

find graduates of US universities, who are multilingual, who are sensitive to cultural differences, and who are astute in the finer points of protocol. A company, no matter how successful in its domestic markets, must apply its best minds to the problems of public affairs in off-shore markets if there is any chance for success.

## HIGHLY VISIBLE PR JOB MOVES UP A NOTCH -- BUT LOSES VISIBILITY

During the Bush/Reagan years the US Dep't of Defense pr chief carried the title Asst Sec'y of Defense for Public Affairs (ASDPA) & served as an assistant to the Secretary as well as DoD spokesperson. Pete Williams became a regular face on tv during Desert Storm.

The Clinton administration has restructured DoD and the previous offices were replaced, if not terminated. This restructure developed three Assistants to the Secretary (ATSD). They are General Counsel, Assistant to the Secretary of Defense for Legislative Affairs and Assistant to the Secretary of Defense for Public Affairs. These offices serve the Sec'y directly as *special advisors*.

For the ATSD for Public Affairs, this is actually a move up, relative to the previous structure -- because the appointee, Vince Guidry, **will be primarily pr counsel**. A separate spokesperson will be appointed. That job will also report directly to the Secretary but at a lower level.

## POSITIONING THE CEO GETS TOUGHER

Airlines are in trouble. A federal task force is studying how to help the industry survive. American Airline's Rob't Crandall flies in the face of it all -- including allegations his jet-buying spree last decade brought on the overcapacity that most blame for current problems.

To the media he recently said: "**I think I'm the best airline manager in the world.**" Is this managerial ego seeping thru? Defense against criticism? Implying the airline he personifies is therefore the best? Was it strategized or off-the-cuff? Will it be effective...or leave the impression he's another swell-headed, probably overpaid corporate chief? All questions today, few answers.

## NOTICE TO PRR READERS

1. With your issue last week, you received the questionnaire for **pr's 29th Annual Survey of the Profession**. Many have already filled it out & returned it to us. For those who are still waiting for an opportune time to get to it -- now's the time, while it's top of mind. The sooner you return it to us, the sooner we can get results to you. If you've misplaced yours, call us (603/778-0514) and we'll send another right out.
2. If you're using cutting-edge practices in your work, or you've found one that doesn't work, or have thoughts on some, and you're willing to share your insights/experience, call or fax June Barber (603/778-0514, fax 603/778-1741). Let's talk.

## TARGETING QUESTION #1: WHAT BEHAVIOR IS PUBLIC ABLE TO GIVE?

Prime example: Hospitals spent heavily on advertising & promotion in the 80s to win patients. But can a person just check into a hospital? Technically & legally, a physician must sign them in. Still, that could be an emergency room doctor who sees them when they come in. And even when doctors recommend a certain hospital, do patients request using another one?

## HOW IS A HOSPITAL SELECTED?

"This is a soft area. It's difficult to glean the exact reason why somebody selects a hospital," Ken Trester, U of Mich Medical Ctr (Ann Arbor) told pr. His read on criteria:

- 1) **location**, "people tend to pick a hospital near their home";
- 2) **physician referral**;
- 3) **quality & perceived reputation** of the institution -- includes personal experience & what others say about it;
- 4) **participation in reimbursement coverage** since "more & more patients are enrolling in HMOs" or other managed cost plans.

Then factor in whether patients...

- a) **choose on an episodic basis** -- they become sick & their doctor sends them to the hospital she's affiliated with; or
- b) **choose their hospital prior to illness**, then select a physician affiliated there. Here the recommendation of friends & family is important & "the need to build positive relationships imperative," notes Laurie Davis, Mercy Hospital (Sacramento) (see pr 5/31).

## RESEARCH FINDINGS

An '89 survey reveals that "almost 50% of patients who need hospitalization select a facility based on information they receive from friends & family, while 20% come as a result of a physician referral" ("Total Quality & Productivity Mgmt in Healthcare Org'ns" by Vincent Omachonu, published in '91 by Institute of Industrial Engineers, Norcross, Ga.). In short, pr plays a critical role.

**Perceived quality of the institution is the most important factor** in choosing a hospital (see box), according to research done for Grant Medical Center (Columbus, O). Unaided, half the respondents mentioned either "quality of staff/medical staff" (27%) or "attention to care shown by staff

to patients" (24%). Another 7% said "high quality service/accurate & fast." [A bottomline reason for harmonious employee relationships.] Third most important factor is "convenient location" (17%). Fourth is physician referral (14%) -- by combining "referral: doctors & friends" (8%) & "doctor practices there/affiliated" (6%).

**FACTORS VARY COMMUNITY TO COMMUNITY**

"You'd think that in an academic medical community like ours," adds Trester, "the majority of people would pick us themselves. But the majority of people report their *physicians* referred them here." However, when physicians are affiliated with several hospitals, then the reputation & location of the hospital will carry more weight. Where does this leave the pr & marketing strategy?

**Factors In Choosing A Hospital**

Quality of staff/medical staff	27%
Attention to care shown by staff to patients	24
Convenient location	17
Reputation; trust & confidence	12
Referral: doctors & friends	8
High quality service/accurate & fast	7
Doctor practices there/affiliated	6
Specialists	4
Healthplan/coverage	4
State-of-art knowledge & technology	3
Range of service	3
Facility	3
Positive past experience	3
Reasonable costs/affordability	2
Other	2
Nothing/no response	6

**SOURCES OF INFORMATION**

Grant's study found 60% receive information about the medical center **from interpersonal sources**. These include: friends/family/co-workers (39%); personal experience (9%); doctor (7%); other healthcare professional (5%). Media/formal communication provides 38% of people's info. This combines radio/tv -- ads mentioned more often than articles -- (29%); newspaper -- again ads over articles -- (6%); newsletter/direct mail (3%).

However, note this: "We asked our *patients* where they get their most reliable information about healthcare services. 50% said doctors; 24.7% said families. That's an even more striking finding," dpr Steve Shivinsky told pr.

**CASE: HOW ISSUES ANTICIPATION OCCURS IN UNLIKELY PLACES**

A. The tobacco industry might not look to Sudden Infant Death Syndrome Alliance for clues to potentially compelling anti-smoking themes. But this organization that seeks causes of Crib Death reports in current publications that research has linked "the presence of tobacco smoke in the household" to this emotionally gripping killer of babies.

People willing to be skeptical about usual arguments against tobacco might well be won over by this twist.

B. Cigarette makers might be expected to monitor the University of California at Berkeley Wellness Letter. Still, they might not expect such

potent & memorable copy as the current issue offers:

"Imagine the headlines: 3 fully loaded 747 jumbo jets crash, killing everyone on board. Then imagine that happening every day. That's the toll smoking exacts in this country -- a mind-boggling 434,000 premature deaths every year from smoking-related diseases such as heart disease & lung cancer."

C. This *health* newsletter then goes on to espouse a *political* solution: higher excise taxes. Data show that, "so far, every 10% rise in cigarette prices has reduced consumption by an average of 4%." Among Canadian teenagers, when the real price of cigarettes rose 158% between '79 & '91, smokers declined by 2/3rds, the Letter reports.

**I.A. TEAMS AS ONE ANSWER**

Every sector can be victim to this. Consider education: the Foundryman's News may well be espousing "solutions" to this debated issue. If an important employer in your school district is a foundry, it's obviously prudent to know what they might be reading. But what pr dep't has the personnel to do it today?

**One cost-effective advantage of Issues Anticipation Teams** is their ability to track a large number of such unexpected information sources -- mainly on their own time. When staffed by folks from all parts of the organization, insightful answers can be found to the 2 I.A. queries:

1. What's going on out there?
2. Could it happen here?

**GLOBALLY, KEY IS CREDIBILITY, SAYS CEO WHO'S ALSO PR CHIEF**

"If there is a set game plan for practicing global public affairs, I am not aware of one. But from my experience, all the fundamentals come back to one thing -- *credibility*," believes Earnie Deavenport, Eastman Chemical's CEO & **self-appointed senior public affairs officer**.

"Cultural training is essential. The key to long-term success in any region of the world depends not so much on what kind of plant you build or how you operate it, but on how much you care. We're doing 3 things that demonstrate this:

1. **Establishing a significant local presence.** We've learned that once you've made a direct investment, your credibility goes up.
2. **Cultivating a corporate culture that thrives on cultural diversity.** As important as it is to develop good relations with your host country, it's just as important that the local managers you have in that country understand *your* company.
3. **Putting people in place who can operate effectively** & who have a high probability of success in that particular region. You must begin with your best people. Not just capable people, but your best. This subtle difference is not lost on those receiving your emissaries. In many top ranks of foreign governments, & in their business leadership, you will