

& issues management as well. "We do a lot of preventative pr. Larger firms have problems -- leaks, mergers -- we must be wary of the potential negatives. We try to counsel attorneys on how to position themselves, how to be proactive instead of negative." So far, she hasn't become involved with lawyers' actual client-counselor relationships. Some firms do report researching jurors' backgrounds & helping target trial strategy.

WICI'S ANNUAL CONFERENCE COVERS BROADEST RANGE OF TOPICS

"What was remarkable about this conference is that we had such a variety of experts speaking on every

public relations topic from management theories to satellite disks to global pr," communications dir Linda Russman told prr. Women In Communication's membership includes journalists & other non-pr members. Interesting notes:

1. **For The First Time Ever, Census Findings Are Available On-Disc**, Bureau of Census dir Barbara Everitt Bryant told attendees in opening address. That means practitioners can have easy access to demographic, economic & social stats. Most prominent findings underscore what we already know: population shifting South & West, minority segments increasing, more working mothers & single-parent households. (For free booklet of population & housing tabulations as well as product info, contact Bureau of Census, Customer Services, Washington Plaza Building, Rm 326, 8903 Presidential Parkway Upper Marlboro, MD 20772; 301/763-4100.)
2. **Media Coverage Of Women Is Down**. Despite a slight increase in female authorship of articles, women appear less in photos & references of major news publications than they did in '89.
3. **Delegates Disagree With President Bush**, voting to support Civil Rights Act '90 (the bill vetoed last week), endorse recently vetoed Family/Medical Leave Act as well as Women's Health Equity Act.

ITEM OF INTEREST TO PRACTITIONERS

¶ **Dip In Verbal SAT Scores Reinforces Frightening Trend**. This year, the average was the lowest ever at 424, a steady drop from 427 in '89 and 431 in '86.

WHO'S WHO IN PUBLIC RELATIONS

HONORS. PRSA 1990 individual awards: Gold Anvil, David Ferguson Hill & Knowlton (Chi) & counselor Richard Weiner (NYC); Outstanding Educator, Hugh Culbertson, Scripps

School of Journalism, Ohio U (Athens); Paul Lund Public Service Award, Morris Rosenbloom, American Surveys International (DC).

OVERVIEW OF HEALTHCARE PUBLIC RELATIONS IN NEW BOOK MODELS POSITION OF '90s PRACTICE IN ALL SECTORS: A TARGETED, CAREFULLY RESEARCHED, SCIENTIFIC ENDEAVOR

Kathy Lewton's vantagepoint for observing the field has been opportune -- national WICI president in '80, top-level hospital positions & titles, two years as chair of the PRSA Health Academy, a stint as a consultant, etc. Her book, *Public Relations in Healthcare: A Guide For Professionals*, written for American Society for Healthcare Marketing & Public Relations, is due in January. She makes a case for the **model approach of the 90s**:

SITUATION ANALYSIS: When marketing came as the white knight to the rescue of healthcare institutions, its customer-only approach, ads & other quick fixes overlooked the facts. Healthcare has a triad of customers: services are 1) ordered by doctors, 2) delivered to patients, 3) paid for mostly by 3rd parties (insurance or gov't). Marketing seemed a panacea for deteriorating relationships between hospitals & these 3 publics, so long-term solutions (i.e. pr approaches) were not listened to.

OVERWHELMING ISSUES BRING PR BACK Now healthcare finds disillusioned publics, stressed caregiver-patient relationships, a generally bad reputation. The business mentality of the 80s backfired and many institutions are seen to be mismanaged & ineffective -- worse, as uncaring & impersonal, especially in larger hospitals.

The issue list is intense: funding, workforce shortages, access, AIDS, quality et al. Triage solutions are proposed, such as the Oregon law that determines who can get costly advanced procedures -- and who cannot. Competition pits doctors vs. their own hospitals vs. HMOs vs. national health organizations -- all scrambling for same limited pot of dollars. Canada's system avoids some, but not all, of these and its long-term strategy is often compared favorably to the short-term fixes used in the US.

TECHNIQUES THAT WORK 1. **Audience segmentation** in finer depth than ever, identifying their concerns by the smallest cell. Target messages, media & methods to the segments and their specific concerns. Mass communication is declining in impact, personalized communication is rising. This is slower, harder work, takes more time, has less reach, but it works! 60-70% of your plan should be personal communication. Segmentation now has to be done routinely in order to:

2. **Build strong relationships** -- "the difference between a date for a movie and getting married." Take women's audience -- actual purchasers of a

majority of healthcare services. How many subgroups does it have today? You can't even communicate effectively with "women," and to build relationships you must work segment-by-segment based on particular concerns/interests.

3. **"Basics" & "simple" will work.** "People ask me, 'You mean you're going back to tours & open houses?' Yes, but now we invite key people instead of just taking who comes. We ask them to give feedback on their priorities and what hospitals offer -- should we, for example, give back our CAT scanner and concentrate on something else."

"It's worse to send an inappropriate, unsegmented message to an audience than sending no message at all. The multi-thousand circulation, super award-winning magazine is a dinosaur because no group of this size shares common interests & concerns. Big magazines are giving way to 'Tupperware parties' (in-home meetings) where a pediatrician tells parents how kids taking drugs look & act."

4. **Analyze how you really get your business.** To move from 85% to 95% occupancy, you needn't put on a campaign to hundreds of physicians. Changing referral patterns of a small percentage of them will do it. Have the CEO call on this small pool after you've screened it for the best prospects -- i.e. segmented, targeted, personalized, not a big campaign to the whole public.

5. **Work opinion leaders.** Get staff to say who they know in key audiences, including opponents. This will get you started and once you're plugged into the network, follow it. But find the real community opinion leaders, not who the board thinks they are or just corporate CEOs.

6. **Research & evaluation.** "The hallmark of successful programs." Requires measurable goals. You can't build relationships without it. Watch out for, "I know how those people are thinking." Good place to begin: find out how your publics see you and compare with messages you've been sending. Is there a gap?"

7. **Be curious.** Curiosity is the best characteristic of good practitioners. Ask why & how questions about everything. Nothing is ever black & white, but always gray.

8. **Employee communications are top priority...**because the 3 critical issues (cost containment, patient satisfaction & quality standards) are solvable only with total employee involvement. But you must communicate without written words, because they don't have the time to read, can't read, or don't share the same interests. Personal contact & supervisor communication do work. Idea: try a 6-month moratorium on anything written to force supervisors to talk to employees.

9. **A revelation:** "Don't think of them as doctors or nurses, but as people -- human beings with human needs who happen to practice medicine."

¶ Lewton, presently vp mktg & pr, University Hospitals (Cleveland), emphasizes: **Tell Everyone: "It's not my pr program, it's yours!"**

HR-PR COMPARISON STUDY: LISTS MEDIAN SALARIES OF HUMAN RESOURCE PROS Practitioners experiencing conflicts with the HR realm may want to see research from Abbott Langer & Assocs (Crete, Ill.). When compared with prr Annual Survey data, it indicates pr has the leading edge in salaries.

"The median salary for a supervisory hr manager is \$40,418," Steven Langer told prr. "Those in non-supervisory roles have a median of \$27,983." Compare to pr, where a director averages \$45,300. ALA offers a composite of a hr exec of the highest tier: a director, located in a major city with 20-24 years of experience. S/he holds a grad degree, directs 10+ professionals, averages \$57,595 yearly (including bonuses & profit sharing).

Mean income (all cash compensation) of hr titles in areas which overlap the pr function:	
Industrial/Labor Rels Dir	\$63,495
Industrial/Labor Rels Specialists	\$38,499
Employee/Community Rels Mgrs	\$38,135
Employee/Community Rels Specialists	\$29,455
Employee In-House OD Specialists	\$28,664
Employee Recreation Specialists	\$28,042

Study, sponsored by Personnel Journal, appears in a compilation of volumes titled, Compensation in the Human Resources Field. Copies are \$100/volume, \$450/set from ALA, 548 First St, Crete Ill. 60517.

¶ **Parallels Between The Two Professions Continue.** In its survey of a variety of professions, US News & World Report cites hr as a route to the executive suite. An hr dir must "be expert in labor law, immigration rules, pensions, day care, elder care & wellness." Training includes BA in behavioral sciences, business, economic or hr management. "As the labor pool shrinks & personnel becomes increasingly important to companies, the hr field will have added 91,000 jobs." Biggest bane for hr, it says, is shirking the "personnel hack" stereotype.

COUNSELING LAWYERS MOVES TOWARD FULL-RANGE OF PR Attorneys' use of public relations began over decade ago -- but was mostly limited to marketing help & media placement. One example: Blattel Assocs' (SF) sole focus is advising attorneys on how to relate to their publics. "There is increased competition among law firms today," Ellen Blattel told prr. "Developing campaigns for them is the fastest growing specialty area in our field and one that requires specialized expertise & sensitivity."

Blattel, who is a frequent guest lecturer for the Calif Bar, says her efforts include not only standard copywriting & media placement, but crisis