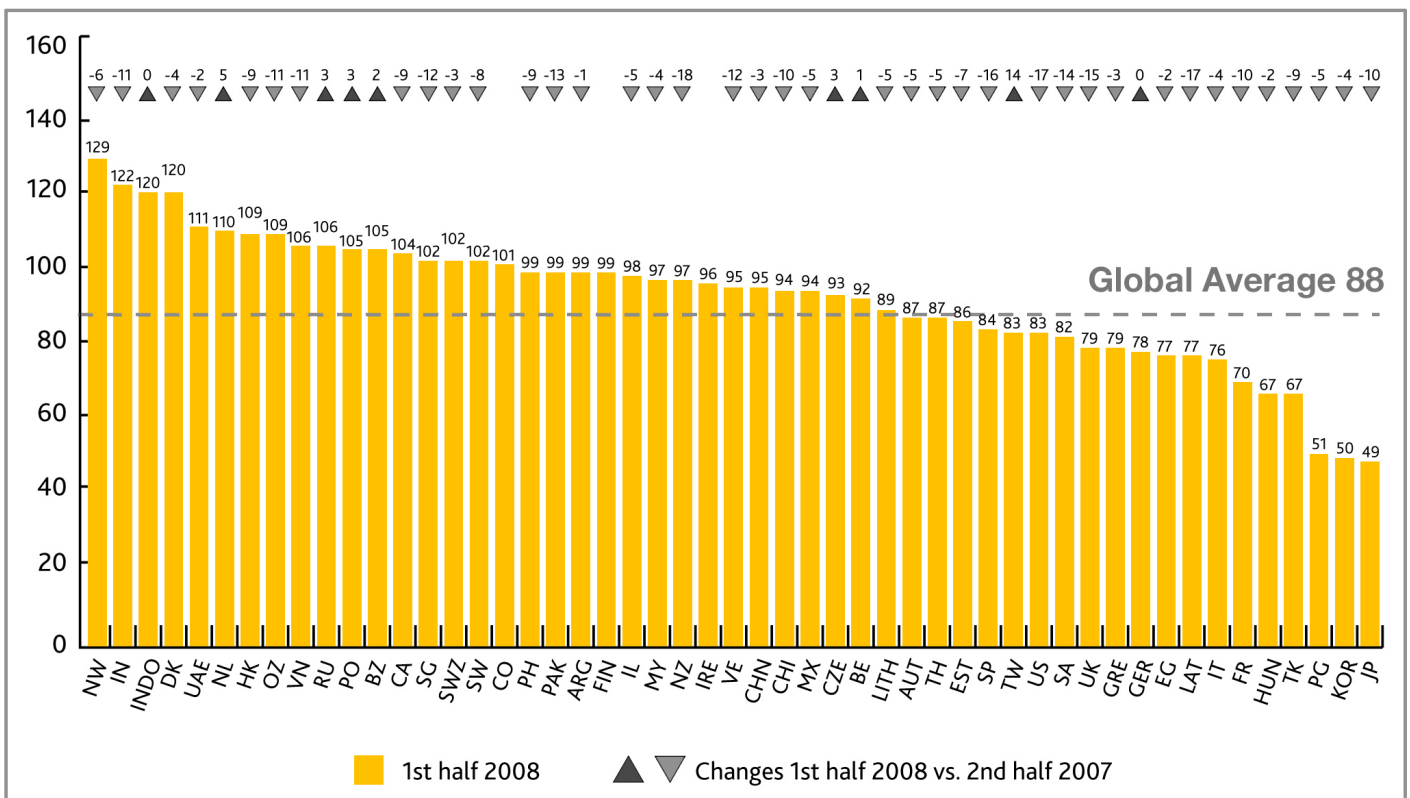
So people feel vulnerable even if it is improbable that something will happen to them. Why the perceived vulnerability?

**So people feel vulnerable even if it is improbable that something will happen to them. Why the perceived vulnerability?**

## The vulnerable state of our world: 2009

Recent events have created a general sense of unease in the world today. Economic troubles, failing institutions, rising unemployment, climate change, political instability, terrorism and wars — the state of the world can be simply described as a perfect storm of events beyond our control. According to Nielsen’s Consumer Confidence Index, confidence fell in 39 out of 48 countries in the first six months of 2008 compared to the six months prior. Among the markets where confidence fell, 15 saw double-digit declines — and that measurement was taken before the meltdown of financial markets in September.

### Nielsen Global Consumer Confidence Index | 1st Half, 2008

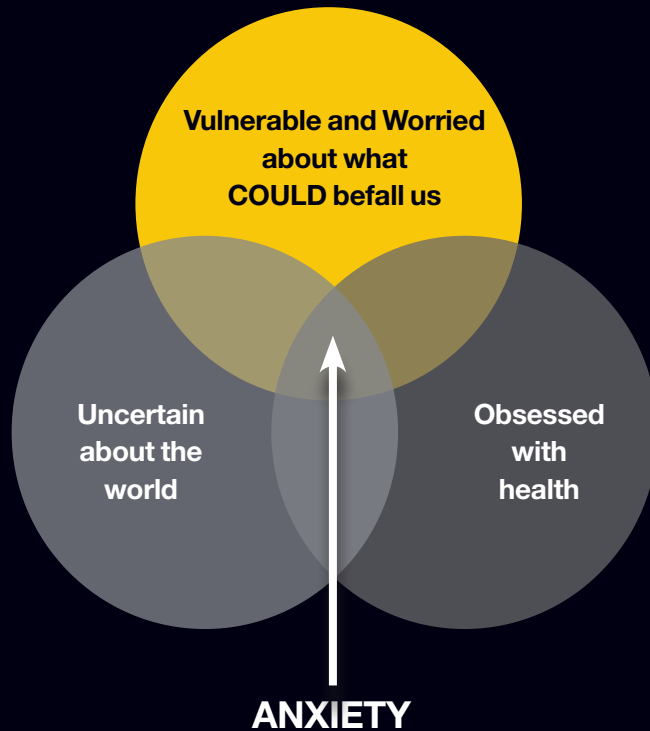


**51 Markets Covered:** Argentina, Australia, Austria, Belgium, Brazil, Canada, Chile, China, Colombia, Czech Republic, Denmark, Egypt, Estonia, Finland, France, Germany, Greece, Hong Kong, Hungary, India, Indonesia, Ireland, Israel, Italy, Japan, Korea, Latvia, Lithuania, Malaysia, Mexico, Netherlands, New Zealand, Norway, Pakistan, Philippines, Poland, Portugal, Russia, Singapore, South Africa, Spain, Sweden, Switzerland, Taiwan, Thailand, Turkey, UAE, United Kingdom, US, Venezuela and Vietnam.

Base: All respondents

In effect, faith has been shaken because the problems of the world are affecting individuals’ personal universe. It is no small wonder that **people are searching for certainty and are failing to find it.**

How does this uncertainty manifest itself in our overall well-being? One word: **Anxiety.**



*For the purposes of this paper, anxiety should not be confused with neurotic anxiety (anxiety out of proportion to the real danger), which is manifested in certain phobias and serious psychological disorders such as Post-Traumatic Stress Disorder or Generalized Anxiety Disorder. Rather, this paper discusses “objective anxiety” where a real external danger is present and anxiety is the response to the stimulus.*

Anxiety is a subject that has fascinated psychologists, philosophers and other social scientists for ages. Sigmund Freud, Søren Kierkegaard, Jean-Paul Sartre, John Watson and Kurt Lewin (among many others) have weighed in with theories. While specifics of their views differ, one major commonality, according to the International Encyclopedia of the Social Sciences, is the assertion that anxiety is the “inability of the organism to cope with a situation that threatens to overwhelm... [and] the absence of adequate acts to deal with environmental or intrapsychic events.”

**Simply put, anxiety produces feelings of vulnerability and a desire for control.**

Although the word often carries a negative connotation, a little anxiety can go a long way in driving someone to make positive, lasting changes to improve or avoid a negative physical or emotional event. For example, anxiety about being in a car accident causes us to fasten our seat belts to avoid bodily harm. Anxiety about forgetting our lines during a speech causes us to prepare and rehearse to avoid embarrassment.

Today, there is no doubt that the swirl of uncertainty surrounding financial health is producing anxiety and causing people to feel vulnerable not only regarding their wealth but also regarding their physical health.

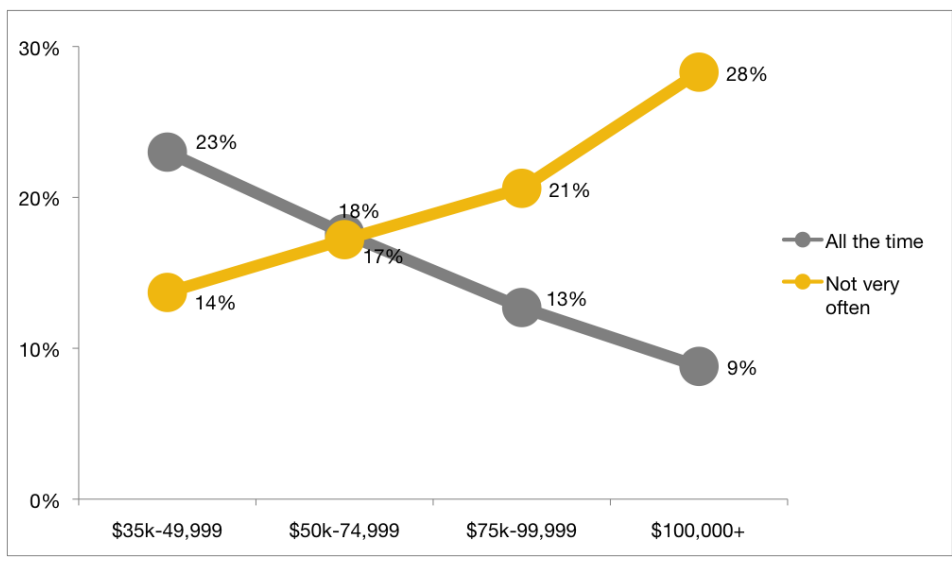
**Our study discovered that as the value of wealth decreases, the value people place on their health increases.**

This finding has a simple logical rationale:

1. Anxiety produces a desire for control.
2. Believing we are healthy is to believe we are in control (ie., health = control).
3. Anxiety produces a desire for health.

The world is turning its attention away from what is beyond our direct control (the economy) to that which is (mostly) controllable; we are focusing on our physical health because without health as a foundation, nothing is possible. Which explains why the saying “at least I have my health” is a common expression — it brings immediate comfort in the moment, yet it is also an affirmation that people must have health in order to be able to make things go their way again.

**How Often People Think About Their Health (Global Consumers, by Income)**



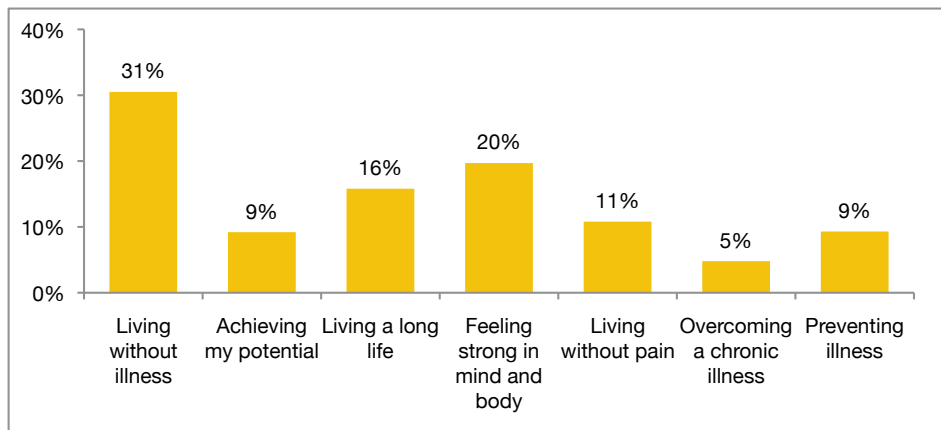
Q23: How often do you think about your health? [All the time, Very often, Often, Not very often, Not at all] Base: 809 Consumers with household incomes reported above \$35,000.

Our data show that as household income decreases, the amount of time spent thinking about health increases. As wealth erodes due to factors beyond their control (e.g., unemployment, reduced retirement savings), the more important health will become to them. However, we are not sure if it is a transfer of value or an augmentation of value placed on health. Either way, health takes up plenty of mind space.

**So if health is becoming more important today, what is the number-one health priority?**

People are returning to that which is fundamental — what they need (31% ranked “living without illness” #1), and not necessarily what they want (only 9% ranked “achieving my potential” #1). Our belief is that today goals are less about self-actualization and more about safeguarding and fortifying the core self.

**How Often People Think About Their Health (Global Consumers, by Income)**



Q24: Please indicate how important each of the following health goals are to you by placing the most important goal at the top of the list. Base: 1627 Consumers

The country-by-country breakdown of the top health priority rankings reveals interesting cultural differences. For example, “living without illness” is the first priority in all countries except Mexico and Brazil, where there was a much more even distribution across the options, suggesting those respondents are looking for every aspect of health to be in order in these countries. These cultural differences in health priorities merit deeper analysis in subsequent papers.

**Table 1. Top Three Responses Ranked #1 (including percentage who ranked “achieving my potential” #1) (Global Consumers, by Country)**

Global Avg	US	Canada	Mexico	Brazil	UK	France	Germany	China	India	Australia	Singapore
Living without illness (31%)	Living without illness (26)	Living without illness (24)	Feeling strong in both mind and body (21)	Living a long life (24)	Living without illness (27)	Living without illness (46)	Living without illness (51)	Living without illness (33)	Living without illness (41)	Living without illness (31)	Living without illness (48)
Feeling strong in both mind and body (20%)	Feeling strong in both mind and body (22)	Feeling strong in both mind and body (23)	Living a long life (19)	Living without illness (23)	Feeling strong in both mind and body (17)	Feeling strong in both mind and body (19)	Living a long life (17)	Feeling strong in both mind and body (28)	Feeling strong in both mind and body (31)	Living without pain (21)	Feeling strong in both mind and body (27)
Living a long life (16%)	Living a long life (18)	Preventing illness (18)	Living without pain (18)	Achieving my potential (21)	Living a long life (15)	Preventing illness (12)	Feeling strong in both mind and body (9)	living a long life (17)	Preventing illness (10)	Feeling strong in both mind and body (19)	Living a long life (13)
Achieving my potential (9.2%)	Achieving my potential (8)	Achieving my potential (6)	Achieving my potential (14)	Achieving my potential (21)	Achieving my potential (8)	Achieving my potential (3)	Achieving my potential (3)	Achieving my potential (8)	Achieving my potential (9)	Achieving my potential (7)	Achieving my potential (6)

Q24: Please indicate how important each of the following health goals are to you by placing the most important goal at the top of the list. Base: 1627 Consumers  
 (NOTE: Color coding identifies differences and similarities in the priorities across countries)

**Implications for Influence:** Consumers are not going to be as motivated to take action based solely on higher-order/emotional end-benefits in the pharmaceutical market. Today, more than ever, they will need tangible benefits ascribed to products/brands. They are more likely to be influenced by the product’s ability to get them closer to the fundamental goal of a life without illness.

## The Antidote to Anxiety: Control

**People instinctively search for antidotes to their anxiety.** We've already discovered that when antidotes to economic anxiety are not readily within reach, people focus on that which they can control: their health behaviors. However, the health goal of a life without illness may be nirvana, but for many it is virtually unattainable. This in and of itself produces anxiety: Health-Pursuit Anxiety.

The quest for control in the context of Health-Pursuit Anxiety has many manifestations: how consumers understand health behaviors, where they look for information, what and who they turn to when seeking treatment and, ultimately, how they manage their health.

We identified three methods people use to attempt to seize control of their health and quiet their Health-Pursuit Anxiety:

1. **Personal efforts**
2. **External sources**
3. **Understanding**

These three methods create a framework from which to develop a value proposition for a health product or service:

### Health value = benefit of control/cost of efforts

The metrics of the equation can be derived from clinical, financial, emotional and experiential analysis. Essentially, the value of a health product or service must be set in a context understood by patients and physicians alike in order to create therapeutic engagement and positive healthy outcomes.

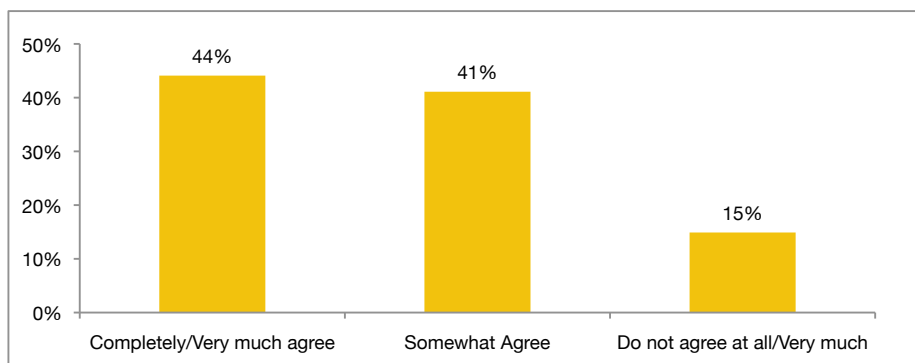
In order to influence the perceived value of a health product or service, one needs to understand the determinants of value. A deeper analysis of the antidotes to Health-Pursuit Anxiety can have specific practical implications on the optimal ways to influence and create an impact in the health care environment.

## 1. Personal Efforts

### Doing something is better than doing nothing.

Generally, consumers believe — or want to believe — (85%, top three) that they are doing everything they should to take care of their health.

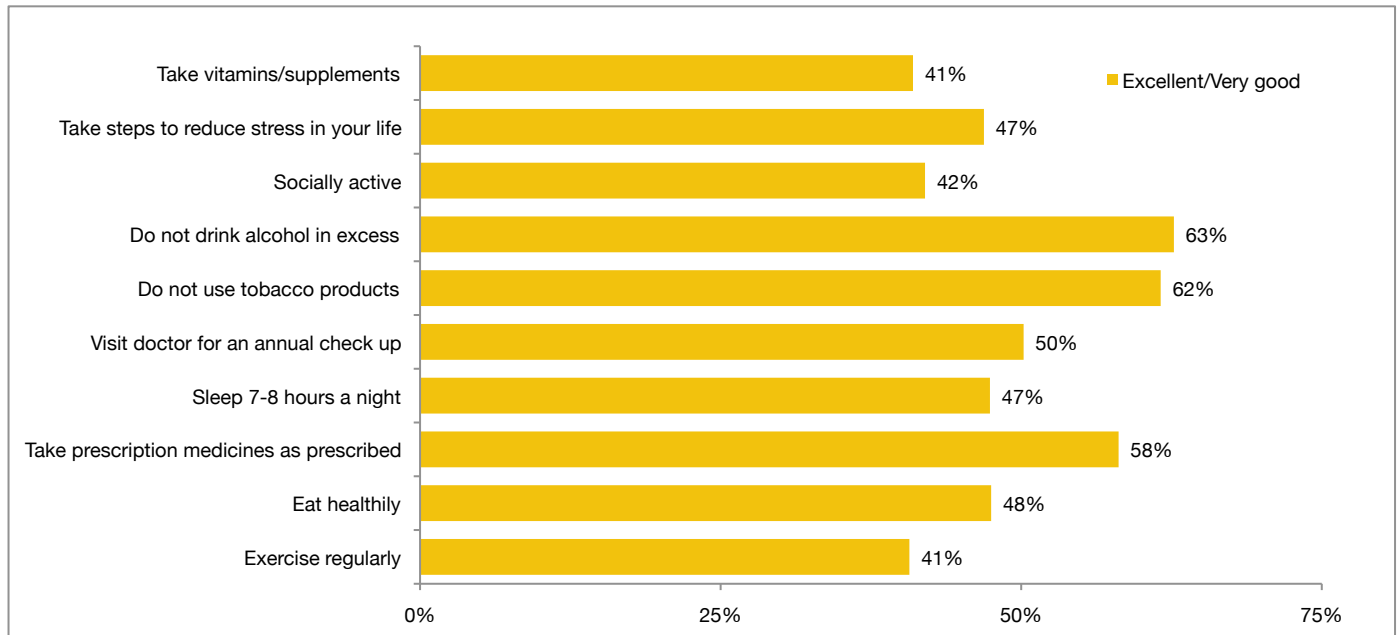
#### Doing “Everything” to Take Care of Health (Global Consumers)



Q30: How much do you agree with each of the following health behaviors? “I do everything I should to take care of my health” Base: 1627 Consumers

A degree of self-efficacy in respondents influences this finding - clearly people believe they can have an impact on health outcomes based on their efforts. But just as health is a relative term, “doing everything” is a relative term. In fact, “doing something” is more accurate in most countries.

**Doing “Something” – Self-Ratings on Health Behaviors (Global Consumers)**



Q 31: Please rate yourself on the following health behaviors [Excellent, Very good, Good, Fair, Poor]

Base: 1627 Consumers

There are, of course, many things people can do to improve their health. Classically, health behaviors are things that are additive — such as eating right or exercising. What the data in the chart above show is that a good health behavior is actually the absence of something negative - not smoking, not drinking in excess.

**Therefore, just as health is the absence of illness in the minds of many, healthy behaviors are often perceived as the absence of vice.**

Globally, consumers are most diligent about avoiding vices. For example, the highest health behavior ratings were for not using tobacco products (62%) and not drinking alcohol in excess (63%). Interestingly, people are directionally less likely to engage in proactive health behaviors such as exercising regularly (41%), eating healthily (48%), sleeping 7-8 hours a night (47%), reducing stress (47%) and taking vitamins/supplements (41%). Not a single one of these additive behaviors cracked the 50% level. Health is clearly considered less about what one **DOES** and more about what one is **NOT DOING**.

**Implications for Influence:** Encouraging people to take proactive health measures (e.g., getting vaccinated, wearing condoms) is especially challenging because any behavior change first requires acknowledgement of a problem. Therefore, the proper context must be created and/or communicated to get people to acknowledge their personal risk before the benefits of the proactive measure can be appreciated. Once the problem is identified, the behavior change can begin and, in some instances, become routine.

While this preference for avoidance behavior over additive behavior is also found in a country-by-country breakdown, there are cultural differences in the extent to which people practice various proactive health behaviors.

**Table 2. Percentage of Top Two Box Responses (“excellent” or “very good”) for Self-Ratings on Health Behaviors (Global Consumers, by Country)**

	Global Avg	US	Canada	Mexico	Brazil	UK	France	Germany	China	India	Australia	Singapore
Do not drink alcohol in excess	63%	73%	70%	70%	49%	62%	54%	60%	50%	64%	64%	66%
Do not use tobacco products	62%	60%	59%	70%	74%	55%	58%	47%	54%	61%	62%	75%
Take prescription medicines as prescribed	58%	65%	56%	60%	73%	60%	55%	60%	24%	58%	47%	27%
Visit doctor for an annual check up	50%	56%	47%	66%	77%	26%	48%	47%	32%	40%	40%	28%
Eat healthily	48%	37%	39%	68%	79%	42%	45%	28%	39%	60%	36%	27%
Take steps to reduce stress in your life	47%	42%	38%	71%	76%	29%	37%	37%	36%	50%	36%	38%
Sleep 7-8 hours a night	47%	39%	42%	68%	75%	32%	49%	43%	34%	61%	32%	27%
Socially active	42%	32%	35%	60%	76%	27%	48%	33%	27%	48%	24%	33%
Exercise regularly	41%	29%	27%	65%	81%	18%	44%	25%	34%	45%	27%	30%
Take vitamins/supplements	41%	55%	43%	63%	69%	24%	16%	22%	28%	26%	27%	20%

Q 31: Please rate yourself on the following health behaviors  
 [Excellent, Very good, Good, Fair, Poor]

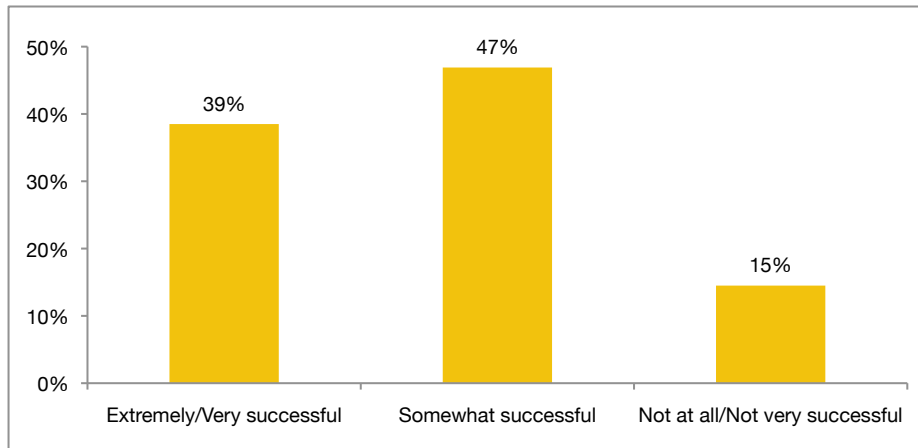
Base: 1627 Consumers

**The following are some differences worthy of note:**

While avoidance of vice is fairly universal, in some countries there is inertia with respect to proactive behaviors. For example, the UK ranks lowest in exercising regularly (18%). Respondents in the UK also rank themselves lowest in going to the doctor for an annual checkup (26%). This finding could perhaps reflect a cultural tendency toward modesty, self-deprecation or honesty because even in places where the number of doctors per capita is low, like China, people show greater tendency to report going the doctor than the Brits. The other extreme was found in Latin America, where respondents rate themselves highly across every health behavior. While it is impossible to determine if this is reality or a belief, it could reflect a cultural desire for them to want to believe they are doing everything to stave off illness in every way possible. These cultural differences in health behaviors will be explored in more detail in future papers.

In summary, with most ratings below 50% (outside of Latin America), it is clear that people are only marginally able to take control, causing many consumers (47%) to admit they are only somewhat successful at doing things to improve their health and well-being, as demonstrated in the graph below.

**Success Doing Things to Improve Health and Well-being (Global Consumers)**



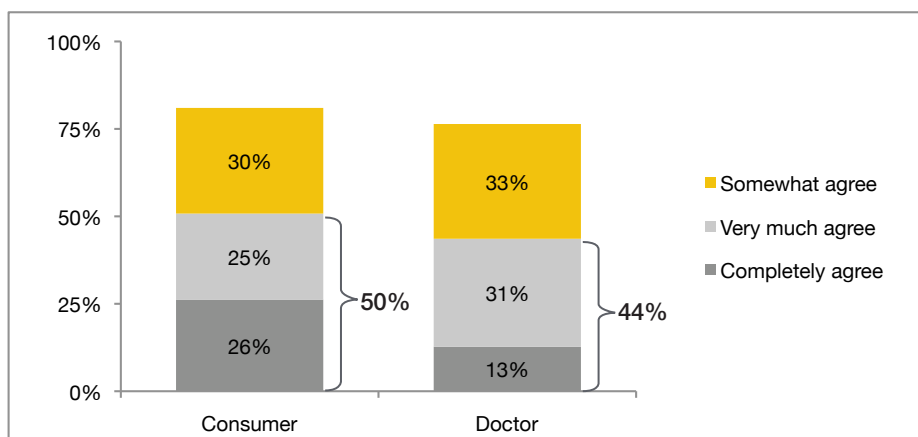
Q21: How successful do you feel in terms of doing things to improve your health & wellbeing? Base: 1627 Consumers

Human efforts are never perfect — there is always more that can be done. Once people come to accept that some aspects of their health are beyond their control, to what and to whom do they turn?

**2. External sources**

When it comes to regaining control of health, people know they cannot do it alone. Many need to turn to medication, but at the same time, they will do almost anything to avoid taking medication altogether — or at least until it is absolutely necessary. We surveyed physicians and asked them to respond not as doctors but as patients, and we see that even they are apprehensive about the science on which they rely.

**Desire to Avoid Medication (Global, Consumers and Physicians)**



Q30: How much do you agree with each of the following? "I'll do almost anything to avoid taking medication until absolutely necessary." Base: Consumers 1627, Doctors 204

**Why don't people want to take medicine? They feel conflicted.**

When it comes to medicine, people feel conflicted on many levels. First, because health is good and illness is bad, medicine is a signal that “I have been bad” or that “my body is failing me.” Medicine signals failure; it means patients cannot succeed in being healthy on their own. Second, patients want to believe in modern science, but the source of that science is not always trusted.

**A) Medicine signals failure: it can make you feel old, or medicine is helpful: it can make you feel healthy.**

**Feel old:**

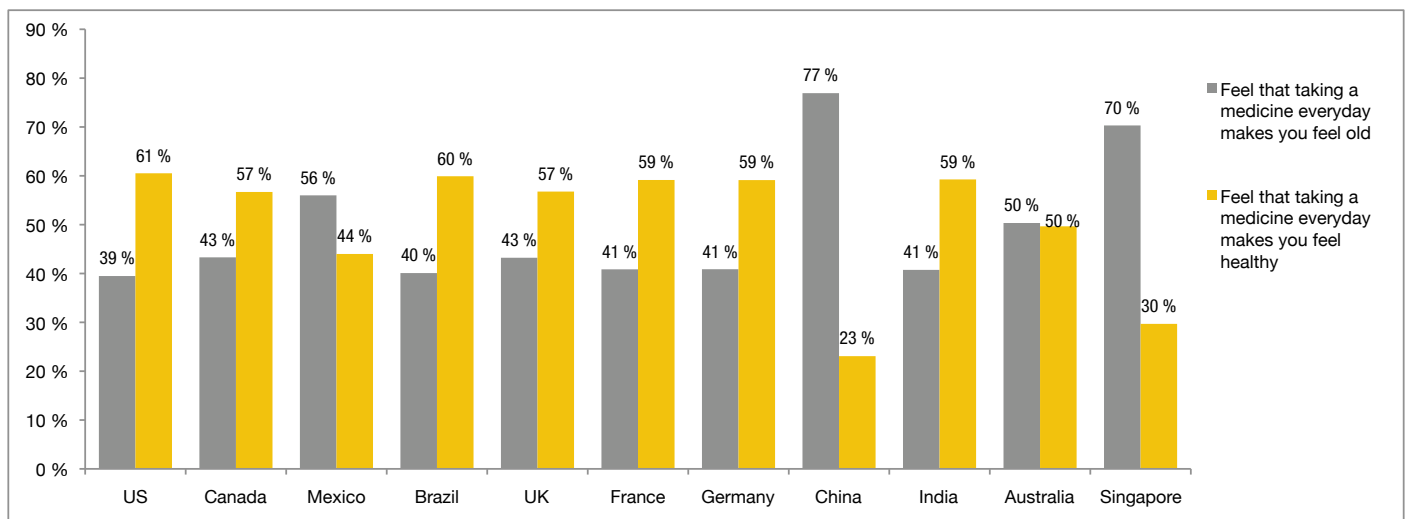
- Medicine is a signal that my body is breaking down.
- Older people tend to be the ones taking medicine.
- Medicine says I have failed and cannot handle things on my own.

**Feel healthy:**

- Medicine restores my body to normalcy.
- With medicine, I am actively doing something to help myself.

Across most countries, people see medicine as something that makes them feel healthy. However, in China and Singapore we see a dramatic opposite swing to the belief that medicine makes a person feel old. Considering that China and Singapore demonstrated an inclination toward traditional and natural remedies (39% and 25%, respectively) compared to most other countries, perhaps these people perceive Western medicine as something for the elderly or for the seriously ill.

**How Does Medicine Make You Feel: Old or Healthy? (Global Consumers, by Country)**



Q29: Please select which statement of the pair you are more likely to agree with.

Base: 1627 Consumers

**Implications for Influence:** If health is good and illness is bad, being healthy is actually perceived as a moral issue. When communicating to patients about medicines, whether those communications are branded or unbranded, patients need to be reassured that they have not been bad. A layer of guilt (if it does exist) needs to be removed before they will take action. Essentially, they need to be given permission to seek outside help.

**B) Modern medicine is a boon and a bane.**

Admitting that there is much beyond their direct control, the majority of global respondents (67%) will accept a doctor’s recommendation to take a medicine rather than self-manage a condition.

Percentage of Global Consumers Who Agree with Statement	
<b>Accept your doctor’s recommendation to take a medicine</b>	<b>67%</b>
OR	
Try to treat yourself with changes to diet, exercise, and lifestyle	33%

Q29: Please select which statement of the pair you are more likely to agree with. Base: 1627 Consumers

As demonstrated earlier, people admit they are only somewhat successful at managing their health on their own, so once they receive a diagnosis, most will accept a medication (even if it is a daily reminder of their increasing age).

While people believe in the benefits of modern medicine overall, they do not take what they see at face value anymore. Today, consumers prefer to know that a medicine is safe and effective before they take it. A surprising fact is that even though half of the global consumers we surveyed believe that medicines are more effective today than they were five years ago, 70% report that they would rather take a medicine that has been around for a while than one that is the latest in its field. **Clearly, when it comes to medicine, tried-and-true is better than latest-and-greatest.** This finding is in conflict with the pharmaceutical industry’s mission to discover and provide breakthrough therapies.

Percentage of Global Consumers Who Agree with Statement	
<b>Take a medicine that has been around for a while</b>	<b>70%</b>
OR	
Take a medicine that you know is the latest in its field	30%

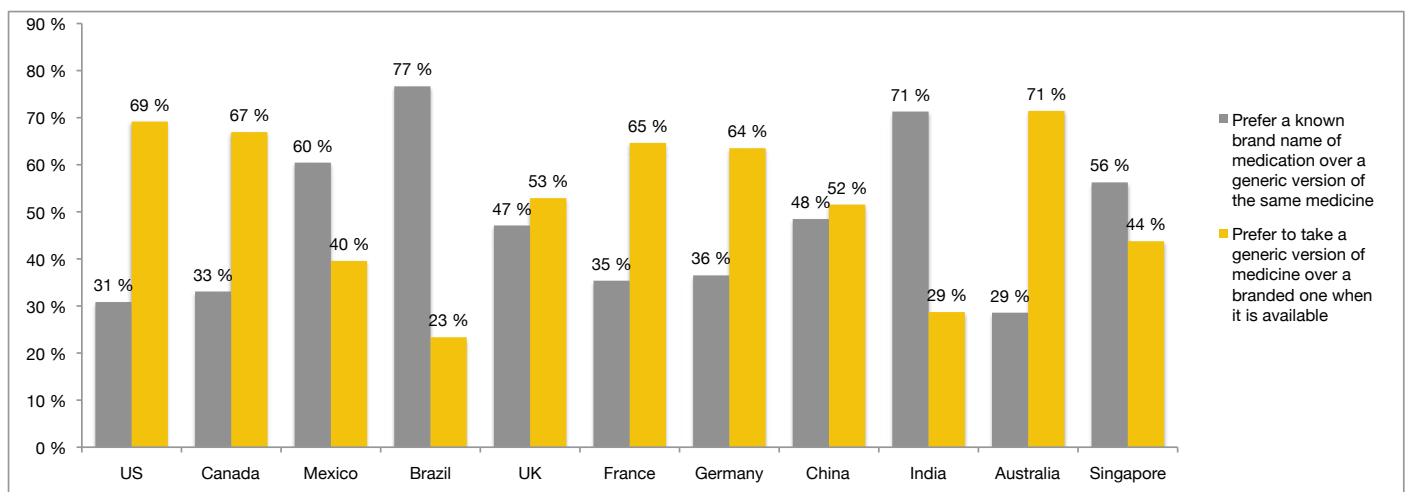
Q29: Please select which statement of the pair you are more likely to agree with. Base: 1627 Consumers

Consumers also prefer generics over branded medications. While affordability and broader insurance coverage of generics are certainly factors, generics are on the market longer than branded medicines and thereby possess greater familiarity and acceptance. Yet, in some countries – Mexico, Brazil, India and Singapore – brand names are preferred. These are classically markets where brands matter even outside pharma.

Percentage of Global Consumers Who Agree with Statement	
Prefer to take a generic version of medicine over a branded one when it is available	54%
OR	
Prefer a known brand name of medication over a generic version of the same medicine	46%

Q29: Please select which statement of the pair you are more likely to agree with. Base: 1627 Consumers

**Medication Preference: Generic vs. Branded (Global Consumers by Country)**



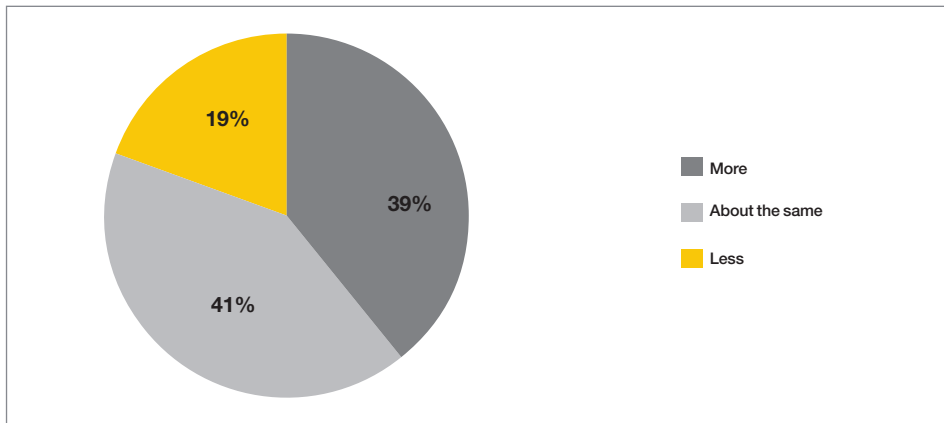
Q29: Please select which statement of the pair you are more likely to agree with. .

Base: 1627 Consumers

**Implications for Influence:** This consumer preference has strong implications for new product launches in the pharmaceutical market in that the need to educate physicians and patients on the benefits and differences of newer medications will be critical to building a brand with real purpose and value. Furthermore, in DTC markets, patient communications must be designed to help people be educated in a contextually relevant way about the differences in products, because only then can they ascribe those benefits to brands.

The media swirl around pharmaceutical companies (and, often, their products) is likely a root cause of this preference for the tried-and-true, coupled with increasing distrust in authorities and institutions around the world. Compared with five years ago, 39% of consumers around the world believe there is more negative press about the pharmaceutical industry today.

**Perceived Amount of Negative Press About the Pharmaceutical Industry: Today Vs. Five Years Ago (Global Consumers)**



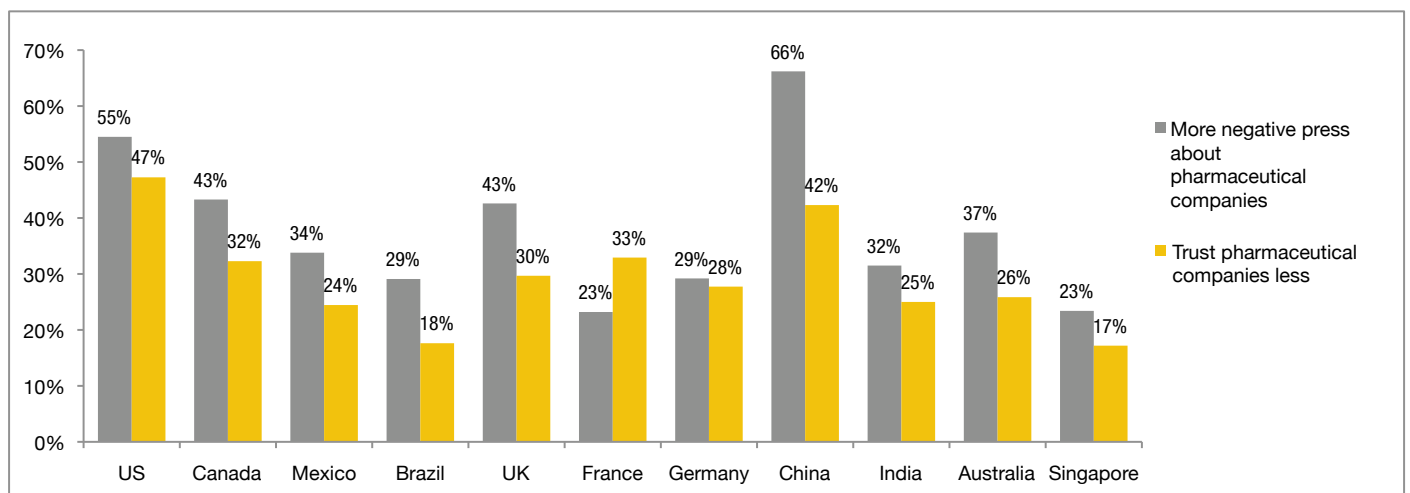
Q28: Compared with 5 years ago, how much negative press is there about the pharmaceutical industry?

Base: 1627 Consumers

An increase in negative press is more acutely sensed in the US and Canada, as a majority (49%) believes there is more negative press today (Note: that is higher than all other regions surveyed). Branded communication and direct-to-consumer advertising in these regions has given people the opportunity for more information and choice, but at the same time, the public forum makes it an easier target for scrutiny. Democratization of and access to information is also key contributing factor.

**Trust in pharma has waned.** While most of the consumers and physicians surveyed say that they trust pharmaceutical companies about the same as they did five years ago, the graph below demonstrates that feelings of trust are largely driven by the perceived amount of negative press in each country during the past five years. Either people who do not trust the pharmaceutical industry are more likely to seek and consume negative media stories about the industry or perceptions have been colored by negative stories in the media.

**Trust in Pharmaceutical Industry: Today Vs. Five Years Ago (Global Consumers and Physicians, by Country)**



Q28: Compared with five years ago, how much do you trust pharmaceutical companies?

Base: 1831 Consumers and Physicians

Despite their feelings about the industry, consumers admit that, for the most part, the benefits of medication are better than the side effects they may cause and that modern medicine has been a great boon for society.

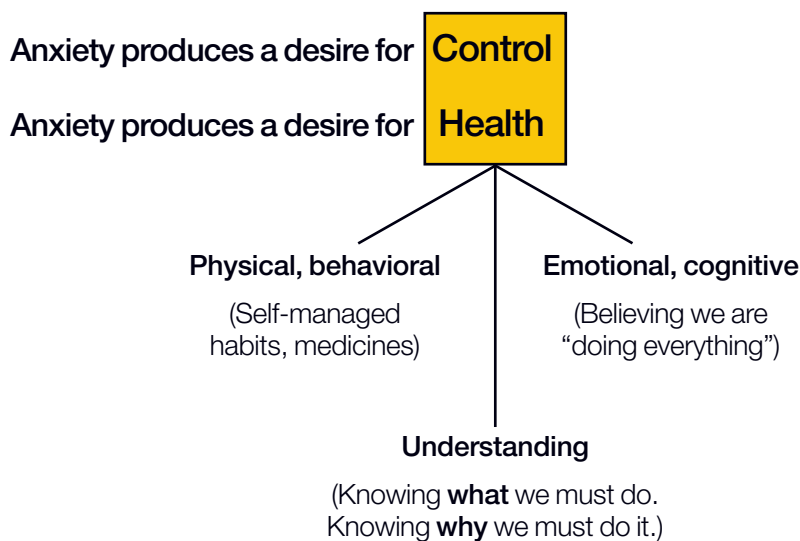
Percentage of Global Consumers Who Agree with Statement	
<b>Believe the benefits of most medicines are greater than the side effects they may cause</b>  OR  Believe that taking a medicine is usually not worth the side effects it causes	<b>67%</b>    33%
<b>Believe that for the most part the existence of modern medicines has improved society</b>  OR  Believe that for the most part modern medicines are more trouble for society than they are worth	<b>77%</b>    23%

Q29: Please select which statement of the pair you are more likely to agree with. Base: 1627 Consumers

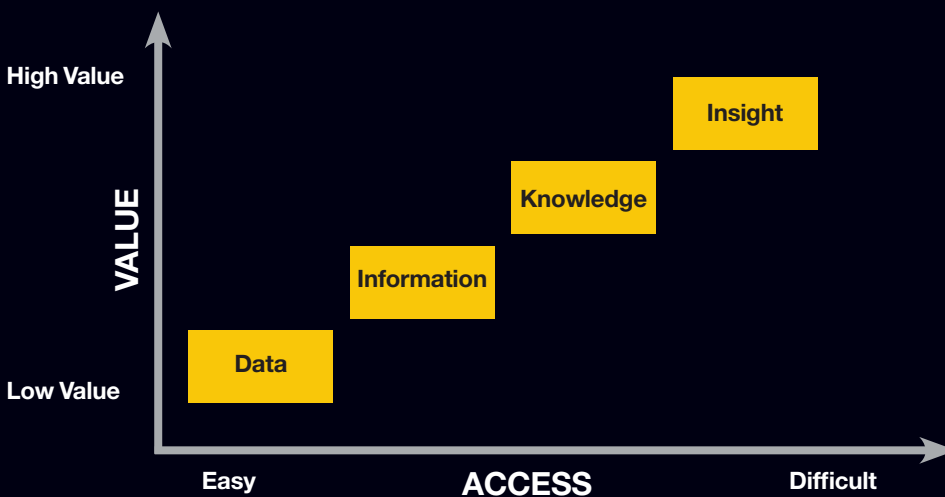
And after they come to accept medication, what they then crave is to gain understanding. Today, understanding is essential to control.

### 3. Sources of understanding

Whether health management comes from personal efforts or external sources, neither can truly deliver the total control people seek without a basic understanding of what they must do and why they must do it. The diagram below illustrates the components of control (e.g., health) and the vital role of *understanding* as a grounding foundation.



Information is abundant. Access to information is practically limitless. This seemingly makes understanding attainable and easy; however, understanding requires more than access to information, and when it comes to information, abundance is a blessing and a curse. As demonstrated below, understanding requires the ability to process information, put the pieces together, draw conclusions and make decisions.



And of course, it all begins with trustworthy information. Where do people turn for trustworthy information when it comes to health care?

**The doctor is the safe haven.** Physicians are perceived as remaining above the medical fray. Today patients place enormous amounts of faith in their doctors to ease their illness anxieties and answer their questions. Patients feel comfortable forming partnerships with their physicians, and some even bring questions about specific treatments to their appointments for the doctor's assistance in deciphering the information. Furthermore, they believe doctors are the true authorities who have patients' best interests in mind and can act as guides through the medical maze and information overload.

**Where do people  
turn for trustworthy  
information when it  
comes to health care?**

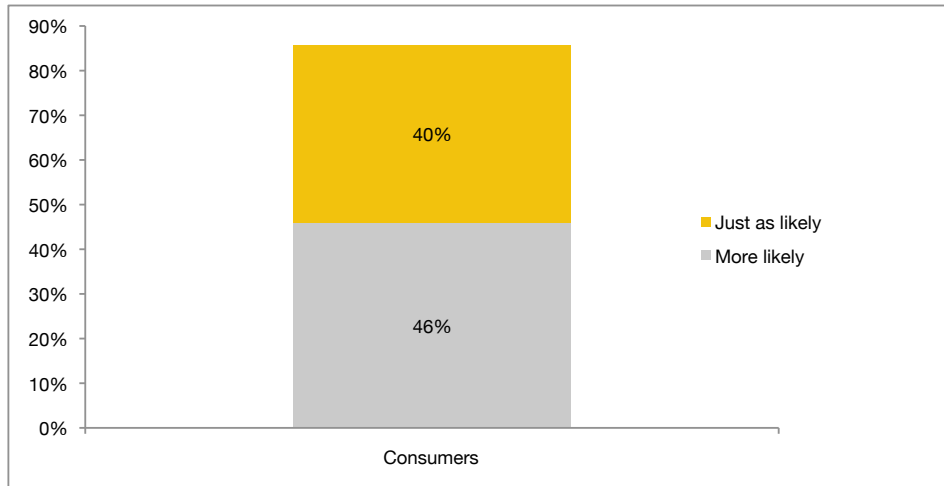
# Information is abundant. Access to information is practically limitless... Physicians are perceived as remaining above the medical fray.

Once at the doctor’s office, an overwhelming 75% report that they trust their doctor’s assessment of a drug over the information disseminated in traditional media. This enormous faith they have in the doctor’s opinions guides the majority of health care decisions.

Percentage of Global Consumers Who Agree with Statement	
<b>Bring up a specific medicine you’ve heard about to your doctor</b>	<b>58%</b>
OR	
Wait for your doctor to bring up any discussion of specific medicines	42%
<b>Believe your doctor’s assessment of a medication</b>	<b>75%</b>
OR	
Believe what you hear or read about medicine on TV or in the newspaper	25%
<b>Trust the medicine your doctor prescribes</b>	<b>74%</b>
OR	
Trust traditional/natural remedies used by generation in the past	26%
<b>Believe you should continue taking a medicine unless your doctor says you should stop</b>	<b>62%</b>
OR	
Believe you should stop taking a medicine after hearing negative press	38%
<b>Just pay whatever you need to pay for the medication your doctor prescribes</b>	<b>53%</b>
OR	
Consider financial costs before taking a prescribed medication	47%

In fact, many consumers reported that they are even more likely than they were five years ago to accept their doctors' treatment recommendations.

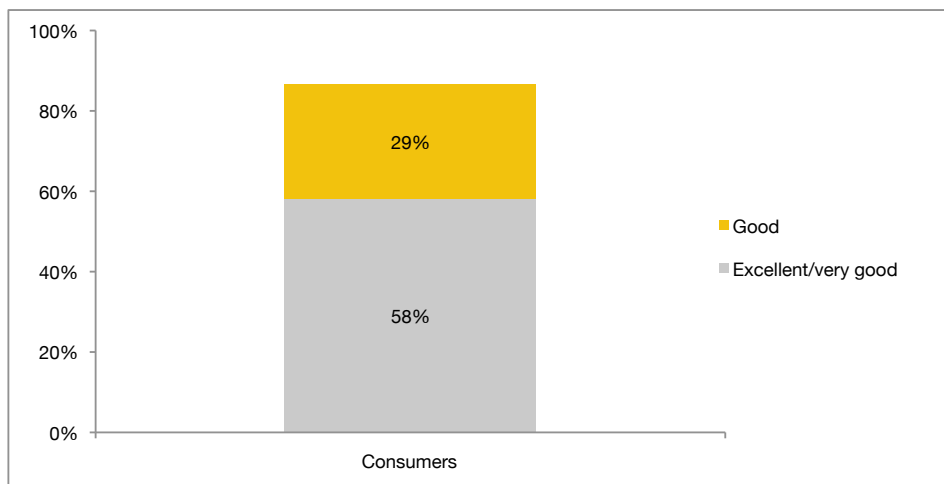
**Likelihood to Accept Doctor's Recommended Medicine: Today Vs. Five Years Ago (Global Consumers)**



Q28: Compared with 5 years ago, how likely are you to accept medicine recommended by your doctor for treatment of a condition? Base: 1627 Consumers

Half will even take whatever medicine their doctor prescribes no matter what the cost, but this phenomenon varies widely by country and insurance coverage. And once prescribed a medication, a full 87% say they are excellent, very good, or good at taking their medicines as prescribed.

**Self-Rating: Taking Rx as Prescribed (Global Consumers)**

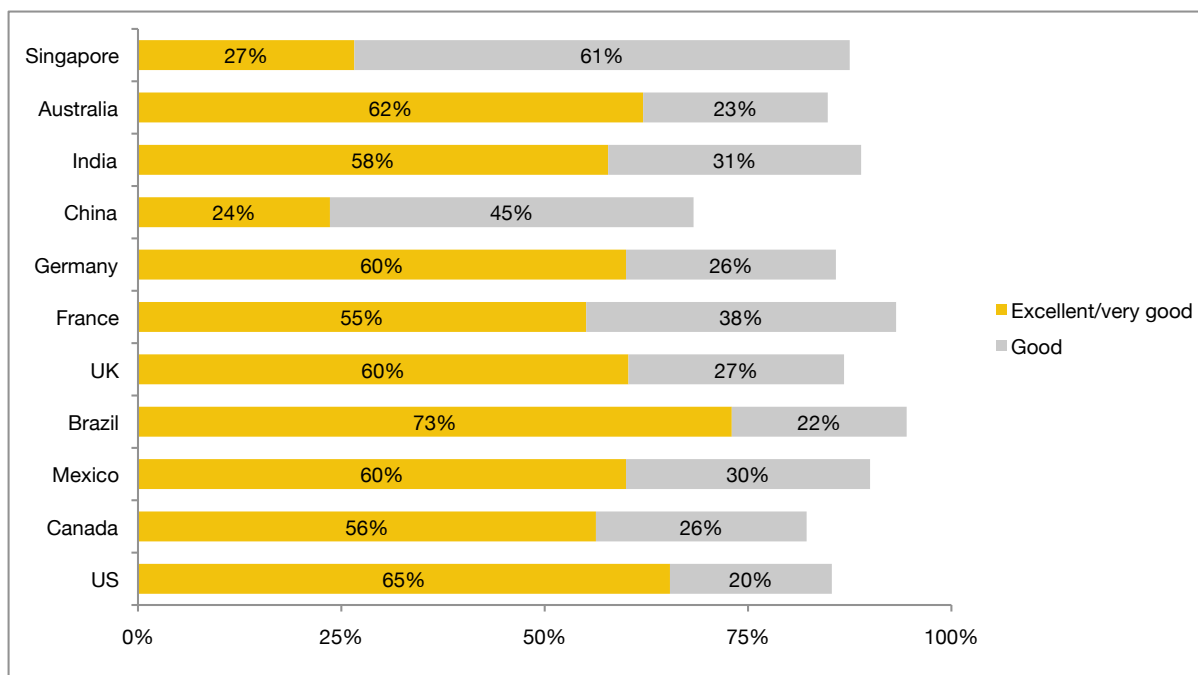


Q31: Rate yourself on the following health behaviors: "Take prescription medicines as prescribed" Base: 1627 Consumers

We discovered cultural differences in the way people classify this health behavior. For example, 58% of total respondents rated themselves excellent or very good at taking prescription medicines as prescribed, although there are rich variations depending on the type of disease/condition (e.g., symptomatic vs. asymptomatic) or its cause (e.g., lifestyle vs. pathological).

Upon deeper investigation, it was revealed that Western nations are more likely to exhibit strong preference for this behavior, whereas respondents in China or Singapore do not rate themselves above 30%. This lower rating could be indicative of a distrust of Western medicine in these countries. Additionally, respondents in China and Singapore did report higher levels of trust in traditional/natural remedies than did respondents in other countries.

**Self-Rating: Taking Rx as Prescribed (Global Consumers, by Country)**

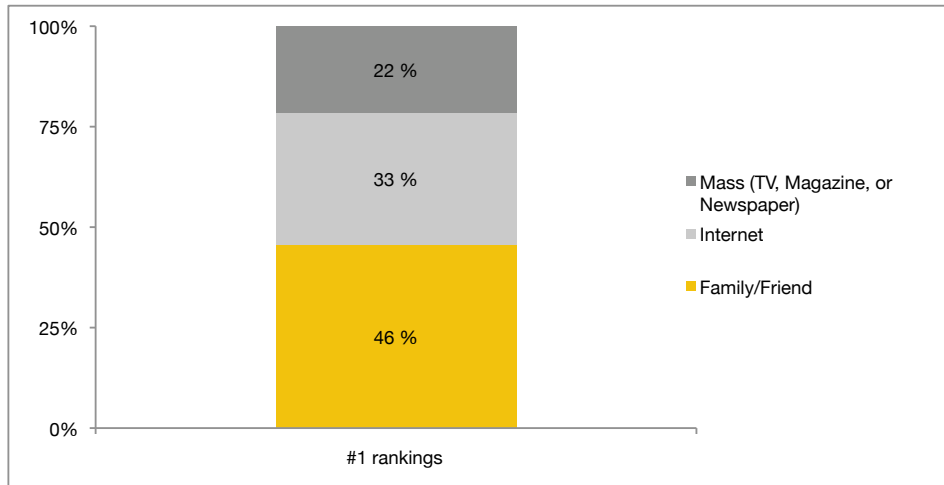


Q31: Rate yourself on the following health behaviors: "Take prescription medicines as prescribed" Base: 1627 Consumers

Understanding doesn't happen in a vacuum, and influence is not limited to the doctor's office. The power of the media, communities, and personal networks cannot be discounted as valuable contributors, as they are usually the prompts for consumers to conduct their own research. This reliance on networks is not a new phenomenon. People have always relied on networks to help them make health care decisions. Sometimes called "shadow networks," these influencers include physician's assistants, nurses, dietitians and others who, along with secondary sources, help people make choices. Once equipped with information, patients are empowered to have a productive dialogue with the doctor and can be comforted that they are taking some measure of control in making the right choices.

As evidence of the importance of the shadow network, a friend/family member is the #1 trusted source of health care information around the world (after the doctor/nurse).

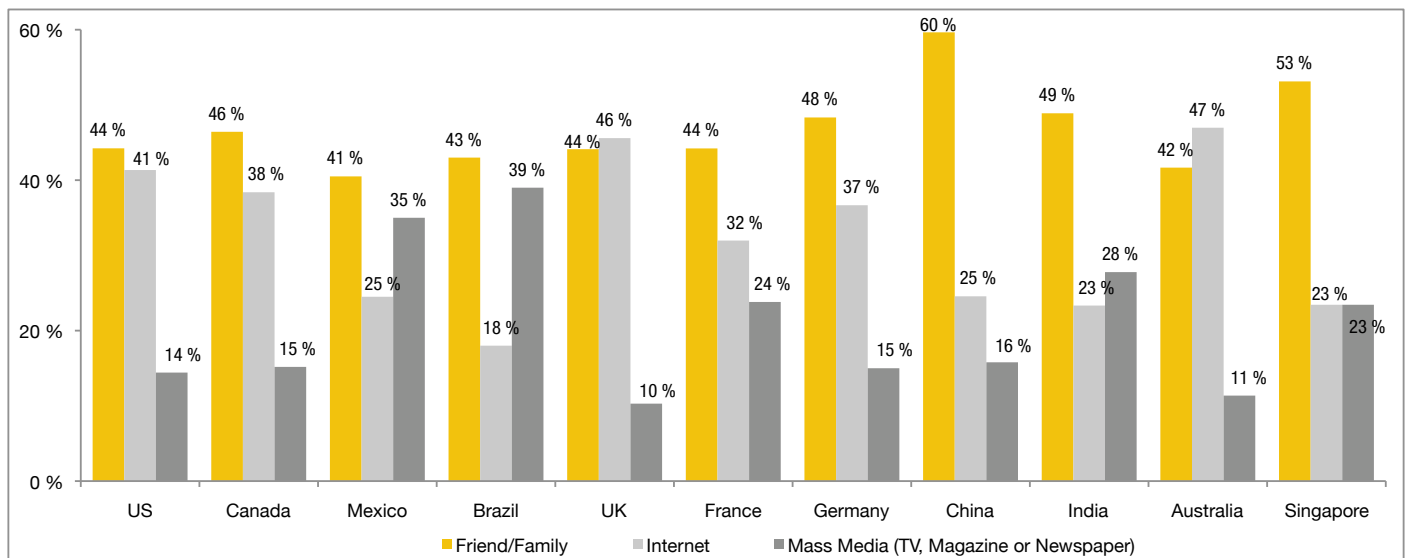
**Trusted Sources for Good and Useful Information (Global Consumers)**



Q35: Recognizing that your doctors and nurses are the most important sources of information, please rank these other sources of information in order of which you trust most to give you good and useful information: [Friend, Family member, Newspaper, Magazine, Television, Internet] Base: 1627 Consumers

In some places, (UK and Australia) the Internet edges out friends/family as the #1 trusted source of health care advice, but in all others, it is friends/family that is ranked first. In Mexico, Brazil and India, mass media (TV, magazine, or newspaper) in aggregate is preferred to the Internet; however, a higher percentage picked the Internet over each individual mass media channel as the #1 trusted source.

**Trusted Sources for Good and Useful Information (Global Consumers, by Country)**



Q35: Recognizing that your doctors and nurses are the most important sources of information, please rank these other sources of information in order of which you trust most to give you good and useful information: [Friend, Family member, Newspaper, Magazine, Television, Internet] Base: 1627 consumers

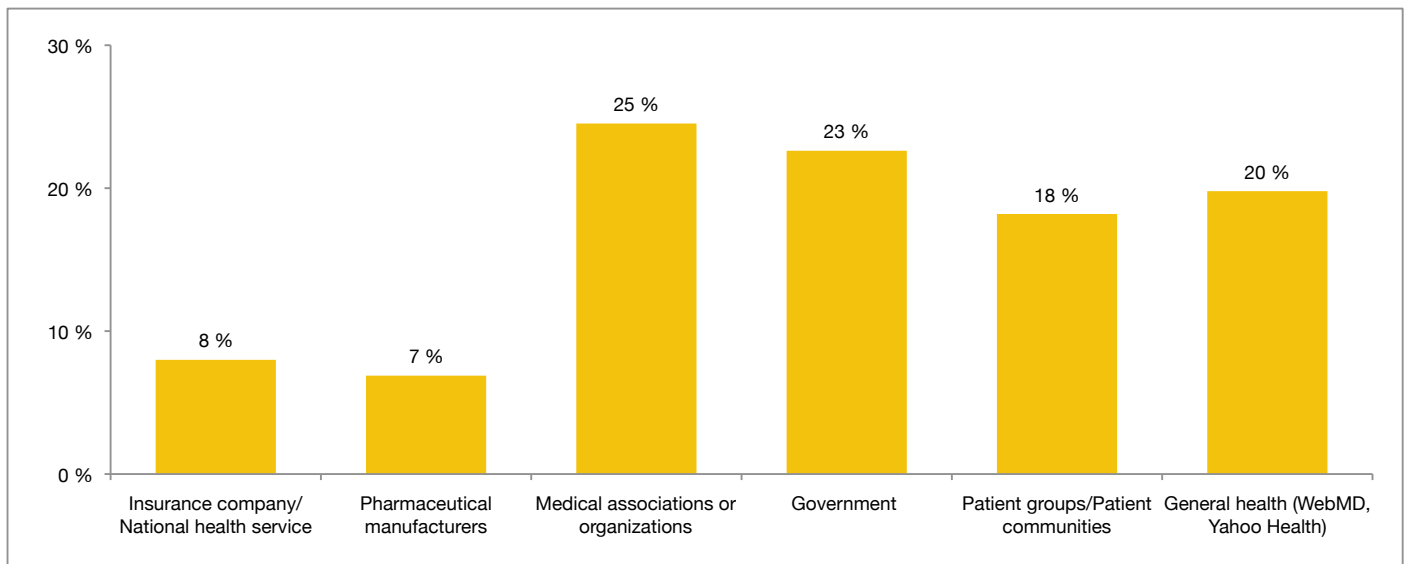
“As people follow the rhythm of these social networks, we are slowly but steadily losing some of our influence on them as individuals,” writes Chuck Brymer in *The Nature of Marketing*. “At the same time, the power and potential to influence people as entire communities is making a dramatic change in the way we do marketing.”

**The Influence of Digital Media**

Like every industry, the influence of digital media in the pharmaceutical market is critical and far reaching. Pure access to information coupled with the growth of communities who have shared health/illness interests makes succeeding in the medium a mission-critical tactic for pharmaceutical companies.

Because the Internet is so vast, we sought to gain understanding regarding the types of web sites people go to for trusted information. (Note: this survey was conducted online.) Given the eroding level of trust in the pharmaceutical industry, it is not surprising that web sites from pharmaceutical manufacturers received the lowest percentage of first-place rankings (7%), with more seemingly objective sources like medical associations ranked #1. Preferences are fairly evenly split among the other options.

**Trusted Online Sources for Good and Useful Information – Percent Ranking #1 for Each Source (Global Consumers)**

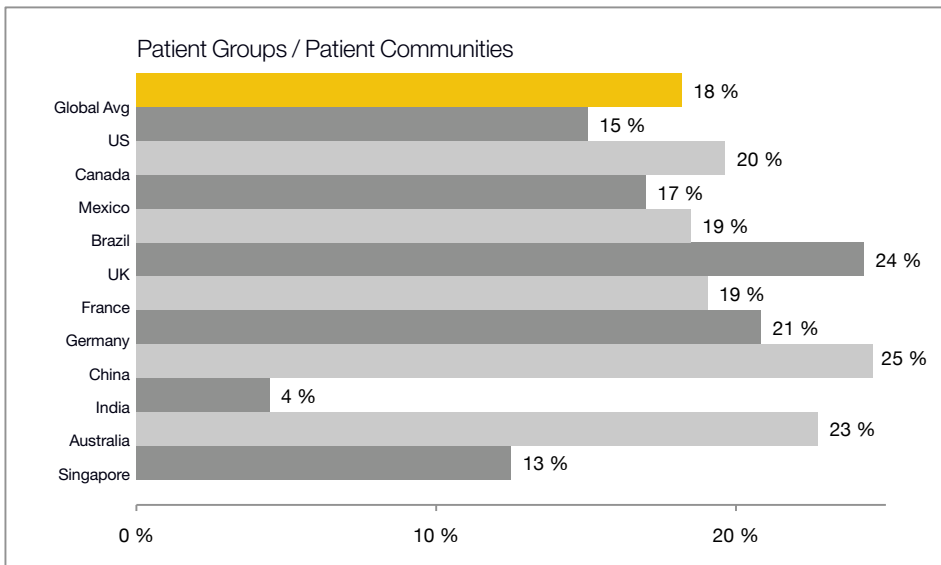


Q36: Of the sources available on the Internet, please rank these sources in order of which you trust the most to give you good and useful information. Select the resource you trust the most first.

Base: 1627 consumers

However, country -by-country differences exist. For example, in the US, people strongly prefer general health sites like WebMD and YahooHealth (46%). In Singapore, the overwhelmingly preferred source is the government (61%). Across all countries, except India, people are also turning to web sites created by other patients.

**Trusted Online Sources – Percent Ranking “Patient Groups/Communities” #1 (Global Consumers, by Country)**



Q36: Of the sources available on the Internet, please rank these sources in order of which you trust the most to give you good and useful information. Percentage of respondents ranking “patient groups/patient communities #1 (by country). Base: 1627 consumers

**Looking for sources without an agenda**

The data reveal that consumers look at information from pharmaceutical companies and health care systems with a skeptical eye. We cannot forget that pharmaceutical and insurance companies enter the game with a significant handicap: public opinion and a vested financial interest when disseminating information.

Fueled by the negative press that was alluded to earlier in this paper, nearly half of consumers (45%) believe that pharmaceutical companies exert too much influence over doctors. Half (49%) think that health insurance/health care systems wield too much control over doctors.

Percentage Who Agree with Statement	
<b>Believe that your doctor will always do what is in your best interest</b>	<b>55%</b>
OR	
Believe that drug/medical companies have too much influence over your doctor	45%
Believe your doctor will always do what is best for you even if goes against the insurance company/health care system	51%
OR	
<b>Believe that insurance/health care systems have too much influence over how your doctor chooses to treat you</b>	<b>59%</b>

Q. 29: For each pairing, please select which statement of the pair you are more likely to agree with

Base: 1627 Consumers

Thus, consumers prefer forums that are authentic and without agenda; they show a high level of trust and preference for sites that are by the people, for the people. It seems somewhat counterintuitive that people would prefer and trust information from their peers when it comes to medical information. However, communities are a forum for expression and have perceived authenticity because the source of understanding is someone who is in the trenches with you and not someone barking orders from the command center. In addition to authenticity, these communities provide information that is often greater than the sum of its parts because it carries the wisdom of a group. As Chuck Brymer writes in *The Nature of Marketing*, “These little drops of information that people leave behind – the reviews, the rating, the blog comment, the connections with each other – become part of an intelligent whole.”

**Implication for Influence:** These new networks represent a bit of a conundrum for pharmaceutical companies in that, while there is a desire to provide important information in internet forums, pharmaceutical companies do not want to endorse or sponsor wide-open forums (e.g., blogs) because there is legal responsibility for the content and fear of negative feedback. However, this does not mean that pharma companies cannot be part of the conversation. They should actively listen to these communities and forums, because by listening they will better understand the patients’ needs. And if they understand the needs of patients, communications can better serve patients, the information can empower patients and, ultimately, medicine can help patients.

**By listening and learning, insights can be applied not only to communications but also to the development of products and services for the greater good.**

And, despite a general distrust of pharmaceutical and insurance companies, we cannot forget that consumers do believe in the power of modern medicine. A majority of people (global average 60%) tries to wait a little while, but they do eventually see the doctor if they have an illness or concern that doesn’t improve. Therefore, patients continue to go to their physicians for advice, information — and prescriptions.

While there is ample opportunity for influence within the shadow networks that people consult, there is still much room for improvement in the ways manufacturers and insurance companies provide information to patients. The goal should not be to sell a product, but rather to help patients gain understanding, which is vital for patients both to assert control over their own health and to have a productive partnership with their physicians. Although people tend to prefer their own networks for trustworthy information, understanding (a critical component of control) is the gateway to trust.

**The key to influence in today's ever-evolving health care context is to give the power to the patient and to put him or her in control. For Health-Pursuit Anxiety to be relieved, control is essential.**

Control requires a delicate balancing act because we must align with patients' desires. This is no small task, because patients' definition of control morphs to satisfy the psychological need to reduce anxiety more than to come to a rational resolution. Therefore, we must understand patients' health desires by analyzing the ways they attempt to seize control at each stage.

Health-Pursuit Anxiety manifests in several control-seeking actions:

- **Behavioral (self-managed habits, medicines):**  
The desire to avoid illness by doing "something," often in the form of avoiding health vices.
- **Emotional:** There is an impact on one's emotional state when accepting help or abdicating control to an external force. A reluctance to accept medicine until absolutely necessary exists because it signals failure and loss of control — this reluctance is also fed by distrust of pharmaceutical industry.
- **Understanding (Knowing the what and why and from whom):**  
The reliance on community to provide credible guidance and leadership.

For some, it is possible to take control and alleviate Health-Pursuit Anxiety solely through personal efforts because - no matter how futilely — people desperately take comfort from the belief they are "doing something." After all,

health is good, and no one wants to be bad. However, we learned that the majority of people around the world admit that personal efforts can only go so far, because people are much better at avoiding vices than they are at taking active measures proven to improve health. **Proactive measures will only be prioritized after the problem(s) those measures prevent become(s) personally relevant to the individual — once they calculate their own health value equations.**

When all else fails, medicine is an unwelcome but necessary step to help consumers strive toward the dream of a life without illness. However, medicines are also a signal that they are not doing something right: they are not in control. Pharmaceutical communications to consumers must reward their personal efforts and circumvent this instinct to self-blame. Specifically, we need to ensure that our brands and the products/compounds they represent help resolve any conflict people may have around medication in a positive way. **In effect, we should look to position medicine as a way for them to seize control, not abdicate it — as a means, not an end unto itself.**

Even if people feel that medication signals a personal failure and lack of control, they strive to regain a modicum of control by acquiring comprehensive understanding of their conditions and medications. This is an opportunity for positive influence in the health care market: acknowledge and harness

the anxiety, fear and confusion that exist today and give people better information and authorities on health by enabling and engendering control. The goal should not be to sell a product, but rather to help patients gain the understanding and motivation vital to asserting control over their own health. We must bridge the gap between doctor and patient to help them have a more effective partnership. We should help doctors understand patients' language and further encourage patients to be their own advocates. **Although people tend to prefer their own networks for trustworthy information, understanding (a critical component of control) is the gateway to trust and physicians are at the core of this network.**

Understanding is a two-way street. The best way to give patients understanding and earn their trust is to start by understanding them and their needs. Finding points of meaningful and motivating relevance is essential. If understanding is the new form of trust, we need to do all we can to help patients gain understanding, and it starts by listening — finding the community that already exists and engaging with it.

**The world is ready for better health — are you prepared for the conversation?**



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