

there hawking a commodity, is frightening & sad. Not all hospitals are acting this way, but enough so we have these erosions of public trust."

CHANGES BY HEALTHCARE PRACTITIONERS NEEDED

"From competition to collaboration is an enormous mind change for many. Hospitals need to talk to the public about who they are & why they exist. Most hospital pr people see their job as promoting the image of the institution in some way that leads the public to believe the hospital is good. **Few are skilled at understanding what their benefit is to the community and what the community need is.**

"Most are involved in some form of education & outreach, but they don't talk about it or effectively measure their impact on the community. Nor do they effectively base it on community need. Resources are slim."

ITEMS OF IMPORTANCE TO PRACTITIONERS

✓ **CAUTION RE PRR STORY LAST WEEK ON DATABASES:** If you're using them to find out what media reported, fine. But don't confuse that with what actually happened. Journalists' "first draft of history," as we all know, is often full of errors. That's the danger in databases -- coupled with believing that because media carried something it penetrated people's thinking. One major challenge is getting corrections into databases. The only way is to get rebuttal printed -- usually a strategic error. Even then, database users won't necessarily pull the rebuttal item. The old "morgues" at least kept subject matter together in one file folder.

✓ **SEC'Y ESPY'S PLAN PROBABLY "WILL BE REPLICATED** in varying degrees in other federal agencies," Wes Pedersen, Public Affairs Council, responds to prr's 2/15 lead story. "Personally, I'm not prepared to argue that central direction is necessarily a bad thing. Many government subposts are themselves insular, operating on their own with results that are difficult to document let alone measure. It's difficult to cry 'sinner' when Mr. Espy is preaching the gospel of public outreach and pledging a band of disciples who will not 'sit back and wait to be contacted by the public' but will go forth among the populace to 'aggressively reach out & touch many someones.'" Pedersen advocates using this occasion to "seek professionals who might volunteer to provide advice & counsel to Sec'y Espy & his Cabinet colleagues to avoid the pitfalls that may loom in a plan that could well be a pilot for other agencies." Well, Espy said he wanted to get faxes & mail.

✓ **A CALL FOR PAPERS PRACTITIONERS CAN RESPOND TO.** Innovative public relations papers, based on research pr pros can understand & use in their jobs, are sought by the Research Foundation of IABC. Variety of methodologies to advance knowledge of pr & its role in org'ns can be used: a) test or develop pr theory; b) analyze legal, ethical or historical questions; c) systematically test or refine a pr principal or practice; d) critically review a concept, issue or model relevant to pr research or practice; e) address issues which focus on multicultural &/or international issues as they affect pr. Top 3 papers each get \$100. Submit 4 copies -- your name, address & phone on title page only -- to Donn Silvis, Dep't of Comms, Cal State Dominguez Hills, Carson, Calif 90747; 310/516-3682. Deadline is March 1, but you can start now for next year.

GM's RECENT ACTION MAKES GOOD STRATEGY PRACTICE CASE

✓ What will be the longterm result of GM suing NBC? That, of course, must be the major consideration. GM may have solved an immediate problem, but what about longterm fallout -- if any? This case has many variables for pr strategists, which must have taxed vp-pr Bruce MacDonald & crew as they decided on a course of action/inaction:

1. **Because its basic effect is to immensely magnify & expand whatever you are accused of,** the practical rule is never sue journalists. That phenomenon happened here. A small audience saw the Nov. tv program. If there was any measurable impact then -- doubtful -- it went away. After GM sued, the film clip was run & rerun and print media gave high visibility coverage for several days.

¶All this new coverage had to begin by repeating the accusation about fuel tanks on GM pickups.

2. **Did GM postulate that an NBC apology over film footage would drown out the accusation** -- which will undoubtedly be in the news again when the widely reported Georgia damage award of \$105 million is appealed? Plus 100 other suits over the gas tanks are pending. And now feature writers, researchers & others have been made aware of a hot topic.

¶Mazur's theory may apply here: where there is an element of personal danger, the more discussion/publicity a topic gets, the more people adopt the position that will protect them -- i.e. GM gas tanks may be dangerous. Facts have little to do with it.

3. **In 6 months, what will people remember?** Memory science says the details fall away & 1 or 2 major points linger. Basic psychology suggests one point, perhaps the only point, will be that GM designed some gas tanks that were dangerous.

¶Behaviorally, that's the only memory people can act on: they can avoid GM products, or at least pickups. Assume the other thing remembered, which seems likely, is that tv rigged a story. What can anyone do about that, beside distrust tv or journalists -- which most already do?

4. **What publics does GM really care about in this case?** Truck buyers; owners of pickups with the tanks; all auto buyers; regulators & those who influence them; future judges & juries on such suits; the overall public?

¶Rating the list by ability to give behaviors that can harm GM, coupled with available opportunity to do so, provides an answer.



Worrying about damage to overall reputation is fruitless. Partly because every automaker has had recalls & suits (or so it seems) & this is just the latest, partly because this is but one in a multitude of *personally felt* elements that make up reputation. If I own a GM product that has served me well, this incident is "not me."

TOOLS AVAILABLE FOR COMPLEX DECISIONS

What decisionmaking method would you use to plot a strategy with so many variables? **Force field analysis** would need to be done point-by-point, then amalgamated somehow. A **decision tree** might work, but you'd need a big-g-g sheet of paper. **Predictive scenarios** might work, tho it would be excruciatingly difficult to get all the possibilities on all the variables.

How about using **rough sets** -- an artificial intelligence technique that deals with "decisionmaking from imprecise information & ambiguous knowledge" (pr 10/12/92).

IS IT GETTING THE MESSAGE OUT, OR WHO THE MESSENGERS ARE?

A coalition formed against Calif. Proposition 166 educated voters on the negative aspects of mandatory employer-paid healthcare thru ads, news releases, radio actualities. Post-election research claims it had a large influence on voting behavior. "We were able to isolate support for Proposition 166 to organized medicine only. That was another factor in its being defeated," Tony Quinn of Braun/Ketchum Public Relations (Sacramento) told prr. Proposition 166 was defeated with a 68% "no" vote.

"The public was more receptive to 3rd party sources of information this election year." Research showed voters a) read newspaper stories & editorials, b) were interested in who was supporting various ballot measures. It also showed they c) want more credible spokespeople -- "not the cutsey spots so often seen in political campaigns." While tv remains the major source of general information, people say they d) want more content. Voters e) paid attention to ballot arguments. They read the ballot pamphlets which summarized the arguments & were mailed to voters.

10 radio releases created listener impressions ranging from 415,000 to 1,077,000. "A very high percentage of stations used each story & cumulative audience reach was spectacular. The campaign clearly recognized that radio news reaches an enormous audience, and can make a solid impact," explains Kelly Lawrence of News/Broadcast Network which produced & distributed the news stories.

BUT WHAT A COALITION!
Campaign used spokespeople from California Manufacturers Ass'n, National Federation of Independent Businesses, California Grange, Congress of California Seniors, California Medical Ass'n, Latino Issues Forum & National Tax Limitation Committee. Could it be **this array of messengers** is what influenced voters? Other issues were well publicized, too -- but lacked such a broadbased powerhouse.

HEALTHCARE NEXT TESTBED FOR PUBLICIZED PERFORMANCE DATA

Schools get tested & the reportcard published. Airlines' on-time, bag loss & similar performance data are released by the FAA. Now there's a new trend for hospitals -- release of more data about accreditation reports, death rates, costs, length of stay, re-admission rates. It boils down to hospitals being responsible to their communities, talking with them, understanding their needs, serving them, educating them -- i.e. **having state-of-the-art pr policies & dep'ts**. Rick Wade, from his vantage as sr vp-comms, American Hospital Ass'n, makes these observations:

- In the 80s, the federal agency that runs Medicare & Medicaid reimbursement **began releasing mortality rates on Medicare patients by illnesses for each hospital**. "That took hospitals by storm because they weren't used to discussing this in a public arena. Little by little hospitals realized that whether they believed the data were correct or not, the information was out there & raising questions among the public. So we've learned how to work with the gov't to make this data better & how to talk about it in public. But if anyone thinks the federal government, particularly with healthcare reform on the horizon, is going to stop here, they're wrong. The gov't is looking at other kinds of data to make public. Things we haven't begun to talk about to the public."
- The Joint Commission on the Accreditation of Healthcare Org'ns is under **"great pressure to let the public know what it finds when it inspects & accredits hospitals"**. There has been incremental progress, releasing parts of reports. We're going to see more information becoming public. And hospitals haven't begun to explain to the public what accreditation means."
- **"The era of competition is over"**. We're in an era of collaboration. Plans for healthcare reform talk about hospitals in new kinds of relationships with other providers. Financial incentives will be given for hospitals, physicians & other providers to link up & form community based networks. Networks will be paid to provide a basic package of health services to people enrolled. Think about what that means for individual hospitals. Already they aren't able to talk about the data in any extensive ways. Now the trend is to link up with other providers. We're looking at the public accountability of something larger than a hospital, called community care networks."
- Hospitals suffered an erosion of public confidence in the 80s. "We began to assume the language of big business. Healthcare services became product lines. Patients became customers. We all had marketing dep'ts. We all did advertising. We forgot our community roots. We confused the public about who we are & what we do. **If we behave like big businesses, we'll be treated like them** -- witness the challenges to hospitals' tax exempt status. The fact that elected officials now think we no longer do something special in our communities, that we're out

"We've got to stop the medical arms race and begin to look at our missions in a new way."