INTRODUCTION

From our examination of the nature and the extent of the AIDS problem, it appears clear that, at present, the only cure we have is prevention.

There is reason to believe that potentially everyone is at risk.

Accordingly, Professional Public Relations has planned a campaign designed to maximize the joint effect of advertising and public relations strategies. It will directly complement the media campaign as presented by Grey Advertising. The community education strategy is based on the soundest principles of health education.

It is our aim to involve the general public, to train trainers and to utilize existing community group networks.

Several themes have been created to achieve success: the "Grim Reaper", as the Angel of Death, for an advertising campaign and the idea of “Sex Respect” for a PR campaign.

The advertising campaign will be arresting, and, alarming.

The public relations component is essential if a communications programme of this kind is to be effective. Our joint programme will be involving, informative, believable and professional.

Professional Public Relations is capable of producing an outstanding campaign based on its history of successful undertakings in the health field and its expertise in the application of proven techniques of health and community education.

We see this programme to have the highest importance for the future of all Australians and we look forward to making a contribution to this vital community need.
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THE PROFESSIONAL PUBLIC RELATIONS

Professional Public Relations Australia Pty Ltd (PPR) is one of Australia’s largest locally-owned communication companies represented in all Australian States and Territories.

This year, the consultancy received the Public Relations Institute of Australia’s highest Award … The Programme of the Year, for client Hospital Corporation Australia.

PPR’s founder and chairman, Peter Lazar, has extensive experience in health care and health education. The consultancy was established to service requirements for professional bodies, health care groups and the pharmaceutical industry. Although PPR has expanded to take in corporate and agricultural work, it remains the leader in the health care communication field.

PPR has engaged Dr Christopher Reynolds to help research, design and prepare the content of this submission. Dr Reynolds has extensive political, media and community awareness skills and considerable expertise on the AIDS issue, in Australia and America. He is the only Australian to be awarded a Presidential Commendation for his work on Public Health issues for the U S Congress and with the White House.

Based in PPR, Sydney, Richard Lazar is recognized as one of the most creative communication consultants in the health care field. He is a consulting. Other professionals include:

Ms Jan Lee Martin is an experienced writer and editor. She has worked for the AMA, NSW Nurses Association and pharmaceutical manufacturers.

Mr Robin Owen and Mr David Townsend, Joint Managing Directors of PPR, Canberra. Their office has frequently worked with the Commonwealth Department of Health, the Minister and divers health bodies.

Ms Christine Lohman, PPR Brisbane, launched the alcohol and drug programme for Belmont Private Hospital, and implemented comprehensive seminars throughout of a new ulcer treatment.

Mr Noel Armstrong, PPR Melbourne. Has been closely involved with issues relating to AIDS and the Blood Transfusion Service. He is committee Chairman of the Australian Red Cross Society; Noel studied the most up-to-date audio-visual material on AIDS in the USA.

MR Bryan Glennon PPR Adelaide is the city’s publicity “doyen”.

Ms Stephanie Flynn, PPR Western Australia. Has extensive experience in community education programmes and was PRO for the Pharmacy Guild NSW.

Mr Paul Tapp, PPR Tasmania and Clyde Adams, PPR Darwin has extensive knowledge of local media and health care services.

A more complete description of the personnel and services of Professional Public Relations can be finding later in this document.
CONFRONTING THE PROBLEM

The extent of *Acquired Immunodeficiency Syndrome* is nothing short of shocking. Over 30,000 cases of AIDS will have been reported in the U.S. by the end of this year. In New York City, AIDS is now the leading killer of males between 30 and 44 years of age. United Kingdom experts predict that civilization may well be confronted with a new Black Death by the turn of the century.

The scenario for Australia is no brighter. Fifty thousand Australians may already be infected. There is no cue for this disease. There is no doubt that the world is facing a serious public health problem. It is propitious for the Commonwealth Government to be taking a lead in prevention and intervention strategies at this time.

In accordance with World Health Organization guidelines, it is imperative that an education strategy be developed to inform the public of AIDS, and thereby decrease the incidence of the disease. To achieve this end, it is necessary to engage the services of
the public relations consultancy well acquainted with health issues and the process of education and information dissemination. Professional Public Relations is that firm.

THE BRIEF

Professional Public Relations, in conjunction with Grey Advertising, has developed an education strategy for the dissemination of information and resources to the community. This education strategy identifies the aims, themes and target groups, and is designed to make maximum use of groups and service providers involved in the process of education. It is not intended that PPR assume the role of educator, but rather, should act as resource provider. The idea is to train the trainers: to enable others to take up the challenge of improving public health safety and so to obtain community involvement in the education of Australians on the nature and danger of AIDS.

PPR fully appreciates the importance and even the hazards of communicating a message about AIDS. The approach must be cautious and yet, alarmist. Fear is to be used to arouse attention. General apathy in Australia increases the risk of contagion and the community must be confronted with the fact that the world is possibly on the edge of another Black Death catastrophe.
It is proposed to use an image, an image of Death, to confront the community in an initial advertising campaign. And, it is here proposed to use the image of the Grim Reaper, as the Angel of Death, to bring his message that everyone is at risk. This advertising campaign to be followed by a widespread education PR campaign to raise awareness and provide information in order to change and caution social behaviours.

There is no room here, now, for complacency. Anything less than a severe approach to confronting the spread of AIDS will be a waist of money and, time.

The aim is to present information in such a way as to affect attitudes and modify behavior. Education should endeavor to support and enhance the quality of life of the community.

To achieve this, the diversity of people and organizations which need to learn about AIDS prevention must be considered. The message should be directed not only to high risk groups, but made relevant to the entire population, the adults, and families and youth....all is seen as the ‘at risk’ group. It must be stated that “AIDS is a disease that could affect you”.
To achieve behavioral change in sexual and health practices, it is essential that correct and up-to-date information is distributed.

In an initial advertising campaign, shock and fear are to be used because the severity of the consequences of this disease cannot be ignored and a powerful, social confrontation of the facts is necessary. Awareness must be the first objective for the education campaign.

The community should know that AIDS is one of several diseases transmitted by sexual or blood contact but it is the most dangerous disease to public health and family health at this time. Precautions against contracting AIDS are vital to the preservation of the life of the community.

In accordance with these principles, an education strategy has been designed to facilitate an efficient and comprehensive community awareness campaign.
EDUCATION STRATEGY

AIM:
* To make the community aware of the dangers of contracting AIDS and about its prevention
* To promote safe health and sexual practices
* To provide the media with knowledge and means to create a balanced and responsible climate on the AIDS topic

PLAN:
* To train the trainers
* To provide a community information resource
* To present a powerful message extending the advertising campaign
* To educate/motivate/effect behavioral change

THEMES:
* How could someone like me get AIDS?
* What is safe? What is risky? What is unsafe?
* A community problem you can help to solve
* "SEX RESPECT"

INVolVEMENT:
* Everyone

TARGETS:
* High risk – I-V drug users, homosexuals and prostitutes
* At risk – the community at large
* The media
* Racial minorities..Aborginal and ethic groups
* Employer and union groups
* Government departments and legislators
* Community and education groups (detailed later)

**METHOD:**

* Education through resources
  -- Kit
  -- Pamphlet
  -- Help services contact list
* Harness a network of supporters and opinion leaders
* Design short term and long term strategy for resource Dissemination and community involvement
* Follow up research and process evaluation

**THE ROLE OF PUBLIC RELATIONS**

There are three key ingredients to a successful public relations campaign:

-- involvement
-- information
-- trust in the message

This issue involves everyone since nearly everyone, potentially, is at risk. It follows that a community education programme should involve the community in its own public health safety campaign. People must provide the answers. Networking through community support groups is the most appropriate and cost effective technique.

The information must be accurate and informative. It must be easily understood and easy to read. Essentially, information needs to be packaged so that it is attractive. People, should want to read it and better, to discuss it.

Similarly, the message has to be presented in such a way and by such means as to have unquestioned integrity. The message must be arresting without being alarming.

A media presentation involving television and print needs public relations support for it to be effective. A public relations programme will continue community discussion of the issues through grass roots contact and media campaign follow up. The primary concern is that government bodies, the media and opinion makers become aware of the scope of AIDS and the social cost if the message is not communicated and understood. The
Grey/PPR team’s programme co-ordinates activities to achieve the agreed objectives. The launch phase comprises:

1. An outstanding advertising campaign that is hard-hitting and demands public attention. This will involve creating controversy, thus forcing public awareness. The scale of the problem will be emphasized, causing Australians to re-think the consequences of contracting AIDS. The ads will make the point that Australia has not understood the significance of this disease nor the threat it poses to the whole community. It will reveal how little people know about AIDS and how much they are personally at risk unless they begin safe health practices. "The Grim Reaper will come for you."

2. An outstanding public relations campaign to focus new and lively attention on AIDS. The emphasis will be on the risk that faces the community and how people and governments can meet this challenge to public health.

The ad campaign will commence the training process. Training the trainers will be an educational public relations process to enable opinion makers and community leaders to further the awareness programme through a networking of people and resources.

The object of the activity programme is to provide awareness on how to avoid the AIDS disease. This will be done by well planned communications activities designed for use with specific target publics. Key theme will introduce the concept of "SEX RESPECT".

Country regions will be included in this campaign: both the advertising media plan and the public relations programme aim to provide national publicity coverage. The PR plan deals with the provision of resources for the education and involvement of community groups and government bodies, as well as industries with associations and divisions in rural areas which can further transmit the message.

The over-riding requirement is to get maximum value from every initial dollar spent.

The public relations programme will pick up on the themes used in the ad campaign and produce informative publications based on these themes. By providing simple but not simplistic information it is hoped to have appealing and informative resources which will be read and used. The programme details how communicators are to be trained to
reach/address specific groups of people and show them what resources are available to the public.

Imperative to all of this is the production of a message that community groups will want to use. For this purpose the theme ‘SEX RESPECT’ has been developed and is seen as an excellent vehicle to carry the messages of the campaign. Moralizing and discrimination are to be avoided and the Sex Respect theme will do both. It is expected that schools will readily adopt the theme and associated materials into the existing sex education programmes.

SEX RESPECT
A media publicity campaign can create awareness and begin to involve the community in an education process. But this not enough if we are to influence human behavior. The best way to change attitudes and to modify behavior is by the interaction of people in one-to-one or small group situations. To do this, we need a great many dedicated teachers who are properly equipped for the task.

Like an international aid programme, it is better to provide the seeds and response than to attempt to send food.

Networking is not a new approach, but whether or not they choose to attend training sessions, they will not need to attend exhaustive forums and to form committees. Existing community group leaders will be free and. We believe, pleased, to utilize the resources, the professionally produced resources, at their own pace, for their own members.

Networking is the best approach because it is using resources which already exist. There are numerous organizations, public speakers, meetings and receptive audiences available if community leaders can be convinced that this message is relevant, indeed vital, to their members. Accordingly, the task has been focused to produce the maximum result. The idea is to get people to do something themselves, for themselves, and for the society in which they live.

The resources material will contain brochures which can be easily copied for distribution, as well as solid factual documents to support those involved in programme presentation. The resources will be easy to follow and provide substance.

Initially, eight target groups will be identified for different resource material. These cover the high risk groups, the general public or the ‘at risk’ group, racial, medical, employer/union, government and community education educations groups. Information will need to be produced in various forms and possibly in several languages (E.G. Italian, Greek and Vietnamese) to ensure cultural diversity is not overlooked. The nature of the disease, mode of transmission, preventive behavior, health safety standards and services for help will all need to be spelled out in the material.

It is not unusual for PPR to be active in the creation and conduct of health education programmes and to ‘fill the gaps’ by talking the message to defined target groups. It is recognized that some groups can be hard to reach and are best handled by communication techniques other than advertising.
Spreading the word through the community, by direct person-to-person contact... dare we say it... in a manner not unlike the disease – will be necessary if the transmission of AIDS is to be minimized.

Prevention is the aim... for this time... there is no cure.

PREVENTION IS THE AIM....
FOR AT THIS STAGE
THERE IS NO CURE

or ... in slogan form ..

THE ONLY CURE WE HAVE
IS
PREVENTION ..
THE ACTIVITIES

THE PUBLIC RELATIONS PROGRAMME

The public relations and communication programme has two major components:

1. An “umbrella” communications campaign to ensure that the messages are distributed to the community as a whole through all available media. The content of these messages will be designed for specific target groups and placed in the appropriate print and broadcast vehicles to reach those groups.

2. A well-directed activity-based programme to harness the opinion leaders, to stimulate within these leaders the enthusiasm and support needed to ensure that we educate the opinion formers, and “train the trainers” to take the messages into the community groups which they influence.

OBJECTIVES

The objectives are:

- To maximize the advertising impact
- To extend the educational messages
- To teach the opinion formers... train the trainers
- To force public awareness
- To emphasize the scale of the problem as a community concern of the highest order
- To make previously apathetic Australians take action
- To provide advice and guidance on how to control and cope with the potential reactions, such as fear and/or community over-reaction

The advertising campaign addresses the main message to the community at large. Our broad-scale media public relations programme will extend the education process and reach further into the target groups identified by NACAIDS and addressed by the agency.

But the special role of public relations in the communications mix is to address the members of each of the target groups identified, with special messages designed to
provide maximum personal impact, to heighten awareness, shift attitudes and commence the task of effecting behavioral change.

To achieve the required transfer of information and bring about action, direct interpersonal communication must be undertaken. It will be appreciated that the strongest form of communication remains the face-to-face transfer which one person can effect with one or more recipients in situations where the leader already has the trust of those individuals.
THE TARGET GROUPS

The entire community has to be addressed by this programme. PPR has divided the community for convenience as follows:

- High risk...I-V drug users, homosexuals and prostitutes
- At Risk....The community at large
- The Media
- Racial minority...Aboriginal and ethnic groups
- Medical community (Doctors, Nurses, Pharmacists)
- Employer and Union groups
- Government Departments and Legislators
- Community and education groups....
  - The Churches
  - Services Clubs/Groups (Apex, Rotary, CWA etc)
  - Universities and Colleges
  - Parents and Citizens’ Groups
  - The Schools
  - Sporting Clubs and Groups
  - Youth Groups (Scouts and Guides)
  - Neighborhood groups/Refuges
  - Community health advisors and centres
APPROACHING THE TARGET GROUPS

The high Risk group has already been submitted to very considerable information and education. There exist services and programmes which are addressing and supplying the information needs of these groups. PPR sees its role in supporting these service groups and in building into their activities the special messages of the NACAIDS joint advertising and public relations campaign.

To ensure that these service groups understand and support the activities of NACAIDS and the aims of this communications programme, PPR will meet with leaders of the various services to determine areas of mutual support and to define how best our campaign can be dovetailed with their activities. The training the trainers approach which the consultancy is recommending will have great benefit for these groups also.

The At Risk Group is the bulk of the community ... not now aware of the degree of danger ... and presently apathetic to the problem and how they are involved. PPR sees its task to be primarily in reaching this group and the sub-groups within it. An outline of how this is to be done for the various groups follows:

Girls (11-15)

This group is been by the Grey/PPR as a particularly important target for educational material. The group is not by the general community as being especially “at risk” and possibly considered to be one of the last groups which should be singled out for selective treatment.

We see this group as having three potent reasons for a special programme:

1. Concentration on the group can provide lively media and public interest, and

2. The group is grass-roots training area. Clearly, if the young women in the community become aware of the risks and of the methods of minimising them, the AIDS prevention campaign will begin to make some progress.

3. The spread of the disease among adolescents in the USA has been shown by research to be at the same rate as that affecting adult. By the end of 1986, there will be over 1000 cases reported among US adolescents. There is no reason to believe that the spread of this disease will be any different in Australia.
The likely duration of the AIDS threat suggest that we face many years of a world epidemic ... many ears of education and prevention ... before solutions will be found. The importance of minimizing infection in the area of young women is therefore vital. It may also be highly strategic as a source of growing awareness and continuing education.

This is not to discriminate against young men!

Boys (11-15)

The points made in respect of the young girls are, of course, largely applicable to our next special target group ... Boys (11-15).

As detailed earlier, we propose to teach these two groups through opinion leaders in their educational and social environment. Special media opportunities exist in those publications read and programmes viewed and heard by adolescents. PPR will arrange interviews with selected young people in radio talk-back and print media situations.

Teaching kits for use in public and private schools will include prepared lessons, projects, posters and videotape materials (along lines similar to the Health Education programme for the Pharmacy Guild of Australia prepared and distributed by PPR through NSW schools with the assistance of the Curriculum Committee of the NSW Dept of Educational).

PPR recommends a blanket description of this programme along the lines of:

SEX RESPECT

We are conscious of the controversy which could surround this initiative. The involvement of teaching bodies, Parents’ & Citizens’ groups, etc will be obtained prior to preparation and production of the proposed educational materials.

Comparative testing of material prior to use, is recommended. PPR has researched a range of print items currently used locally and overseas. The choice of language will be a major consideration. On the one hand, there is a need to use explicit terminology which aims at the middle ground between slang and technical terms... that no-one mistakes the content and its importance.
On the other, a balance must be struck between what is regarded as acceptable by the various strata of our society and what must be communicated if the campaign is to have maximum effect through all levels of the community. Some controversy must be anticipated in this regard. Indeed, from a communication and awareness viewpoint, some controversy would be quite useful in continuing the process of “waking up” a pathetic general public.

While PPR sees the school as the best potential ground for implementing a “Sex Respect” campaign through the teachers, there are other community groups such as Churches, Social and Sporting Clubs, Service Club Youth Groups, Girl Guide groups etc. which can be harnessed to continue the education process. For example, a Junior Consultant with PPR, who last year was Lions’ “Youth of the year”, reports that in nearly every interview, contestants were asked to speak on public health issues, particularly AIDS.

The use of the topic in health and social science curricula, school debating, public speaking training and practice, school essays (e.g. “How I avoided AIDS on my holiday” would make a welcome change from the usual topics), examinations, etc provide lively opportunities for extending the coverage.

In each State, PPR proposes to harness the interest and support of those media which direct their programming to this age group. For example, in NSW, certain radio stations (2MMM/FM, 2SM) and certain TV programmes are directed to the adolescent target group.

Special community service programmes and messages will be tailored to fit the requirements of this group... the messages, as indicated in the agency proposal will be along the lines of:

“He may be a regular guy, but he could be a carrier”

“What it means when you don’t ask him to wear a condom”

“Some girls have all the fun but not all the luck”

“Now you have something other than making babies to worry about”

“I’d never go to bed with a bi-sexual man... But how do you know??”

Adults (including the Men, Women, Parents Groups Listed above)

It is PPR’s intention to communicate with the adult groups of the Australian population through the use of the networking techniques previously mentioned and described in
more detail below. Themes and materials will be adapted to suit certain ethnic and professional groups as required.

It is expected that the opinion leaders who will help us to reach these groups will demand/require information materials for use with their peers and their families.

PPR is in a position to advise on and develop the appropriate materials to support what is currently available from various sources and to adapt this as needed. In the recent re-launch of the NSW Dept of transport’s Random Breath Testing campaign, PPR devised a simple pocket-size leaflet to assist drivers to understand the requirements of the law on drink-driving. The leaflet was very successful and 100,000 are being re-printed currently.

It will be important to pick up the advertising campaign themes and to develop these further to provide the information required by the community and to extend the reach and frequency of the messages submitted through advertising.

For example, Grey/PPR believes that to support the drive for increased blood donations, which of course necessitates testing, provides an excellent opportunity for a supporting public relations programme.

PPR will ensure that articles are placed in the various media reaching the adult population, e.g. stories in financial and business magazines to reach fathers and business people regarding AIDS and occupational health, the potential and present cost of AIDS to the community, AIDS and how it affects the worker, the employer, and the unions.

Interviews on broadcast media, e.g. Ray Martin Show, Willesee programmes, women’s magazines, radio talkback programmes... mainly aimed at mothers and women, but also widely seen by men.

PPR proposes also to encourage the writers/producers of TV Soap Opera series to incorporate the AIDS subject as and possible. This technique has been successfully used for a number of clients in the community education area.

The widest effect however can be anticipated from the work of the community service and special information groups in disseminating information to this group. A section on this aspect will be found later in this proposal.
THE MEDIA

The media programme will be conducted in three phases:

- Pre-launch
- Launch
- Post Launch

PRE LAUNCH PHASE

(a) Educating the media

During the three weeks prior to the launch of the advertising campaign, PPR will undertake a comprehensive national programme of media liaison at editorial and management level in print and broadcast media.

The purpose of this will be to advise the media that most important campaign is about to be launched and that the media not only has a vital role in extending its educational effectiveness but a great responsibility to ensure that the way in which it handles the subject takes into consideration the potential benefits and possible risks.

We see this pre-launch phase taking the form of meetings with media managements and workshops with key journalists at which all the social and psychological aspects of the media coverage of the programme will be discussed. PPR will prepare the necessary content, background information covering international research and experience, arrange participants and speakers.

The consultancy will prepare guidelines for the media on how best to handle the educational programme, listing the potential cause and effect of the range between sensitive and sensational reporting. In this, PPR would ensure that the editors and management people are provided with information which they in turn can use or distribute to their journalistic staff.

b. Pre-Publicity for the Campaign

Designed to support the launch, build-up-pre-publicity will be negotiated through Ministerial announcements and statements from NACAIDS spokesperson(s) that the Government is launching a very major community health education and AIDS prevention campaign.

This build up will be designed to create awareness of the need for the campaign and interest in the manner in which it is to be handled. The consultancy believes this can ensure greater impact for the advertising campaign when it appears.
Unlike a launch of a new product when only one publicity phase is anticipated, it is important that, in this instance, the programme be commenced with the knowledge that we are aiming to achieve longevity and an on-going high profile for the campaign. The pre-launch phase provides a valuable opportunity to raise awareness.

c. Development of community service announcements messages and programmes.

Professional Public Relations has been involved in the development and placement of community service announcements for all manner of health issues and health weeks over a long period of time. The success of these depends on content and approach. It is envisaged that PPR will develop and place the following:

- i. 30-second community radio messages
- ii. A one-hour radio programme (or a series of shorter programmes)
- iii. A 30-second TV community service announcement
- iv. A 30 or 60 minute TV documentary
- v. A series of newspaper community service columns

Ideally, PPR believes that Prime Minister Hawke and/or Ita Buttrose should be featured in all of the above to emphasize the high importance placed on the programme.

If research shows that a similar set of programmes is required specifically for the young target audience, PPR would approach the appropriate opinion leaders – personalities – to act as spokespersons or presenters. The placement of these announcements would be specifically targeted to the younger audiences.

These programmes will be written and produced during the pre-launch phase or as early in the programme as physically possible. Ideally, PPR will be “selling” these to the media throughout the country immediately following the launch. It may be necessary for the agency’s media planners to consider the inclusion of some media dollars for radio placements in the second phase of the programme to encourage maximum support for community service by radio stations.
LAUNCH PHASE

a. The Launch

A simultaneous National Media Conference via satellite is planned. It would be addressed by the Prime Minister (ex Sydney or Canberra) and include a discussion session with Ita Buttrose. Journalists would be advised by satellite of the AIDS issue and the campaign.

At each State venue, the Premier or State Minister for Health will be invited to comment or provide answers to local media questions. Medical experts will be on hand at each regional event to answer technical questions.

The presentation will include special staging, an audio-visual on the issue and how it is to be addressed the unveiling of the advertising campaign materials and the airing of the community service announcements. This will all be transmitted from the central location to each centre.

PPR’s State offices will co-ordinate the event in each State. Prior to the launch, PPR will negotiate documentary coverage and current affairs programme preparation to be timed to appear following the launch.

A complete programme of radio talk-back, interviews for spokespeople in each State will be developed to support the national activity.

A State of the Nation Address is planned for National Television on the evening of the launch. PPR will undertake all necessary arrangements for this. If the Prime Minister cannot be involved in this activity, PPR believes that a statement from Ita Buttrose would be aired during prime time by one or all of the networks. PPR would negotiate this.

To further highlight the importance of this issue with young people, PPR will negotiate for “Countdown” and other similar programmes to launch the ads (as was done for the “Get Real” programme) and to discuss the AIDS issue.

Although all the steps are not detailed here, PPR is recognized for its ability to generate wide national publicity in a creative and effective way. To achieve this for the AIDS programme, PPR will distribute the appropriate media kits and information and undertake proven activities to ensure blanket coverage in print and broadcast media in regional and metropolitan areas.

b. AMWA/PPR Medical Writers’ Briefing

PPR will hold a special briefing for key medical writers in conjunction with the Australian Medical Writers’ Association. It is intended to bring these journalists to Sydney, an activity which could well be sponsored by condom manufacturers/or health companies.
c. Media Advisory Service
PPR will establish and promote to the media, a Media Advisory Service, which can supply latest information, assist in development of in-depth handling of the subject, provide access to key spokespeople and generally assist the media and keep them informed and in contact with activities. This could be handled on a state basis but PPR would recommend establishing a telephone service 008 numbers at a central location under the control of PPR in Sydney.

POST LAUNCH PHASE

a. Regular Media Briefings

The Media Advisory Service (PPR) will releases information on a regular basis to all appropriate media nationally. It is intended that regular media briefings will be held to provide latest statistics, new methods of dealing with the disease and new ways of furthering the educational process.

b. Making use of Specialists/Spokespeople. PPR will identify opportunities to obtain regular bursts of publicity and education through highlighting visits of specialists to Australia. These opportunities may have to be stimulated from time to time by inviting particular experts to visit or by arranging tours by experts currently in this country.

c. Promotion of the enjoyment of sex whilst conscious of AIDS prevention. How to make use of safe sex practices for maximum enjoyment. Items for media use will be generated and distributed.

d. Maintaining a regular review of how the media is handling the subject of AIDS and providing the advice on how this can be improved as and when required.

e. Running courses for media, similar to those recommended for the pre-launch phase, to ensure that later journalistic recruits obtain the most up-to-date information and also to up-date existing AIDS reporters.

f. to introduce “NACAIDS” Recognition Plaques” for journalists who have made an outstanding contribution to the communication campaign. These could be given for a positive educational article and/or for sensitive reporting of a particular issue, or for regular service to the cause.
Note that these or similar awards can also be made to individuals or service organizations/industries/ unions in the community network who make a valuable contribution to the campaign.

Like an international aid programme, it is better to provide the seeds and resources than to attempt to send food.

Racial Minorities/Aboriginal and Ethnic Groups

It is recognized that these groups can sometimes be overlooked in community education campaigns. PPR realizes the need to prepare special information to reach these groups and possibly print material in the major languages of Australia’s ethnic groups.

PPR will meet minority group representatives and relevant media to ensure that the correct material is made available.

PPR sees its role as supplying the necessary information and education materials to assist these groups to ensure their members are aware of the issues and are motivated to shift behavior as required.

In addition PPR is well connected with the appropriate departments at government level and would ensure that the necessary translations of education materials and any specific activities are put in place.

It will important that the opinion leaders in these groups become involved in the “Train the Trainers” activities discussed later. PPR will ensure they are invited to attend training programmes if and where possible.

Ethnic media will be regularly provided with the relevant media materials.

Medical Community (Doctors, Nurses, Pharmacists)

This is clearly a group whose ability effectively to convey educational information and to understand the high importance of the programme must be harnessed.
The medical advisers are most frequently asked for reassurance and information. They are in an enviable position to make a significant contribution to the achievement of the campaign objectives.

PPR is particularly well-placed to gain the attention of medical community leaders, of the specialist magazines which service these groups and the medical journalists who write for them.

Moreover, the consultancy’s reputation within the professional groups is of a caliber which makes approaches for assistance and the supply of information relatively easy.

Special seminars to train the trainers in these groups are planned. Special information kits for thee people will be produced and distributed in seminars and through the representative bodies of the medical groups concerned with AIDS campaign. PPR is also in a position to harness the assistance of the Pharmacists throughout Australia. This group is prepared to act as a clearing-house for information. Recently, Pharmacists were given the opportunity to participate in an Aids and Hepatitis training course by the Pharmaceutical Society in NSW.

It is interesting to note that the Self-care Programme devised and implemented by PPR, currently running in NSW pharmacies and to be extended nationally in 1987, offers a unique opportunity to the AIDS campaign. PPR will be pleased to elaborate further on this as required.

PPR is currently working on a Fact Card about AIDS for the Self-Care Programme.

**Employer and Union Groups**

Extensive work has already been done by WHOM, by Health Departments around the world, by the ACTU and by nursing bodies to develop safe working practices for professionals and employees involved in health care services. There is little PPR can add to the guidelines already laid by these organizations.

The consultancy will, however, said in the dissemination of this health care standard to relevant health care and associated occupations. The consultancy proposes also to assists in training the trainers within employer and union groups and to provide up-dated information to educators and public relations officers within these groups.

House Journals within major organizations are an excellent way to extend the publicity and educational process. PPR will supply information and the publicity and educational process. PPR will supply information and news material from the Aids Information Service to Australia’s top companies for inclusions in their house journals.
Posters for employee bulletin boards are also part of the planned programme.

Media information relevant to editors of trade journals will also be disseminated through the Aids Information Service to be set up as part of the campaign.

**Government Departments and Legislators**

Safe Practice Guidelines have been developed by the relevant NSW Department, but there is some evidence that other Government Departments appear not yet to have appreciated the significance of the problem or of the importance of those safe working standards. It is clear that an educational programme should not overlook Government Departments or their leaders (the Legislators). PPR will ensure that the relevant material is forwarded and that Government notice boards and employee magazines have the required information.

For those Departments having a specific responsibility in Health and Education PPR consultants will need to arrange direct consultation meetings at top level to ensure that the education campaign is closely coordinated with the objectives and activities of the officers of these departments.

At the political level, PPR recommends that Ministers in all states and in Canberra be invited to special functions to view the campaign video documentary and to be introduced to the issues and the campaign. Where possible, members of NACAIDS should be available at these meetings to answer questions and for discussion.

**Community Service Group ... The Greatest Potential**

The remaining community groups (listed above) are seen by the consultancy to provide the means of communication which will help us to achieve the educational potential required. Clearly, the first group... the media....offer the greatest potential in publicity terms and a large part of the consultancy’s proposal canter on this group.

The others provide the networking opportunities and the means through opinion leader action and the ‘training the trainers’ programme....spelled out in greater detail below.
COMMUNITY GROUP STRATEGY

As in clear from the PR programme outlined here, the consultancy believes that the fastest and most effective way to spread the message...to augment the advertising... is to develop the networking process. To achieve this, PPR will undertake the following activities.

1. Hold a meeting of community group leaders. These people and groups will be identified and personally invited... preferably by letter signed by the Prime Minister... to attend an AIDS ACTION MEETING of supreme importance to Australia and the community they serve.

   This meeting will be designed to enlist the support of every organization represented in the network which could assist in spreading the message. To do this, delegates will be informed that they need to institute programmes within their groups to affect the required information transfer.

   They will receive kits and direction to assist them to “sell” the concept to their organizations, to select trainers, to motivate the rest of their groups to become involved. They will be encouraged to send the selected trainers to one of a series of “training the trainers” sessions to be staged as the next phase of this activity.

2. “Training the Trainers” seminars. PPR believes this will be a valuable on-going activity throughout the length of the campaign. The sessions will be held on a regular basis in conjunction with officers of educational sections of Health Departments and Health education teachers in each State. It is intended that these sessions be held in health regions to ensure that all potential trainers in the community have access to the information and the training programme.

   The trainers will be provided with information kits, access to training materials, bibliographies and reference to assist them in their work.

   All major meetings and local seminars can provide opportunities for media announcements before and after the seminars.

3. A newsletter/magazine will be developed to follow up on these contacts and re-motivate, provide new information, promote the train-the-trainer seminars, advertise up-date workshops, highlight new communication, report on successes, etc., to assist the trainers in their work within the community.
FOLLOW UP RESEARCH & PROGRESS EVALUATION

Grey/PPR believes that research projects to assess the effectiveness of campaign elements should be undertaken at intervals during the campaign’s 3-year duration. The value of this information in assessing which elements work and which need to be adjusted is stressed. Results achieved in community awareness of the problem and of the means to prevent catching the disease should be measured prior to commencement of the campaign and again at specified stages of the programme.
THE PUBLIC RELATIONS PROGRAMME .... BUDGET (ESTIMATE)

1. Pre-Production Period .... January 1987

2. The Launch Phase .... February-March-April 1987


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1. Pre-Production... Jan 1987

<table>
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<tr>
<th>ACTIVITIES</th>
<th>PRODUCTION</th>
<th>FEES (Syd)</th>
<th>FEES (0/States)</th>
<th>INCDTL</th>
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Meetings (all states)

With Journalists

- Community leaders
- Business leaders
- Health professionals
- Council Officers

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<th>Consultancy</th>
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<tr>
<td></td>
<td>135,000</td>
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2. The Launch Phase Feb March April 1987

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<td>Training Seminars</td>
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<td>(6 in large states, 3 in smaller)</td>
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<td>Media Launch/Satellite/PM’s Address to Nation</td>
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<td>92,000</td>
<td>54,000</td>
<td>148,000</td>
<td>26,000</td>
<td>320,000</td>
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3. Phase II May 1987 - January 1988

| New Print materials                                | 100,000          | 54,000     | 126,000         | 30,000  | 310,000     |
| New broadcast materials                            |                  |            |                 |         |
| Media kits/etc                                     |                  |            |                 |         |
| TOTALS Year I                                      | 327,000          | 145,000    | 302,000         | 76,000  | 850,000     |

**N.B.** All figures are strictly estimates and subject to refinement.
THE PROFESSIONAL PUBLIC RELATIONS GROUP

Professional Public Relations Australia Pty Ltd (PPR) is one of Australia’s largest locally-owned communication companies. It is represented in all Australian States and Territories. Their high calibers of work and staff have been recognized for many years by a wide range of clients and by the Public Relations Institute of Australia.

The institute has, on virtually an annual basis, awarded the consultancy Golden Target Awards in all categories for its excellence in communicating the messages of clients. PPR is proud of this recognition message packages which have been devised and implemented by the consultancy were “on target”.

In 1986, the consultancy was awarded the highest honour recognized by the PRIA – the Awarded for Best programme of the Year – for PPR’s comprehensive work for Hospital Corporation Australia. Also in this year, the consultancy gained international recognition for its work by winning a Gold Medal from the New York Film & Television Awards, for the production of a corporate videotape.

The consultancy has demonstrated its skill not only in developing successful communication strategies, but more importantly for its ability to implement those ideas in a most successful manner.

Professional Public Relations was established to service the requirements of professional bodies, health care groups and the pharmaceutical industry. Its founder and Chairman, Peter Lazar, has extensive experience in the health care and health education area. One of his earliest public relations tasks as the first Director of The Dental Health Education & Research Foundation was to undertake the communication work associated with the introduction of fluoridation into community water supplies in NSW.
His ten years of advertising experience as well as his organizational and writing skills demonstrated Peter Lazar’s capacity successfully to “sell” what was then a highly controversial subject and to position the dental profession in a much improved light through an imaginative community health education programme.

He established Professional Public Relations sixteen years ago, and although the Company’s activities have expanded to take in corporate and agricultural work, the consultancy remains the leader in the health care communication field. For instance, it has advised the Private Hospitals Association of Australia, The Pharmacy Guild of Australia, The Pharmaceutical Society of Australia, dentists, veterinarians, ophthalmologists, skin specialists and physiotherapists.

For the Pharmacists, PPR successfully developed and implemented a community “self-care” programme which relied on and enhanced the professional role of the Pharmacist.

School education programmes have been devised on several occasions to meet the needs of clients. Subjects have ranged from general health care to nutrition and epilepsy. Most recently, PPR Sydney has undertaken community education programmes for the NSW Department of Motor Transport including campaigns on Random Breath Testing, Driving under Medication and Speed Reduction.

Under the direction of Peter Lazar, the consultancy has attained high standing not only with the organizations, with which it has worked, but also with government bodies and with the media. Senior PPR consultants are in regular contact with the offices of State and Federal Ministers for Health and with the Ministers themselves.

It was in the boardroom of Professional Public Relations that the Australian Medical Writers’ Association was formed. This group represents all medical journalists and reporters from around Australia and is a highly influential group by way of its dissemination of health related issues to the public. PPR consultants have direct access to this group.
The writing of senior PPR consultants is evident in their reporting, presentations and media material.

In researching the background and preparing the content of this submission, PPR engaged the services of Dr Christopher Reynolds, who has extensive political, media and community awareness skills. If PPR is appointed, it would be the consultancy’s plan to apply Dr Reynolds’ experience and skills to the conduct of the AIDS campaign. His knowledge of the AIDS issue both in Australia and in America will augment the overall health education skills of the consultancy. Dr Reynolds has been employed by the United States Congress and has served as a senior professional staff member for the House Select Committee on Children Youth and Families. In this capacity he became involved in family health issues, with particular emphasis on the US AIDS campaign.

His work for the White House gained him a Presidential Commendation... the only Australian to be presented with such an award. He will bring unique experience and contacts to the programme. He is unquestionably an expert on the AIDS issue and is fully aware of what has occurred in other parts of the world at government, media and community levels and he is in a position to impart accurate information to all individuals on the subject of AIDS. He would be available to assist PPR in formulating messages and to plan strategies to reach the various target groups to be addressed by the programme.

Also based in the Sydney office of PPR is Richard Lazar, recognized as one of the most creative communication consultants in the health care field. Richard has undertaken highly successful projects for many professional associations, including pharmaceutical companies and health care institutions. A Sydney University graduate in Economics (majoring in industrial relations and marketing), and with ten years’ experience in communication consulting, he has real ability to identify issues, target audiences and to formulate the way in which important messages can be successfully communicated. HE is one of the new breed of communication consultants. He assesses a given situation and devises in great detail how best message can be delivered – whether it be through community or school education programmes, video, or brochures.
Ms Jan Lee Martin will also work on the campaign if the consultancy is appointed. In addition to being a highly successful business woman, she is also recognized as an excellent writer. Prior to establishing her own consultancy in 1971, which merged with PPR early in 1986, she worked as a journalist for major magazine as well as trade publications.

Her twenty years’ experience as a writer and editor means that she has both extensive media writing skills and a real knowledge of what the various media require. She writes accurately and to deadlines. Jan has worked for the Australian Medical Association, the NSW Nurses Association and has consulted for various pharmaceutical manufacturers.

At PPR Canberra, in the capacity of Joint Managing Director, is Robin Owen, an individual highly respected by the profession. His office has established several important working relationships with the Commonwealth Department of Health, with the Minister and with diver’s health bodies based in the national capital. PPR Canberra worked with the Health Department in the national launch of Nutrition Week, 1986.

In 1984, Robin Owen was appointed as public relations consultant to International Youth Year (1985). He established himself as a highly informed adviser in a politically sensitive area.

When the AIDS issue first became topical, he was a consultant public relations director to the Department of Veterans’ Affairs and was responsible for monitoring the situation and advising on developments to the Department’s medical staff.

The other Joint Managing Director of PPR Canberra is David Townsend, who worked on the introduction of decimal currency to Australia. David’s success in that difficult public awareness campaign is supported by his work for several Australian Censuses.

The consultancy’s Brisbane office is headed by Ms Christine Lohman, who is recognized as having an extremely in-depth knowledge of the print and broadcast media in Queensland. Her consultancy has participated in a wide range of health and nutrition matters during the past seven years.
For example, Christine launched the alcohol and drug programme for Belmont Private Hospital. She also planned and implemented a series of comprehensive seminars throughout Queensland for many private hospitals.

In 1986, PPR Brisbane co-ordinate the local aspects of the public launch of a new ulcer treatment. The task involved working with several medical practitioners in a satellite transmission from Hobart. The publicity for the product and the link-up were organized by PPR on a national basis.

Christine and her Brisbane colleagues have worked extensively with the Queensland Government particularly on health related issues. New Farm Clinic, Brisbane, was opened by the consultancy. Here PPR worked most successfully with Lady Bjelke-Petersen, many psychiatrists, general practitioners and the media.

PPR’s Melbourne office is strongly positioned to handle the AIDS brief due to its long-standing association with health care issues. The principal, Noel Armstrong, has been closely involved with the issues relating to AIDS and the Blood Transfusion Service. He is Committee Chairman of the Red Cross Donor Recruit Officers throughout Australia – a group that meets regularly to discuss the current blood donor situation.

The AIDS issue has, of course, been of major concern to the group for quite some time. Mr. Armstrong works closely with Prof John Ludbrook, National Chairman of the Red Cross Blood Transfusion Committee. Recently, in Geneva for the Australian Red Cross Society, Noel studied the most up-to-date audio-visual material on this subject from the USA.

Mr Bryan Glennon, who heads PPR’s Adelaide office, is recognized as the city’s publicity “doyen”. Bryan has operated a highly successful public relations consultancy for over ten years. His writing skills and extensive knowledge of the South Australian media make him an invaluable member of the PPR team.
In Western Australia, Ms **Stephanie Flynn** would control the programme. She too has considerable experience in community education programmes and has many years of public relations successes to her credit. She has an excellent knowledge of the requirements of the W.A. media. Prior to her move to Perth, Stephanie was public Relations Officer of the NSW Branch of The Pharmacy Guild of Australia. Current clients include several hospitals and medical-related organizations.

**Mr Paul Tapp** will undertake all public relations activities for the campaign in Tasmania. His knowledge of local media will be of great assistance.

The Northern Territory is an area sometimes forgotten when formulating communication programmes. However, PPR has an excellent working relationship with Mr **Clyde Adams**, an experienced communications professional operating in Darwin.

**Professional Public Relations** is one of the few consultancies capable of undertaking this most important health education programme. Indeed, many would argue that it is the only communication consultancy with the staff, relevant knowledge and proven track record to devise and implement successfully this national programme. Its knowledge of health care issues is second to none. Its associations with Government and contact with the health and general media are extensive.

PPR has a record of success in health programmes for dentistry, pharmacy, hospitals and on specific issues such as nutrition, litter reduction, alcohol abuse, and driver behaviour, Argentine Ant Eradication, Self-care in Pharmacy, dental health, cancer, epilepsy, asthma, arthritis and ulcers.

Because of its long association with health care issues, PPR will not have to be extensively educated prior to educating others.