John Clymer: Thank you, Dr. Whelton, for that compelling and eye-opening message. As a group, we value evidence, data. The numbers you shared are compelling for us. They tell us preventing and controlling hypertension is a national priority. But to accomplish the changes we seek, people paying attention to their blood pressure, taking steps to prevent high blood pressure, and when needed, following protocols to control it, we need communication approaches that meet people where they are and encourage people to make their blood pressure a priority, and make healthy choices.

This next segment will bring fresh thinking to how we communicate about hypertension. The approaches we have been using are not getting the job done. Mike Rakotz's research finding that only one of 159 med students could take a patient's blood pressure correctly after being trained showed that we have to raise the priority on hypertension even within healthcare. Our next two speakers look at hypertension prevention and control from beyond the box. These communication and marketing experts offer fresh compelling perspectives on how to communicate more effectively about high blood pressure. Their insights challenge and help us reframe the conversation, engage new audiences, and drive the action this issue demands.

Let us get started. I am excited to welcome Frank Luntz to the National Forum's Mid-Year convening. Dr. Luntz is a renowned communications expert. More media outlets have turned to Frank Luntz to understand the hopes and fears of Americans than to any other political pollster. You may have heard Dr. Luntz on the BBC or CBS or PBS, at CNBC, Fox, Bloomberg, NBC, HBO, or elsewhere. He is the author of three New York Times bestsellers, including *Words that Work: It is Not What You Say, It is What People Hear*. Currently, he is a senior fellow at the United States Military Academy at West Point where he teaches a communications course. Frank Luntz is a communications expert extraordinaire.

There is a second reason we invited Frank to join us today. He is a stroke survivor and he struggles with high blood pressure. Our topic today is not just a communications challenge to which he can apply his expertise; it is a personal issue. Frank, welcome.

Frank Luntz: I have to say that when you reached out to me I said yes immediately, but I warned you and I warn viewers that I am not a good patient. I think my doctors really hate me because they are afraid that I am not following their advice and I am going to embarrass them. I need to acknowledge at the outset that it is my

own behavior, my own decisions, my life choices that led me to getting sick five years ago and then again last year. I am one of these people who has fortunately survived all these massive warnings, but I am an example of what not to do rather than what to do.

John Clymer: Which, as we discussed this in the green room, Frank, I think makes you the perfect person for those of us in healthcare and public health to listen to and to hear because we are failing as a system. We are failing as communicators. America is underwater on blood pressure control. We need to do some things differently. I think we are fortunate to have you here not only with your communications insights but with that personal insight that you just described that can help us communicate more effectively with patients and with the public and even with colleagues in the healthcare system as well as policymakers.

Frank Luntz: The first thing on a personal level is actually not language. It is visuals. The most motivating thing in my life and the moment that it happened to me – twofold. Number one is visually. When you see someone who has suffered a stroke and the damage that it does, it snaps you to attention. It is something you cannot ignore. Rather than giving you words of wisdom, I am giving you the visual, and the visual of what it means not to die but to live a life that is less fulfilling, that is less significant. That is the most impactful way to get people to make the right decisions. Again, visually.

The second aspect behind this is the idea of what will not happen. We know from our research, but that by four to one people regret the things they did not do much more than what they did do. They regret decisions not taken, paths not tried much more than "I should never have done that. I made that mistake." What a stroke or heart attack prevents you from doing is actually more important than what it enables you to do.

Then third – now, this is kind of a contradiction, but there is – the relative difference is significant. Every grandfather wants to see his grandson graduate from college. Every grandfather wants to walk his granddaughter down the aisle. They want to see their kids. They want to live to be great-grandparents. That is the third aspect that is most likely to get people to behave the right way. Notice what I have said all in common: They are emotional, not rational, or intellectual. That the success of the people who are listening to us right now in this conversation, they will need to make an emotional appeal because it is the rational and intellectual that allows people to say no. "Well, that is not me." Or "I do not need

to do that." We know statistically that that is not the case, but the average human is willing to ignore the statistics because they think "I will be the exception." The moment you add the emotional impact to it, "This is what I will miss, this is what I will not be able to do, frankly, this is how it will destroy your life," that is how you get people to behave properly.

John Clymer: Wow, I find that very compelling because I think most of us, perhaps a product of our training, most of us in healthcare and public health arm ourselves with tons of data. The data around blood pressure, hypertension, and stroke prevention are compelling, and so we think that should carry the day. We share that data with anyone who will listen, including patients and the public, and yet we are not getting the job done. You are suggesting that we need to be communicating more on an emotional level than on the data-driven level. Is that right?

Frank Luntz: Yes, and allow me to be more specific, even more specific.

John Clymer: Please.

Frank Luntz: You need to show people a five-minute video. This is something that your organization can create. You need to have a five-minute video. What was the most impactful, powerful anti-smoking effort? It was the gentleman who had destroyed his vocal cords, lost his voice, and he has to touch his neck, and it sounds like this. You watch them and they communicate and they tell you the story of how they continued to smoke as they got sicker and sicker. Seeing that video snapped people to attention.

I would like you to show the video before they get sick. Show them a five-minute video of the before and after, of a professor leading a class before, and being constrained to a wheelchair and unable to speak after, of a sports athlete running from second to third base before and being unable to walk after, of a scientist or a healthcare professional being active before and being paralyzed after. These before-and-after – and you need three different examples because one is random, two is a trend, three is the proof. Three examples of the before and the after in video fashion. We get a chance to see their day-to-day lives, their families, get a chance to learn something about them before and after. That is the wake up call you need. You get your patients to watch it, to consume it. They will not be the same. They will not be the same patients. You are going to be much more likely to have an impact doing that than all the facts in the world.

John Clymer: I think that is a very valuable message for us. Frank, you suggested that I talk with you about your own situation, as well as the communication strategies. I saw you at your first public speaking appearance after your first stroke. It was a US Conference of Mayors meeting here in Washington. You were having difficulty walking in that room.

Frank Luntz: I could not stand. My speeches have me engaging the audience. I was the – for those who are older, I was the Donahue. Or those of you who are a little bit younger, the Oprah. Or still younger, I do not know, Jerry Springer. I moved through the audience. I gave a speech six weeks after the stroke and I could not stand. I was able to be up for 15 minutes. That was it. I made sure that they gave me a chair. It looked like I was having a fireside chat with the audience. The truth is I was so unstable and so tired. It affects my appearance. It affects how I connect with the audience. I am suffering the consequences by having to sit.

Then, the second stroke happened at West Point. In both cases, the day after, when it hit me what had happened, in both cases, I had a teaching experience that was above and beyond anything I could dream of. For the first one, I was teaching at NYU, New York University, the Abu Dhabi campus. Fifteen students, 14 countries, and I am teaching in New Hampshire, and I am stuck in bed. I cannot get out. We were traveling the country and I missed a week of the trip. My students are waiting for me to get better, waiting for me to be able to engage with them. I am stuck in bed. This is the dream of a lifetime and I screwed it up because of my behavior.

Then the second one, I am teaching at the greatest academy on the face of the earth, arguably the most important, most impactful education institution anywhere. I miss a lecture with the head coach of the Carolina Panthers and the manager of the New York Yankees, appearing together for the first time. People of genuine character at a university, at an academy of genuine character, and I cannot be there. I brought them up, set them up. Even had dinner with one of them the night that the stroke happened.

I have got to tell you all who are watching, you cannot give up on educating people about the consequences. You have to keep pushing. You have to do it in a way that people are willing to listen. I will give you three words to consider. Number one, *consequences*, because everyone personalizes that to themselves. It is not failure, it is not mistake. It is what are the consequences of not taking your medication? Number two, it is *a life of no regrets*. Can you imagine if you had to spend 20 or 30 years regretting

something that you did not do? That living a life of no regrets will not – it does not resonate for someone who is 30 years old. It absolutely resonates with someone who is 60 years old. Number three is *meaningful and measurable*. Meaningful means it is significant, it matters. Measurable means that you can prove it, and that is where statistics come in. Your medication will have a meaningful, measurable impact on how you live your life. In fact, I will add a fourth one, which is *quality of life*, because in the end, nobody wants to be alive until they are 100 if those last 30 years are spent confined to a wheelchair or a bed.

You use that language with your patients, added to that the video of three different examples, and in my mind that will get more people to cooperate, more people to do what is intelligent for them to do than any fact and any report and any science that you can offer. This is how you change people's behavior and that is your responsibility.

John Clymer: That is terrific advice. Thank you. Frank, we have about two minutes left. I want to ask you about a contrast in society. Hypertension affects nearly half of US adults, and yet only one in five have it under control. It is pervasive. Cancer affects far fewer people, and yet we see the public putting a high priority on cancer prevention. Advertisers talk about cancer prevention much more than they do hypertension prevention or high blood pressure prevention. We see the public, if they get a diagnosis of cancer, they beat a path to their healthcare provider and they follow directions.

The other example that comes to mind is erectile dysfunction. We do not have to market that. It does get marketed but people beat a path to providers to get their prescriptions for that, as well as now the GLP-1 weight loss drugs. Is there something we could learn from the motivation people have to seek and follow treatment for those conditions that we could apply to high blood pressure?

Frank Luntz: I do not want to compare them because they are different in a very important way. The cancer, erectile dysfunction, those – Parkinson's, MS, Lou Gehrig's disease, all of that. You see it. You see it. You see the consequences on the human body. That causes you to react. The fact is hypertension is silent. You do not see it. You often do not feel it. I have from time to time because it is in my case so bad. But I think that is why you have to show people the consequences. That is why they have to internalize what happens to other people, because unlike cancer, which you can resolve after your diagnosis, if you have that stroke, you may not

get a second chance. If you have that stroke, you are more than twice as likely to have another one. Once you have it, it is too late. I am asking people to see the consequences with others and to adjust to that themselves.

Please do not compare because the consequences are just as bad, but the symptoms are not. Until we say to people "This will happen," which is what my doctor did – and he stood up to tell me this because he wanted to get it into my head. The diagnosis happened on December 20th of 2019 and the stroke happened on January 10th. He said to me "This is not years from now, this may not even be months from now. Your numbers are so bad, this is something that is going to happen weeks from now. I am telling you." I did not believe it. Then it does.

The only way to do that shock, that in-your-face is to show the consequences to other, and then tell them, actually as a final concluding point, "This is what happened when their blood pressure was, say, 190 over 100." If your blood pressure, as mine was a week ago, honestly, since you and I talked, hit 230 over 109, it is worse than both times that I had my stroke. It is coming again. My doctor said to me, "You get to the hospital now. They are going to give you an injection. Take it. Take the medication they give you because you are weeks away again." The way that you do it, the way that I need it done, is to see the consequences to a human being that I can connect to, that I can relate to, and to know that that will be me if I do not get my act together.

John Clymer: Frank Luntz, we are grateful to you for not only your advice, but for your willingness to share something that is so deeply personal. We look forward to applying your advice in our communications so that we can turn the corner on high blood pressure and stop, as you said, the silent killer.

Frank Luntz: Thank you.

John Clymer: All right, Frank Luntz. Thank you very much.

Rosy McGillan: Hello, everyone. Good afternoon. I am Rosy McGillan and I am delighted to get started on this next session. I am a member of the Board of the National Forum, and I am currently the Chief Marketing and Communications Officer at the American Red Cross. I have a long history in marketing and communications around some really tough health issues, that is why I am particularly excited about today's conversation. I will get to our special guest here in just a moment.

This session that you are about to hear is about how we can more effectively communicate about high blood pressure. During this session, we are going to look at essentially what can we explore to help create a greater sense of urgency around hypertension and do it in a way that prompts action, prompts action across a variety of our stakeholders. We will also look at what we can be learning from current past issues that have sort of become woven into the fabric of society in many ways, everyday discussions, and what are the learnings that we can take away from some of those various issues?

Without further ado, I am delighted to introduce you to our guest speaker today, Laura Ries. Laura, welcome. Just to give you a little bit of background about Laura real briefly, Laura is a world famous positioning consultant. She also is a bestselling author. In 1994, Laura joined her father, Al Ries, also quite the legend when it comes to positioning, and they formed a company that was known as RIES. That is where she continues to consult with companies, entrepreneurs around the world on brand strategy. Laura has traveled across the world, 60-plus countries, teaching the fundamental principles of positioning. We have got a ton we can learn from today, Laura. I know you have written a number of books, upwards of 20. And I know you are –

Laura Ries: Not quite. Almost.

RG: Okay. I am sorry. I was thinking – you are close. You have done quite a bit of –

Laura Ries: Close. Yeah.

RG: How about we leave it at that, right?

Laura Ries: That is right.

RG: Anyways, we are delighted to hear from you. Without further discussion, I want to send it over to you to get started. Then I would love to save some time at the end for a Q&A.

Laura Ries: Absolutely. Thank you so much. It is such a pleasure to be here. As you mentioned, I worked for my father almost three decades. He is the father of positioning. He came up with this concept that really changed the world of marketing about how you can best communicate about your brand. It is not just a brand. It is also

these health issues, nonprofits. All can benefit from the idea of positioning, how to best position your brand.

What is positioning? It is all about the mind itself. Most people are focused on what they are communicating out. While those are good things, the success is dependent upon getting in the mind itself. You win in the mind by focusing on a single word or concept. This is the challenge, right? It is difficult to get in the mind and you have to do it by narrowing the focus. Here is the reason. When you sharpen your focus, when you oversimplify the idea, it makes it much simpler to get in the mind. It is like that sharp nail that gets into the mind much easier than a dull one. Pretty extreme example, but it proves the point of what we are trying to accomplish.

You have to take a complicated idea and oversimplify it. The most important positioning principle is about sharpening your nail. How can you most narrowly define what it is that you are trying to accomplish and do? Ideally, by owning a category, in many cases, with brands like Tesla. What does Tesla own in the mind? We all know it is electric vehicle by being the pioneer. What word does Red Bull own in the mind? You know it. Energy drink. What word does Komen own in the mind? As the pioneer a non-profit focused on breast cancer, they own the category breast cancer. A very effective campaign and non-profit.

Positioning was a very effective strategy. The book was written in 1981. The idea came out with a series of articles in the advertising age in the '70s. What was missing in that book, something very important was missing, and that is the role of the visual. That is what we call the second most important positioning principle, because even if you can identify what your idea is, how are you going to communicate it? The best way is to visualize it with what we call a visual hammer, some way that packs not just the idea but the emotion behind it. That is a huge part of successful branding, the role of the words versus the visual.

This is "tiger" in two different ways, both the word and the visual, but they affect you differently. To understand that difference, again, it is all about the mind. If you look at the mind, it is one mind, but inside there there is two brains. You have got two of them. Lucky us. There is the left brain that processes sounds immediately. The right is for visuals. They are connected by the corpus calossum. The spoken word, again, as I said, instantly understood by your left brain. A visual is instantly, almost instantly understood by your right brain.

A printed word is more challenging and it makes more time and more effort. That is why a strategy focused on words alone is more challenging to get into the mind. And here is why. It first is looked at as a visual by your right brain and then it is sent over to the left to convert it into sounds. Sounds are always important. That is why slogans using rhyme, for example, are so successful, or why children when they learn to read mouth the words. They are sending it to their left brain. Time and effort.

Right brain has another very important function when it comes to positioning. It is the side of your emotions. I mean, come on, visuals are emotional. Looking at the picture of a baby versus the word "baby," words are not emotional, even though in essence they are trying to communicate the same thing. When you can visualize it, that is why a marketing campaign with a powerful visual image is much more effective than words alone.

Frank Luntz was right. You are not going to convince people by attacking them and showing them on the left side of the brain the facts and statistics. A left brain approach on its own is unlikely to work and why his words about making an emotional were so important. What does emotion mean? People, stories, those three examples of show me someone who has had the damaging effects of high blood pressure impacting their ability to – and having them miss out on life's great joys, like seeing your grandchildren graduate college or playing with your grandchildren or seeing them get married. I mean, missing out on those things, that is going to have the emotional impact to change behavior in the long term.

We have seen other areas where the impact of visuals are very successful. Now, listen, not any visual will work. Not any person will work. Originally, Viagra used Bob Dole talking about the courage it takes to go ahead and ask your doctor about Viagra. This was not a message that necessarily resonated with most men. In 2014, they changed their message and they used an attractive woman that was leaning over in the bed telling men "It is okay. Please talk to your doctor. I really would enjoy spending time with you." This was able to really change the behavior. This visual resonated and told the story in a memorable and emotional way.

How about getting people to stop things? Shocking visuals are very impactful. We have been talking about years of the dangers of smoking. It was graphic visuals like this and the stories of these people on the effects and talking through the hole in their larynx

there that really had a tremendous impact on cutting down on smoking among the population.

Some things are easy to sell with a visual. Take Ozempic. The transformation people have made in losing weight by using this drug has led to an explosion of popularity. When that visual and the difference is seen so clearly, it really packs a big punch.

The other one that gets attention recently, everyone's talking about atrial fibrillation – AFib. It gets a lot of attention. One, you can see it. Celebrities are talking about it. Again, the stories and the emotion behind those stories, really impactful. It has also helped with AFib, the technology behind it, that allows people to not only test it, but see it right there themselves on their KardiaMobile, for example.

What about us? What about high blood pressure? With high blood pressure, there are a couple problems. There are some big ones. It is silent. It is invisible. Some doctors botch the readings. These are big problems that we have to address, but they can be addressed. It is certainly very important because this is a really big risk factor, and potentially addressing it can help so many. As most companies do – listen, many companies make the mistakes we talk about in positioning of trying to communicate too many things in the nature of health. Listen, the Heart Association talks about the Life's Essential 8. Believe me, all of these eight are great. Everybody should do these things. It is very hard to focus on one, but the effects are that you will get into the mind, that you will be memorable and hopefully enact change. The eight are great but eight is too many. Which one would we advise talking about?

The idea that comes to me is obesity, the impact of obesity on high blood pressure and lots of health problems, but reducing your weight can greatly help your blood pressure. It is something that is visible that you can see and we can connect to what is also in the news of people doing this. Yet, not many people are talking about the positive impacts on lowering your blood pressure. Also talking about what is blood pressure? Most people think it is something in their arm. Is it not really about the heart? Listen, I am no doctor, but the heart is a pump and the blood pressure is a measure of that artery pressure. Even having people understand that the top number is when it beats; the second number is when it rests. Not everybody knows these very basic things about blood pressure. I had to ask ChatGPT for some of this information.

The thing about obesity is that if you look at cars – and my dad loved this example – small cars have small pumps and big trucks have big pumps. Look at people. If you get bigger, your heart does not. That is a simple visual that people can understand that the impact as you get larger and your heart is the same, that is going to spell trouble. That is going to spell high blood pressure, which is, as we know, a danger and the danger of strokes and other things.

The truth about obesity. Oprah had a big special. She didn't mention high blood pressure, not that I remember. That should be the big news. Forget diabetes getting all the attention. The truth about obesity is that it is greatly impacting high blood pressure and those effects are incredibly damaging. Let us take advantage. Kathy Bates, right? She was struggling with high blood pressure. She has lost a tremendous amount of weight. What does *People* magazine talk about? About how she is fitting into her dress. Fitting into her dress? Forget about that. What about how is her heart?

All these stories, PR is a great driver. The opportunity to talk about the reduction in high blood pressure as the weight comes down, whether they use the drugs or not. You can also play off this idea of the silent killer. It is silent, but not anymore. We have to get loud and rally the cause. Do not let it sideline you. Get loud on your blood pressure so you do not miss out.

What are you going to remember today? The statistics? You all have lots of them. What I am going to remember today is Frank Luntz. His story was so powerful. I still have chills. Unbelievable. Stories like him. I mean, he was unbelievable. There are so many others out there. When we hear those stories, we are moved to action. Getting loud about blood pressure. The loud voices are going to make this message so emotional and memorable. Particularly how losing weight can help reduce your blood pressure and stroke risk to get loud and end the silence. Lastly, there are some triggering events in life that prompt us to do certain things. We are kind of pre-programmed about these, and many industries have helped teach us that. As soon as you have a baby, what do you need to do? Make a will, right? You have been driven into this idea. As soon as you get 40 years old, women have to have a mammogram. As soon as you hit 50, a colonoscopy. My husband and I did it together after my birthday. Is that not romantic?

Your daughter gets married. I mean, this is terrific. Next up, we hope, is grandchildren, right? What is more to live for than

grandchildren? I cannot wait myself. I have got two boys in their 20s. To keep you healthy, what are you going to do? There are too many things to focus on, but maybe the big four, these big four things: What is your blood pressure, your glucose, your cholesterol, and your bone density? These are things that you have to be top of mind and be on top of to protect your health. I say blood pressure for sure is number one, because people are interested about living long. They are really interested about their dogs living long. Look at the farmer's dog. Long live dogs. We can only hope to live as long as our dogs. Their focus is on what? Healthy food, healthy weight to have a long life. That is going to help everybody.

Rosy McGillan: Laura, I am energized. I am so energized. We are going to solve this problem. Truly, truly appreciate the insight. I want to squeeze in just a couple of questions if we can. You have my mind spinning quite a bit here. One of the things you really zeroed in on was the storytelling piece, right? That is part of what made Frank Luntz's piece, his session so powerful.

Laura Ries: Yeah.

Rosy McGillan: When you think about storytellers, based on your experience, you think about celebrity storytellers, you think about the average Joe storyteller, tell us a little bit about what is the difference there in your mind in terms of what is going to give us the biggest impact maybe and then what is going to be most sustainable in your mind, if you see a difference.

Laura Ries: I think they are both very important. Certainly, if there is a celebrity – say, Michael J. Fox and Parkinson's has been a great impact, because we saw this boy grow up, at least I did, and to see his struggles and his ability to talk to us and have us join in with him on his journey. Everyday people are great as well. The smoking campaign. Those were not celebrities. They were just average people but they were willing to share their story. I think it is really the details of the story and then the length of time that we can follow along with them.

The repetition is extremely important. Listen, BMW says "the ultimate driving machine" not one month, not two years, but 30 years. The long-term hammering in of the dangers of obesity, particularly as it is connected to high blood pressure. Frank Luntz has been so open not just on this talk, but in the media as well about his struggles with weight, with high blood pressure, with strokes. We really feel a lot of compassion. We then see it in

ourselves and know what we need to do and take that doctor's advice to follow through on those things. Hopefully, there are new scientific areas that can help out. I think people are also seeking those out.

Rosy McGillan: That is one of the things I think with high blood pressure, it is channel agnostic – right? – because it impacts so many audiences. One question for you related to channels and promotion. You had talked a little bit about the value and the need for repetition. That message being repeated time after time, reaching people where they are. I would be remiss if I did not ask about social media. As we think about a platform like TikTok, you have got influencers who are breaking through. They are transforming lives. I personally know from Red Cross experience, TikTok is our are fastest growing platform. What do you see from a social media perspective in terms of how do we break through? Because the attention is so short. People are wanting more video. They are wanting more content. They are wanting it more quickly. Anything we ought to be considering there?

Laura Ries: I think it is about figuring out exactly what that message, what that slogan, maybe even what that visual is. What I really think is most people visualize blood pressure by a cuff on the arm. Is that really what it is? Or can we refocus that to be that it is about the heart health and the connection there with it. Look what the pink ribbon did for Komen or the yellow bracelet for Lance Armstrong and Livestrong. Not that you need a ribbon or a bracelet, but just making that connection that it is a heart issue, that it is the heart health piece, and laying that over in those different areas and stories. I also think there are the big four, if you will, of what people need to monitor most on an annual basis, monthly basis. We talked about this previously, but the botched readings some people get on blood pressure. That is a big challenge yet opportunity. There is so much technology out there. Someone has got to figure out a better way to do this because with more data people can have better outcomes in terms of better monitoring it and seeking out some help and support from doctors.

Rosy McGillan: Laura, thank you. You have certainly given us a lot to think about as it relates to use of visuals, language, manageable points that are going to be memorable. All of the points you have made have just been tremendously helpful. Thank you for your time and all of your guidance. We really do appreciate your time.

Laura Ries: Thank you.

John Clymer: Thank you, Rosy and Laura, for that insightful and energizing discussion. Your strategies to position hypertension as a top priority in the minds of patients and healthcare decision makers are thought-provoking. Focusing on a singular concept can help hammer it into the consumer's mind, allowing them to more clearly visualize the product: blood pressure control. We are grateful for your leadership in making hypertension prevention and control a clearer, louder call to action.

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