

**Public Relations in Health Sector Reform:
The Experience from Cracow, Poland**

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Abstract

Countries around the globe are considering, planning and implementing major changes in their health care systems. In Poland reform was initiated at the local (city, county) level before the Health Insurance Act implemented nationwide changes on January 1, 1999. The city of Cracow embarked on a fairly extensive set of strategic changes during the period 1997 – 1999 that directly affected health care provided in that municipality and that played a part in national health policy development. From early on in the planning of its reform Cracow officials paid careful attention to public relations. This paper describes their efforts to communicate with the general public as the reform process unfolded. Public relations, while often acknowledged as an important element of the policy implementation process, is often not sufficiently addressed.

Introduction

Poland, like all of the formerly communist states of Eastern and Central Europe, is in the midst of a radical political, economic and social transition. This transition includes the health sector where major national changes have recently been implemented affecting both the financing and organization of care. The national reforms put into effect in 1999 followed about five years of experimentation with reform at the local (i.e. city and county) level. One of the cities leading the reform movement was Cracow, a city of approximately 800,000 inhabitants in South-Central Poland. The City had taken on responsibility for outpatient primary and specialty care, a substantial undertaking in a society where the government had dominated financing and provision of health care since the end of World War II.

Top municipal leaders in Cracow decided to make a number of strategic changes in the health care system in order to improve cost-effectiveness. They also concluded that their efforts were more likely to be successful over the long run if they made a substantial effort to communicate with the public about the nature and extent of the changes. Municipal government policy-makers have been popularly elected since the end of communism, and they knew that failures in such an important aspect of city service would carry grave political consequences. They also knew that public relations, regardless of its sector focus, faced the daunting legacy of the communist period. Citizens in Cracow were accustomed to "propaganda," and sustained a level of cynicism about government pronouncements that is unlikely to wane in the near future. This paper has been written to describe the use of public relations in Cracow's health reform efforts, rather than to shed light on the nature and mechanics of its health sector initiatives.

The American Heritage Dictionary of the English Language defines public relations as "the methods and activities employed by an individual, organization, corporation or government to promote a favourable relationship with the public." In this paper we are concerned about one government's ability to achieve that "favourable relationship" in general and in particular with regard to health policy reform efforts. The importance of this effort may seem apparent to most readers, but in fact insufficient attention to public relations has been common in public policy in general and in health policy in particular. This claim can certainly be applied to the United States where President Bill Clinton's administration quite recently and badly lost a public relations battle over health reform with private health insurance companies.

The City of Cracow initiated its health reforms in 1997, with assistance from several organizations with strong American ties. The Foundation for Public Health, affiliated with Jagiellonian University was providing technical assistance with its strategic planning efforts in health. Foundation staff and faculty members from the Harvard School of Public Health in Boston had formed a joint organization entitled the Harvard-Jagiellonian Consortium for Health. The Consortium studied and was involved in reforms across Poland but nowhere more substantially than in Cracow. Its activities were supported for approximately four and a half years by the United States Agency for International Assistance (USAID). The Consortium in turn had contracted with a Polish-American public relations consulting firm, Cracovian International Consultants (CIC) that provided PR assistance directly to Cracow city officials.

B. Designing The Public Relations Campaign

Elected officials had decided that the goal of the city's health reform effort was to increase consumer satisfaction with city-owned health services (i.e. outpatient care only) without substantially increasing municipal expenditures for health. Since the outcome sought was enhanced satisfaction, rather than for example increased technical quality, the need for assistance with public relations was even greater.

Officials placed the focus on consumer satisfaction because that was at the heart of the more general transition to a market economy. Citizens in Cracow were now accustomed to increased consumer sensitivity in the retail sector for example, where McDonald's and Addidas now competed for their attention with native Polish companies. They were not happy with the comparative lack of change that they were experiencing in public health facilities, where staff treatment of „customers” remained unaltered since the end of the communist period. City officials, after a lengthy strategic planning period, adopted the following changes in the health system:

1. Increased decentralization of managerial authority, including both budgetary and personnel decision-making, from the city Health Department to individual managers of the major four major (ZOZ) networks of outpatient clinics;
2. Free choice by all citizens of the clinic they are to frequent and the primary care physician (PCP) who is to manage all aspects of their care; and,
3. Encouragement of ZOZ managers to utilize performance compensation models for primary care physicians.

The chief architects of the reform, staff in the city Health Department, believed that the second provision was especially important. They believed that “consumer choice” was at the heart of their long-term strategy for increasing the quality of care. In addition they wanted financial incentives to be attached to that choice. For this first step of health reform they wanted the physicians who attracted larger “panels” of patients to receive greater compensation, a major change from their socialist inheritance where each provider received the same low salary independent of performance. (The senior city health officials envisioned the four currently geographically based ZOZs to be ultimately competing for patients across their traditional boundaries. They believed that citizens who now had the ability to select clinics and PCPs should also be able to select their health plan or ZOZ as well. And when that happened city officials wanted money to follow that choice as well, so that the more popular plans would also be those with the larger budgets).

Fundamentally the public relations campaign was designed to make consumers aware of their right to choose providers and to make those same providers feel the pressure of competition. City leaders were seeking changes in behaviour on both demand (consumer) and supply (providers, physicians, nurses and support staff) sides of the new quasi-market. They made the following two objectives explicit:

1. To inform citizens of changes taking place in outpatient clinics and to encourage them to make a choice regarding clinic and PCP; and,
2. To foster consumer sensitivity and ultimately market-driven mentality among the physicians and staff of the four networks (ZOZs) of outpatient facilities..

Health Department and CIC staff worked to further define their high priority consumer groups. Priority consumers were determined to be the most frequent visitors to outpatient clinics (based upon clinic records). This category was further divided into three segments for strategy development purposes, the elderly (over 60 years of age), including pensioners; mothers with children and adults of both sexes aged 30 to 60.

C. Conducting Consumer Research

The next stage of the process focused upon *research*. This consisted of:

1. Focus groups conducted with representatives of each of the priority consumer groups listed above (elderly, etc.);
2. Extensive analysis of mass media reports and press articles on health issues collected from the past two years; and,
3. Many interviews and group meetings held by CIC staff with the authors of the reform, ZOZ personnel and other staff of the Health Department to make sure that they (the public relations experts) understood the messages that were to be conveyed.

The research led to the following conclusions:

1. Ordinary (not involved in health care) citizens of Cracow had very limited information about the health reform measures being implemented.
2. On the whole the citizens participating in the focus groups preferred to see doctors in their private practices rather than in public clinics.
3. Informational leaflets promised to be an effective way to convey information.
4. The message of a leaflet should emphasize three important points:
 - Medical staff would become more competent and friendly as a result of the reforms;
 - The continuity of medical care would be enhanced; and,
 - Access to medical services would be increased.
5. Citizens were confused by terms commonly used in reports describing the reforms, labels such as *general practitioner*, *independent health care institution*, and *group practice*. Therefore, the content of a leaflet should comprise information on the new methods of operation of outpatient medical service institutions, and in addition should give a clear explanation of misunderstood terms.
6. Despite their confusion citizens were very interested in the changes taking place in health services.

D. Developing Messages for the Campaign

Senior officials in the Health Department as well as their advisors knew that the public needed to understand the reforms before social acceptance was even possible. They realized that their public relations campaign would have to be heavily educational to be effective.

They selected the following the following basic messages to convey:

1. Cracow is reforming outpatient medical services.
2. The reform of outpatient medical service will emphasize the following:
 - Competent and friendly medical personnel;
 - Easier and more convenient access to medical care;
 - Consumer choice of outpatient clinic and primary care physician; and,
 - Competition among outpatient clinics.
3. One of three forms of primary health care may be chosen by each citizen:
 - An individual primary care physician practicing in a public outpatient clinic;
 - A group (internist, gynaecologist, and paediatrician) practicing in a public outpatient clinic; or,
 - A general practitioner engaged in private practice.
4. Consumers could make their selections by completing and submitting a form in any city-owned outpatient clinic.

E. Identifying Communications Channels

The research also assisted project staff to identify the most effective means of communicating their messages to the public. The focus groups produced the following conclusions:

1. Consumers looked to the outpatient clinics and their personnel as their main sources of information about health and the health system.
2. Mass media (radio, television, newspapers) effectively raised awareness of issues but rarely provided information to any depth.
3. Articles and programs produced to date on the reforms had succeeded in raising interest on the topic but had also tended to confuse rather than inform consumers.
4. Leaflets and other printed materials distributed to homes are more effective if they are announced beforehand through mass media channels.

Health Department staff realized that the public relations campaign had to contain two complementary strategies, one to raise awareness through the mass media and a second to convey the critical content through written materials made available through the clinics (where approximately 20,000 visits were provided each day).

F. Enhancing Both Awareness and Competition

Project staff brainstormed on methods to creatively raise awareness of the reforms through the media while commensurately attending to the second of their two goals: "to foster consumer sensitivity and ultimately market-driven mentality among the physicians and staff of the four networks (ZOZs) of outpatient facilities."

Health Department officials decided to conduct a citywide competition among the clinics, with the basis of that competition described as "patient friendliness." Consumers recorded their ratings on written forms or ballots when they visited the facility for services. They utilized a five-point scale, the higher the number (1-5), and the friendlier the service. They placed the completed forms in a brightly marked and closed box in the clinic before departing. The competition was conducted over a period of eleven days. The budget total for the event was contained to approximately PLN 50,000 (approximately \$12,500 U.S.) due to the preponderance of "free" publicity provided by the media, and by the sponsorship of a pharmaceutical firm (Cracowskie Zak ady Farmaceutyczne Polfa/Pliva S.A.).

The starting date (September 1, 1998) for the campaign was carefully selected. At the beginning of a school year the number of medical consultations in outpatient clinics increases considerably. The appearance of ballots in the clinics was preceded by a press conference that announced the event and introduced the rules of the competition. By the close of the competition project organizers had collected 30 newspaper articles, 15 radio interviews, and 10 television reports. Posters were also ubiquitous. Priests announced the event twice in Cracow parishes during Sunday masses. One newspaper (Dziennik Polski) even ran a concurrent and complementary contest. The newspaper offered prizes to readers who could identify clinic doctors who were pictured in the daily over a period of five days. Prizes were offered.

The competition concluded with a large public event held in a major conference hall in the centre of Cracow on September 11, 1998. The winning clinic was announced to 150 invited guests included the Deputy Mayor of Cracow, a Senator, and several other members of Parliament, journalists, and directors of outpatient clinics.

Results

Follow-up survey research conducted two months following the contest confirmed the effectiveness of the campaign. 78.2% of interviewees knew about their right to choose a physician and an outpatient clinic, and 65.8% knew the procedure for choosing a physician. In addition 77.8% of respondents were informed about the general practitioner's tasks and functions, which is a novelty in the market for medical services. Of those surveyed 88.4% endorsed the idea of evaluating outpatient clinics on the basis of the type of competition just conducted. The persons surveyed also confirmed suspicions that television provided the most utilized mass media access.

ⁱ Morris, William, Editor, The American Heritage Dictionary of the English Language, Houghton Mifflin Company, Boston, USA1982.