



Case Study

2020 GOLD EFFIE AWARDS UNITED STATES WINNER

"CLOSING THE CPR GENDER-GAP WITH THE WOMANIKIN"

When women suffer cardiac arrest, they are much less likely than men to receive effective CPR, and so much more likely to die. We identified gender-bias within CPR manikin design as a key contributing factor, and addressed it with The WoManikin, a universal, open-source attachment to give conventionally flat-chested CPR manikins breasts. We launched in National CPR Awareness week to give the issue of female CPR presence and drive awareness. The WoManikin drove huge media pick-up, is already adopted by 52 CPR training organizations and is likely already saving lives.

Competition:
Effie United States

Ran in:
United States

Category:
Disease Awareness & Education:
Charitable/Research Funding /
Health Effies

Brand/Client:
The WoManikin/Damn Joan

Lead Agency:
Joan Creative

Product/Service:
Government & Non-Profit

Classification:
National & Non-English

Dates Effort Ran:
June 1, 2019 - ongoing

Category Situation:
Growing

Credits:
Magnus Blair
Lisa Clunie
Sarah Collinson
Mica Gallino
Renee Jennings
Hannah Lewman
Daniel Marin
Becca Patrick
Jaime Robinson
Scott Sanders
Hannah Stein



Executive Summary

The Challenge

Women are much less likely than men to receive bystander CPR, and hence much less likely to survive cardiac arrest.

The Insight

Gender-bias in CPR manikin design leaves trainees unaware of the need for female CPR and unable to perform it.

The Idea

Disrupt the implicit gender-bias of CPR training and kill the stigma that's killing women.

Bringing the Idea to Life

The Womanikin: a universal, open-source attachment to give flat-chested CPR training manikins breasts, paired with a highly-visible awareness campaign.

The Results

A blaze of publicity, adoption by 52 CPR education organizations already, a step towards saving over 30,000 lives per year.

Effie Awards Category Context

Cardiovascular disease is the #1 killer of US women, taking a life approximately every minute. But women in cardiac arrest are much less likely to receive bystander CPR than men. Closing this gender-gap could save over 30,000 US women's lives per year.

The WoManikin is an innovative creative step towards this goal, identifying and attacking implicit gender-bias within CPR mannikin design to address the root causes of the injustice. It's a trailblazing case of how *product-design* can achieve both behavioral and awareness *communications objectives*. It launched in a blaze of publicity, shifted awareness and is on track to save lives.

State of the Marketplace & Brand's Business

Cardiovascular disease is the number one killer of women, taking a woman's life approximately every minute in the United States alone¹. Though prompt delivery of Cardiopulmonary Resuscitation (CPR) can double or even triple cardiac arrest victims' chances of survival, women are 27% less likely than men to receive bystander CPR. This makes a big difference: only 1 in 8 women survive cardiac arrest, versus 1 in 5 men².

After being shocked by these statistics, we interviewed the authors of the American Heart Association (AHA) study that first reported them. The researchers primarily attributed this "CPR gender-gap" to low awareness that women even experience cardiac arrest.

Since 1997, The AHA has been trying to address this with "Go Red For Women", a campaign aimed at increasing awareness about women's heart health. Still, 44% of American women, and 66% of American women 25-34, don't realize heart disease is the leading cause of death among women³. Even a 20+ year campaign run by a major health organization and backed by numerous celebrities has been unable to fully overcome the awareness challenge.

Researchers cited additional barriers to closing the gender CPR gap: social discomfort with touching women's breasts and a common misconception that one shouldn't press down hard and fast on a woman, even when administering CPR.

With zero paid media-budget and no existing connection to the medical community, we set out to raise awareness about this important women's health issue and challenge the societal norms that contribute to the gender gap in bystander CPR.

[NOTE: This case involves the creation of a brand and product to address this issue, thus no brand *per se* existed at the outset]

Audience

Our initiative had two key audiences: (a) the general population, who may be called on to perform bystander CPR in public, and (b) medical professionals, who are influential figures in disseminating information about women's heart health and teaching proper CPR techniques on women.

It was crucial for us to reach the general public with information about women's heart health, as ordinary people with no medical background may have to perform bystander CPR at any moment. We knew from the academic literature that most members of the general public - even if CPR-trained - understand neither the extent to which women are at risk for heart disease nor how to properly perform CPR on a woman if needed.

We also knew we needed to reach members of the medical community, especially CPR training instructors and organizations: an influential audience that would be able to both distribute information about women's heart health and teach the general public how to properly perform CPR on a woman.

Objectives & KPIs

#1: Increase awareness of women's heart health and the need for female CPR. Since 1997, The AHA has measured an increase in women's awareness of their heart disease risk from 30% to 56%. We're partnering with The AHA to see how our initiative impacts awareness, but their ongoing awareness barometer⁴ won't be updated until 2020. Thus, we defined our awareness KPI around increasing Google Searches for key female heart-disease/CPR search-terms. Search volume has been proven to correlate to heart disease patterns and is a standard proxy for epidemiologists⁵.

#2: Make CPR training more gender-inclusive; reach enough CPR trainees to make a difference in saving women's lives. Women's chances of being saved by CPR are worse than men's: women represent 37% of cardiac arrests, but just 27% of survivors. Greater gender inclusivity in CPR training would close that gap. Our goal was to reach 20,000 people with inclusive training. Based on industry estimates that 1 in 200 CPR trainees save someone's life⁶, closing the gender-gap with 20,000 trainees should save an additional 10 female lives⁷.

Sourcing:

1. "Facts About Heart Disease in Women," Go Red for Women. The American Heart Association. 2019
2. Blewer, Audrey L., Shaun K. McGovern, Robert H. Schmicker, Susanne May, Laurie J. Morrison, Tom P. Aufderheide, Mohamud Daya, et al. "Gender Disparities Among Adult Recipients of Bystander Cardiopulmonary Resuscitation in the Public.." *Circ Cardiovasc Qual Outcomes* 11, no. 8 (August 2018)
3. "Women's Heart Disease Awareness Study," Go Red for Women, The American Heart Association, 2018
4. *ibid.*
5. see "Internet search trends mirror heart disease patterns: Study underscores prevalence of health-related searches, value of search data for epidemiology." *ScienceDaily*, 28 February 2018, reporting on Senecal C., Widmer R. and Lerman A. "Temporal and Geographic Correlation between Coronary Artery Disease Prevalence and Search Engine Queries", *Journal of American College of Cardiology* 71(11):A98 · March 2018
6. Statistic published by medical device manufacturer Laerdal based on 59 years of CPR training data
7. Agency calculations based on above data, validated by AHA researchers

Insight

Our expert interviews¹ defined three factors behind the bystander CPR gender-gap:

1. People think cardiac arrest is a men's issue and are less likely to realize when a woman needs CPR.
2. People are uncomfortable touching breasts, a necessity for delivering CPR to a woman.
3. When people do deliver CPR to a woman, they often do it incorrectly. People can be unsure where to put their hands or afraid to push hard or fast enough for fear of hurting a woman.

While we would not have sufficient media-budget to shift public opinion in a traditional way, we realized that the infrastructure of CPR training could itself be a communications channel.

Furthermore we realized that factors 2 and 3 both stemmed from gender-biased design within CPR training dummies: while some may be nominally "female" (e.g. "Resusci-Annie", "Little Anne"), all major commercially available CPR manikins are flat-chested "male" torsos. People are not learning how to resuscitate women properly.

If we could find a way to make CPR training more gender-inclusive we'd address all factors over time as people were trained correctly. And if we could find a way to do this in a highly visible/viral way we could make additional immediate awareness impact now.

Sourcing:

1. As noted in Section 1, we spoke to the authors of "Gender Disparities Among Adult Recipients of Bystander Cardiopulmonary Resuscitation in the Public", *Circ Cardiovasc Qual Outcomes* 11, no. 8 (August 2018)

The Big Idea

Disrupt the implicit gender-bias of CPR training and kill the stigma that's killing women.

Bringing the Idea to Life

Our original concept was a CPR dummy with breasts. This innovation would provide a prompt for CPR instructors to talk about women in cardiac arrest, normalize touching breasts for resuscitation, and help people learn how to properly perform CPR on women.

But when we interviewed stakeholders at multiple CPR training organizations to learn what it would take to get this adopted in classes, we learned that buying new CPR training tools is cost prohibitive, and that educators use their dummies for a long time (300,000 compressions¹) then purchase replacement parts, not new manikins. We also learned most organizations travel, so equipment must fit in the trunk of a car: one dummy does, two might not. Based on these constraints, we came up with a much better idea: instead of a standalone CPR dummy, we'd create an inexpensive universal attachment that can be slipped over the existing "male" torsos.

We called it The WoManikin.

We built prototypes, and open-sourced the pattern on a dedicated website we built, womanikin.org. Example images of our (bilingual English/Spanish) Builder's Toolkit and design patterns are in the "Creative Examples" section of this paper.

With prototypes tested, approved and loved by CPR experts, we devised a two-step strategy to launch the innovation for mass adoption.

Awareness Phase: To announce The WoManikin, we pitched our idea to The United State of Women, a non-profit focused on a range of issues. USOW immediately agreed to help launch The WoManikin.

We gave USOW video assets for Facebook, Instagram, and Twitter. The videos explained The WoManikin and the issue that inspired its creation, ending in a CTA to visit womanikin.org, where people were prompted to donate to a GoFundMe to create attachments for CPR schools.

Though we had an in-kind donation of \$10K of Facebook paid media, the algorithm misinterpreted our posts as pornography and barred them from running on the platform. We were disappointed to see squeamishness around breasts win out over an opportunity to raise awareness for a life-saving issue. Because this misunderstanding left us with \$0 in paid media, we had to launch our creation with only organic social posts.

Knowing that it can be extremely difficult for an organic social campaign to go viral, we timed the campaign launch around a relevant media moment: National CPR Week (June 1-7). We knew The WoManikin would give publishers something interesting to run alongside traditional CPR stories. This PR strategy was effective, as we received enormous press pickup during National CPR Week.

Application Phase: Using the momentum from Phase One, we brought on board Dr. Holly Andersen, a cardiologist and leader of the American Heart Association's Go Red for Women campaign. Because of this endorsement, we've been invited to 8 medical conferences and are actively working with 52 CPR organizations who are already piloting or are in the process of making their own WoManikin attachments.

Sourcing:

1. "CPR in Schools Product Information Flyer," *The American Heart Association*. 2019

Investment Overview

Paid Media Expenditures: September 2018 - August 2019

👉 Under \$500 thousand

Paid Media Expenditures: September 2017 - August 2018

👉 N/A

Budget

- 👉 Compared to other competitors in this category, this budget is not applicable.
- 👉 Compared to prior year spend on the brand overall, the budget this year is more.

Because Facebook's algorithm misinterpreted our social-good initiative as pornography, we were unable to use in-kind media donations (which were only \$10K anyway) to run paid media on social. This misunderstanding left us with \$0 in paid media, meaning our results come entirely from our WoManikin owned media, "borrowed" owned media from United State of Women, and earned media generated by PR, organic pickup and public interest. To explain the comparison to competitors line above: we had no real competitors other than lack of awareness of the issue.

Owned Media

We launched by building a WoManikin brand including an owned website, Instagram account, and GoFundMe page. Our partnership with The United State of Women gave us access to their owned social channels.

Communications Touchpoints

Ecommerce

Interactive/Online

Brand Website/Microsite

Digital Video

PR

Product Design

Promo Specific

Professional Engagement

Congresses

Continuing Engagement

Infomercial/Documentary Video

Sampling

Direct Mail

Social Media

Trade Shows

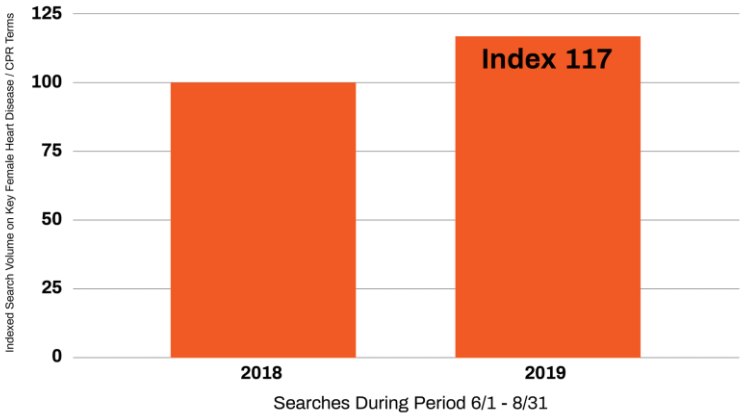
Results

The WoManikin's initial success has been astounding. One-week post-launch, with zero paid-media, The WoManikin had generated 40+ news stories, 5,300 social conversations and 23 million social impressions¹.

Against our goals:

- 1. We increased awareness of women’s heart health and female CPR. We saw a 17% increase on our awareness KPI, examining a basket of search-terms related to female heart-health and CPR (e.g. "Female Cardiac Arrest", "CPR on women" etc.) between launch on 6/1 and 8/31, compared to previous year².

Figure 1.
Indexed Search Volume 2018 vs 2019



Source: Google Trends: Total US Search Volume for terms including "woman cpr", "female cardiac arrest", "cpr on women", "woman heart attack", "woman cardiac arrest" etc.



2. We kickstarted a shift in CPR training inclusivity and reached enough trainees to save lives.

During the Effie period, 52 CPR training organizations requested WoManikin attachments or downloaded our toolkit to build their own³. We're fulfilling all requests using funds from our GoFundMe; 4 organizations had already reported they were using the device in training by the end of the Effie window.

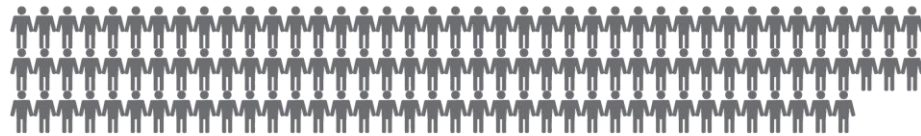
Based on just these CPR organizations' conservative estimates for how many people they train in CPR per year (not including additional organizations that have signed up since 8/31), over the next year 32,000 people will be trained in a WoManikin-enabled program (versus goal of 20,000)⁴.

Figure 2 shows that training these 32,000 CPR students to be as likely to perform effective CPR on a woman as on a man could save an additional 16 female lives⁵. And this is just the first-year trainees from that first batch of CPR schools. At a national level, fully equalizing the CPR gender-gap (our ultimate goal), would save over 30,000 women's lives per year⁶.

Figure 2.

Our initial 32,000 CPR Trainees will likely save 160 lives¹. As women make up 37% of cardiac arrest victims, but just 27% of survivors², only 43 of these survivors will likely be women.

117 Men



43 Women



But if these trainees end up **saving women at the same rate as men** due to better CPR delivery, we would expect an extra **16 women** to be saved.

+16 Women



Sources:

1. A student has a 1 in 200 chance of saving a life with CPR, source Laerdal, op. cit.

2. Gender Disparities Among Adult Recipients of Bystander Cardiopulmonary Resuscitation in the Public, Circ Cardiovasc Qual Outcomes 11, no. 8 (August 2018)

We've been invited to 8 medical conferences, been featured in an upcoming book about design, and partnered with medical talk show Doctor and The Diva on our own segment (aired outside Effie window). The WoManikin was recently awarded Silver in the Product/Service Creation category at the 4A's JayChiat Awards.

Other Contributing Factors

👉 Other advocacy campaigns for women's heart health, albeit dormant in our timeframe.

Outside our communications, the other campaign which raises awareness about women's heart health is The AHA's "Go Red for Women" campaign. The initiative has been running for 22 years and has helped raise women's awareness about their risk by 26%. Go Red For Women focuses communications and events on February for American Heart Month⁷. Though our initiative kicked off in June 2019 during National CPR Awareness Week, that week is un-gendered and in the Go Red for Women "off-season." In fact, Go Red only posted once on Facebook for National CPR Week and did not post on any other owned channels. We're thus confident that the 17% increase in search-volume we reported during this time frame can be primarily attributed to WoManikin coverage. To control for National CPR Week, our analysis compares search-volume to the same period the previous year, which included the 2018 Week (June 1-7 2018).

Sourcing:

1. Source: Agency Monitoring, Netbase
2. Source: Google Trends
3. Source: WoManikin Program Data
4. Source: CPR Training Organization Estimates
5. Source: Agency calculation, validated by AHA experts
6. Calculation based on data in American Heart Association - Heart Disease and Stroke Statistics–2018 Update
7. Source: AHA, Go Red for Women Statistics



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