

PUBLIC DISPLEASURE WITH THE NATIONAL NEWS MEDIA IS CLEAR

But this sentiment has not eroded the credibility of major news org'ns, finds Pew Research Center. While public evaluations of most news orgns' credibility are lower than they were in the mid-80s, the basic believability ratings have not changed since the Center's last survey in '96.

The words people choose to describe the national media reflect their discontent (see box). On balance, negative words outnumbered positive ones 52% to 30%. In contrast, mostly positive words came to mind when respondents were asked about local news org'ns. "Good" is by far the single word most often mentioned, & it is used more than twice as often to describe local news as it is with national news.

Displeasure with national news in general does not translate into lower believability ratings for specific news org'ns, notes Pew. On average, majorities say they can believe most, but not all of what national news org'ns say. A fair share of Americans are real doubters, however. Upwards of 20% say they disbelieve much or all of the news delivered by many national news outlets.

One Word Descriptions of...			
National News Media		Local News Media	
"Top 10"	Frequency	"Top 10"	Frequency
1. Biased	61	Good	138
2. Good	58	Informative	52
3. Informative	53	Adequate	36
4. Sensationalism	34	Fair	35
5. Fair	29	Good job	28
6. Okay	28	Excellent	27
7. Liberal	21	Okay	27
8. Boring	17	Very good	27
9. Interesting	16	Sensationalistic	22
10. Thorough	15	Up-to-date	18

(Results = respondents who offered each response, not percentages)

(More from Pew Research Center, 1150 18th st NW, DC 20036; 202/293-3126)

UNIVERSAL ACCREDITATION GAINS NEW PARTNERS

Program formed with 4 founding org'ns: Agricultural PR Council; Florida PR Ass'n; PRSA; Southern PR Federation. Newly added are Maine PR Council; Society for Healthcare Strategy & Market Dev'l; Texas PR Ass'n. Any member of these 7 org'ns who have at least 5 yrs of paid, full-time experience in pr or in teaching/administration of pr courses is eligible to take the exam. Also, nonmembers who belong to member org'ns of the North American PR Council & meet the same requirements are eligible. Universal Accreditation is administered by PRSA, which has operated its own program since '64.

(More from PRSA, 212/460-1418)

\$2B GOV'T ANTI-DRUG AD PUSH: BETTER SPENT ON NEW AGE PR ?

One more time US taxpayers are shelling out for a huge 1-way communication campaign supposed to solve a social problem -- and the only beneficiaries are likely to be ad media. For while creators of the ads & other segments of the campaign work pro bono, the ads are paid.

The difference this time -- as opposed to failed ad blitzes for seat belt use, drinking & driving & various dangerous health habits -- is that credible voices are speaking up about better ways the money could be spent for the purpose.

This provides strategic pr pros another case to make their points about what motivates behavior today. Some of the issues, many of them old hat:

1. **Again: Can 1-way information transfer engender behavior change?** That is what ads do -- transmit info, however emotionally or creatively the appeal may be framed. Some of the ads will offer an 800 number for free publications. *More* information -- but it does require a behavior to get the reading material. Might the one/two combo be effective?

2. **Will the magnitude of this effort make it work?** Research shows overwhelmingly that information does not drive behavior. But:

- This ad buy -- biggest ever by gov't -- is the 15th largest single brand ad campaign, larger than American Express, Nike or Wal-Mart, as examples.
- And it's a 5-yr effort, at \$400M/yr total.

Still, com'n on AIDS has been called the most extensive in history & isn't even motivating much increase in safe sex practices, to say nothing about slowing the spread of AIDS.

3. **Is stopping a behavior different from motivating one?** Campaign head, an ex-General, says: "If Corporate America uses mass media to sell everything from sneakers to soda, we've got to use the full power of mass media to *unsell* drugs to children."

- But most ads (& publicity) don't create behavior, especially the purchase behaviors cited in the quotation. They merely tell us how or where to act out behaviors on which we've already decided -- e.g. I need to buy some clothing, the ads point out the choices of brand, style or store.
- Isn't this far different from intervening in a *new* behavior? Is it easier to motivate starting a behavior than stopping one?



CRITICS: STRATEGY FAILS TO ADDRESS CAUSES OF DRUG USE

What are the circumstances that lead kids to drugs? Experts say 1) peer pressure coupled with 2) opportunity

3) abetted by youthful adventure. Query: which of these 3 can ads affect?

Frontline drug workers say money should be spent on treatment of users, after-school programs that keep kids away from temptation & peer-to-peer projects with youth & for parents. They argue:

- "For the past 10 years, our kids have been bombarded with anti-drug messages & it is these same kids who are experimenting with more drugs." (Anti-drug policy group head)
- Despite the anti-smoking ad campaign, "4,000 teenagers take up smoking daily in this country. If the anti-smoking campaign hasn't worked for teenagers, why do we think the anti-drug campaign is going to be any more effective?" (Criminology professor)
- Mass mainstream media aren't the place to reach kids 9 to 18 (Ad agency specialist in trends among youth)
- Mass media helps set "what is & what isn't cool, but too often it comes off as the Establishment saying, 'No, no! Don't do that because we say so.'" (Youth market research head)

EVEN CAMPAIGN EXECS AGREE FOLLOW-ON ACTIVITIES ESSENTIAL

PRSA has perhaps the key role in the effort to actually drive behavior (pr 6/8, program will be reviewed in

a future issue). Campaign head: "To truly change behavior, these messages need to be reinforced" by a broad coalition including families, schools & communities. But most follow-on segments are more 1-way stuff, like Internet use or sports stars issuing statements.

The obvious emphasis remains: Campaign "will operate like a commercial marketing campaign, managed by professional advertising agencies...." There are positive opportunities to alter the thrust, however:

1. Ads are locally created, to fit the environment of each community
2. Nat'l Inst on Drug Abuse will evaluate effectiveness, hopefully with power to direct mid-course correction if needed. However, this depends on the criteria; if it's typical ad measurement, well....

COULD CAMPAIGN ACTUALLY PROMOTE DRUG USE?

Since there can't be many, even among kids, who aren't aware that using drugs is dangerous, illegal & socially unacceptable,

ad blitz isn't even awareness -- but re-awareness, or reinforcement. Query: is there a reverse Mazur's law?

Law says the more a message is communicated beyond a certain saturation point, the more people tend to believe the opposite. Is it possible the more we communicate *not* to do something, the more people gravitate to doing it -- especially adventurous youth? Might this blitz put drugs in the minds

of kids (create massive awareness) & thus lead to increased experimentation? Every parent knows what happens when you put a prohibition on children.

IF NOTHING ELSE, CASE PROVES MEDIA ETHICS NONEXISTENT

Screen Actors Guild & Amer Fed of Radio & TV Artists' talent are waiving all fees. Amer Ad Federation

& Ad Council volunteer their time. PRSA chapter volunteers are responsible for the hard, behavioral segment *pro bono*. Kodak is donating all film for ad production. But the media demand to be paid!

Allowed to make huge profits by using for free the airwaves which belong to the people, have they in return no responsibility to help solve a major national concern? Especially when their entertainment programming helps glamorize drug use (tv & radio particularly).

REPORT: PR SKILLS ESSENTIAL FOR HEALTHCARE CLINICIANS

Another opportunity for practitioners' counseling & training role. Development of patient-provider relationships are key among "the skills of an excellent clinician," says Council on Graduate Medical Education.

This is "even more critical in a managed care context," because "better relationships produce better outcomes, improved patient satisfaction, & more stable enrollment." Skills include:

- **Understanding & using principles of behavior change.** Much of the illness encountered in a population is related to lifestyle factors -- smoking, dietary patterns, chemical dependency. Skills to change behavior of individuals & populations are essential.
- **Developing appropriate & effective communication.** Three areas are unique to managed care setting:
 1. Communicating with groups of patients (e.g., patients in a practice or with a specific health need) as well as with individual patients, including those who do not come for care
 2. Explaining to patients when doctors do not believe they should honor a patient request for referral or a specific procedure
 3. Addressing patient concerns regarding potential conflicts of interest that arise because of reimbursement or organizational structure
- **Using time effectively.** Because doctors in managed care have less time to see their patients & develop relationships with them, they will need to learn skills to focus on 1) eliciting the patient's agenda, 2) providing explanation & 3) facilitating adherence to recommendations. [Too bad they omitted the word "listening" here.]
- **Issue anticipation: Recognizing & managing mental health issues.** Often at the root of 1/3 of the problems encountered at the primary care setting. Doctors must improve their ability to recognize & address them.

(Copy of Preparing Learners for Practice in a Managed Care Environment from Dept of Health & Human Svcs, Rm 9A-27, 5600 Fishers Ln, Rockville, MD 20857)