



AMEC Communication Effectiveness Awards 2009

AHA – The RCP Tackles a Drink Problem

Company Name: Media Measurement Ltd (MML) **Client:** Royal College of Physicians (RCP)
Category: Best Use of Media Evaluation: Public Sector

Objective/Brief:

The Royal College of Physicians (RCP) is a professional body which aims to improve the quality of patient care by continually raising medical standards. It campaigns for change and advises the Government on key public health issues. Concerned that the Government had underestimated the damage that alcohol can have on health in 2007, the RCP, together with 23 other organisations that campaign to raise awareness of the health risks of alcohol, launched the UK Alcohol Health Alliance (AHA)¹.

To assist it in retaining membership to the European Alcohol and Health Forum (EAHF), it was imperative that the RCP was able to prove the effectiveness of its media activities relating to alcohol and health. In order to have the strongest impact, it was vital that the RCP gained an objective viewpoint. The RCP was also keen to measure the impact of the launch of the AHA. Having used MML for evaluation in 2006, the RCP again commissioned MML in May 2008 for its reputation for impartial evaluation, to analyse a sample of coverage about alcohol related health issues.

The core objectives of the evaluation were to:-

- 1. Demonstrate the extent to which the RCP had successfully generated discussion in the media on issues relating to health and alcohol consumption.**
- 2. Measure the RCP's success in promoting the AHA's aims by identifying the issues it discussed and examining the penetration of Key Messages.** The AHA aimed to highlight the rising levels of alcohol related harm, and propose evidence based solutions to reduce it.
- 3. Identify the strengths and weaknesses of the RCP's PR activities.** In doing so the RCP would be able to ensure that resources were prioritised effectively in future PR strategies.

The strategic information gained from the evaluation would be used to refine the PR and public affairs strategy for the AHA.

Strategy:

This new assessment needed to reflect the RCP's work in relation to influencing media coverage of alcohol issues as a priority.

In June 2008, the RCP provided MML with a sample of cuttings covering the date period from December 2007, when the AHA was launched, to June 2008. Eager to raise awareness of the health issues associated with alcohol use, and to promote effective measures to counteract these effects, the RCP was interested in understanding the main focus of each item. Specifically, it wanted to see the divide between items focusing on health, education and cost.

The RCP deliberately and proactively promoted six specific messages to the public, via the media, to support the AHA's aims. These Key Messages were promoted through media releases and information leaflets. They were designed to improve public awareness of the nature and scale of alcohol-related health issues, and promote effective evidence-based public health measures to tackle these problems.

The RCP had invested time and resources into communicating with the media and therefore required information on spokesperson performance, leading journals and media commentators, and most/least successful months so that it could identify the activities and people that were providing a return on this investment and those that were not.

Execution/Implementation:

Throughout June and July 2008, MML extracted the common themes within the coverage provided to form a structured set of messages that could be used to advise the RCP of the leading issues.

Gauging the **RCP's success in leading the discussion on alcohol issues** required an innovative approach, as MML had not been supplied with the details of any specific PR activity. MML devised two approaches that would provide measurable solutions to this objective. To demonstrate the proportion of coverage generated by the RCP's work and that which was generated by other groups or organisations, MML examined the stories and identified that they predominantly originated from eight different groups (such as a report released by the RCP or NHS figures). Each item was placed into one of these groups and a miscellaneous group was used to capture any remaining coverage ([Appendix 1](#)). Then MML monitored individuals and groups that journalists turned to for comment in their items. These spokespeople were grouped into source categories to provide insight into which were the most influential ([Appendix 2](#)).

Intelligent interpretation of each item was essential to ascertain the proportion of coverage focusing on health, education or cost issues. MML devised a terminology for each of these groups ([Appendix 3](#)) and each item was categorised to give insight into the coverage focus attracted by issues surrounding alcohol.

¹ www.rcplondon.ac.uk

MML wanted to ensure that the tone of coverage on alcohol-related health issues was kept separate from that directed towards the RCP. As a result, two separate message briefs were set up. The results from the two separate pieces of evaluation could then inform the RCP of those issues it was successfully communicating to the media and raising awareness of, and also highlight opportunities for it to develop its communications ([Appendix 4](#)). In addition, by combining the source categories with this information, MML was able to provide a graphic representation of the split by source category on each alcohol issue, which would highlight those issues where the RCP was leading the debate ([Appendix 5](#)), and those areas it could have more influence.

MML's perceptive evaluation would allow for an accurate assessment of Key Message penetration, as the general sense of the content was monitored, rather than the actual wording. In order to provide the RCP with more informative data, MML provided a breakdown showing each Key Message penetration ([Appendix 6a](#)) and the monthly breakdown ([Appendix 6b](#)). This information could be correlated with the PR activities to determine which had been most successful in communicating the messages.

In order to **highlight to the RCP the strengths and weaknesses of its PR activities**, MML tracked sources (external and internal) that discussed the various alcohol issues. The RCP made use of this information to determine the effectiveness of its spokespeople. MML also identified the most prominent journalists and journals. This information would help demonstrate which of the commentators with whom the RCP had engaged had responded as a result - and which had not. Furthermore, by providing a breakdown of coverage by month, the RCP would be able to see which months generated the most coverage and correlate this with any specific activity that occurred during that period.

Conclusions:

1. **The evaluation indicated that much of the coverage was generated by the RCP's proactive PR activity and hence it had been successful in leading media discussion. Nearly half (48%) of all coverage was identified as originating from the RCP's work ([Appendix 1](#)).** In the remaining 52% the RCP spokespeople were prominent as key influencers of alcohol related issues ([Appendix 2 & 5](#)), demonstrating how the media often relied on the RCP's expertise. Over two-thirds (69%) of media items focused on health issues related to alcohol ([Appendix 3](#)), concentrating on the Direct and Passive Effects ([Appendix 4](#)). As a direct result of the MML research, the RCP set up partnerships with a range of stakeholders to help support each others' media work, such as the Know Your Limits Campaign. In addition, in June 2009, the EAHF cited the MML report as an example of best practice in analysing the impact of the RCP'S media work. The RCP plans to repeat the exercise. Julie Hollings, Director of Communications & External Affairs, said, *'Externally, the evaluation allows us to demonstrate the impact the College is having on media coverage of alcohol issues so that we can underline our commitment to the EAHF and retain membership of this influential forum.'*

2. Among the top issues discussed by the RCP were Price & Availability, the Direct Effects of Alcohol Misuse and the Passive Effects ([Appendix 4](#)). The top Key Messages related to increasing taxation and better regulation ([Appendix 6a](#)). **This information, and the fact that 53% of items contained a Key Message, showed that the RCP was successfully meeting the AHA's aims of raising awareness of the nature and scale of alcohol-related health issues and promoting effective evidence based public health measures to tackle the problem.** The evaluation indicated an opportunity for RCP spokespeople to impart their expert knowledge on issues such as the impact of alcohol misuse on the NHS and the availability of treatment for alcohol-related problems. The RCP has since changed its strategy to track these issues, in line with policy priorities.

3. Through the monthly Key Message breakdown, it was apparent that Key Message penetration was strongest in December 2007 ([Appendix 6b](#)), correlating with the publication of an item in the *British Medical Journal* co-written by Professor Ian Gilmore, President of the RCP. **By correlating PR activity with MML's monthly item breakdowns ([Appendix 7](#)) and the proportion of messages attributed to each issue ([Appendix 8](#)), the RCP identified the most successful PR activities and those requiring further resources.**

The media analysis helped the RCP to identify those topics within the field of alcohol that were of greatest media interest. The College was then able to feed that back to the Alliance who were able to take that into account when commissioning research. At the end of 2008, the AHA surveyed the public on issues on pricing via YouGov. Then, earlier in 2009, the RCP and the Royal College of Nursing undertook a joint survey of physicians and nurses on treatment services. Professionals have also been surveyed on the Government's proposed code of practice for alcohol sales. The results were of genuine interest to the media and hence well publicised. As a result, the RCP has been able to apply a similar approach to other topics and RCP priorities, creating a synergy between the information most needed to underpin its policy and that of major interest to journalists, where these two approaches do not conflict. The RCP has also expanded its proactive PR programme which involves the PR Manager meeting particular journalists.

The PR Officer works closely with the Policy Officer and co-ordinates with Press Officers from other organisations within the AHA. Julie Hollings said, *'Working with MML has given us a real insight into our media profile and has helped us understand better how our Key Messages are received.'*

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Supporting Information

Company Name: Media Measurement Ltd (MML) Client/Campaign: Royal College of Physicians (RCP)
Category: Best Use of Media Evaluation: Public Sector

Appendix 1 – Item Origin

The origin of an item was determined by considering which organisation was responsible for generating the coverage. Each item was evaluated and placed into one of nine categories, to establish the extent to which the RCP was generating/leading discussion in the media. The origin categories were:-

Royal College of Physicians/Alcohol Health Alliance

NHS

Offices for National Statistics

Government

World Health Organisation

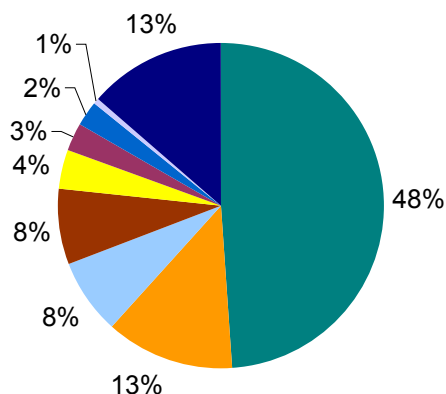
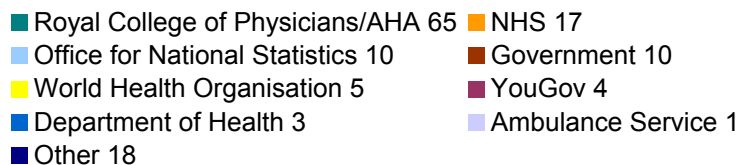
YouGov

Department of Health

Ambulance Service

Other

The split of items by their origin is shown in the pie chart below:-



Appendix 2 - Key Influencers of Alcohol Related Issues

During evaluation MML monitored individuals and groups that journalists turned to for comment in their items. These were then grouped into categories to give an insight into which were the most influential. The source categories were:-

Royal College of Physicians - representatives of the **RCP**

Charities/NGOs/Groups – representatives of Alcohol Concern, British Liver Trust etc

Government/Political – Ministers, MPs, Councillors etc

NHS/Trusts/Medical – GPs, BMA Spokespeople, Ambulance Service etc

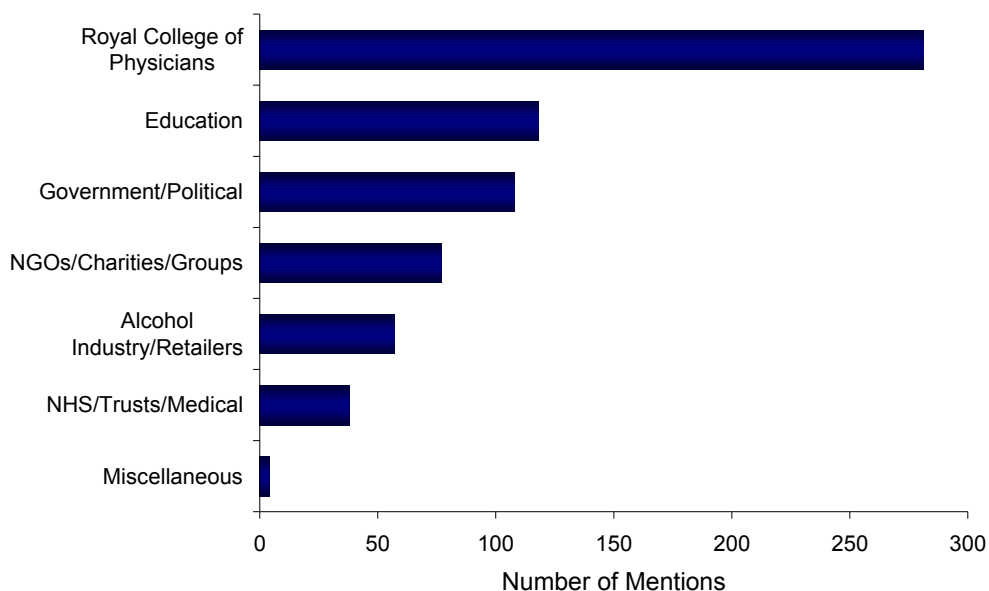
Education – Universities & Colleges, Professors etc

Alcohol Industry & Retailers – representatives of Wine & Spirit Trade Association, Sainsbury's etc

Miscellaneous – individuals that did not fit into one of the above groups.

Influence by Source Category

The chart shows the volume of messages where each category was used as a source within coverage.



Please note: mentions reflect the number of times messages are identified within context.

Appendix 3 - Item Focus

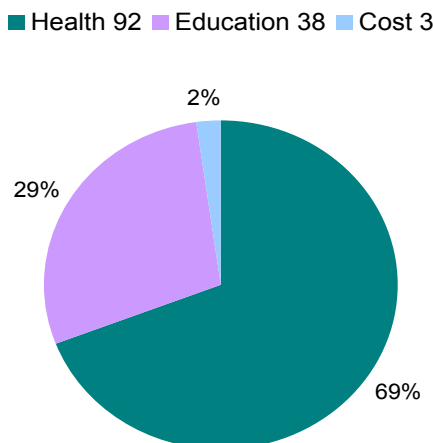
Each item was classed as one of three categories to give an insight into the focus of coverage which was attracted by issues surrounding alcohol. The categories were:-

Health - the item focused on the effects alcohol has on health (e.g. alcohol related deaths, hospital admissions, violence).

Education - the item focused on raising awareness of non-health specific issues associated with alcohol (e.g. size of wine glasses).

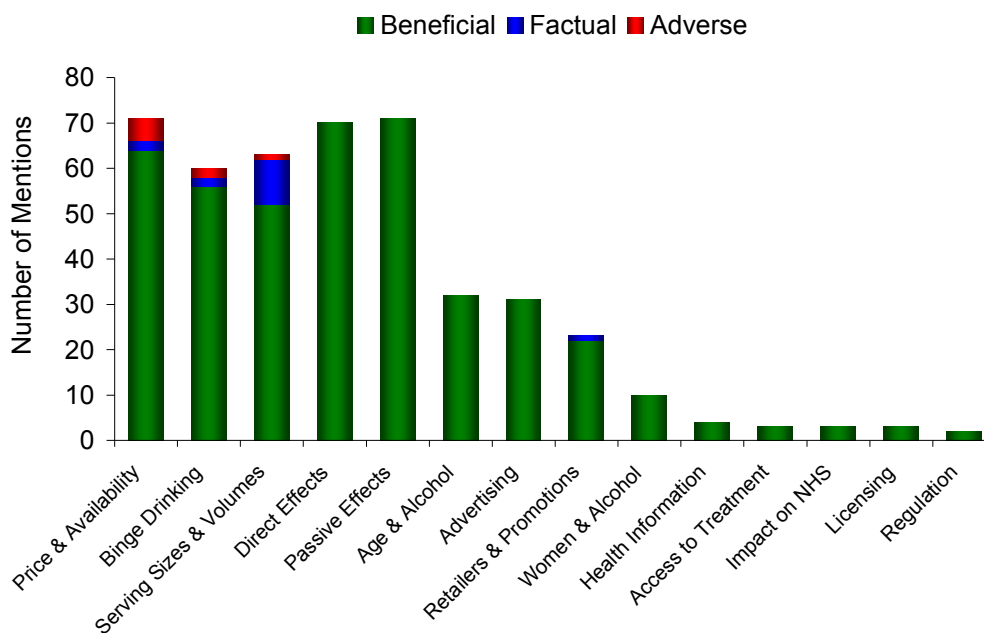
Cost - the item focused on the cost of alcohol to the NHS.

The split of items by their focus is shown in the pie chart below:



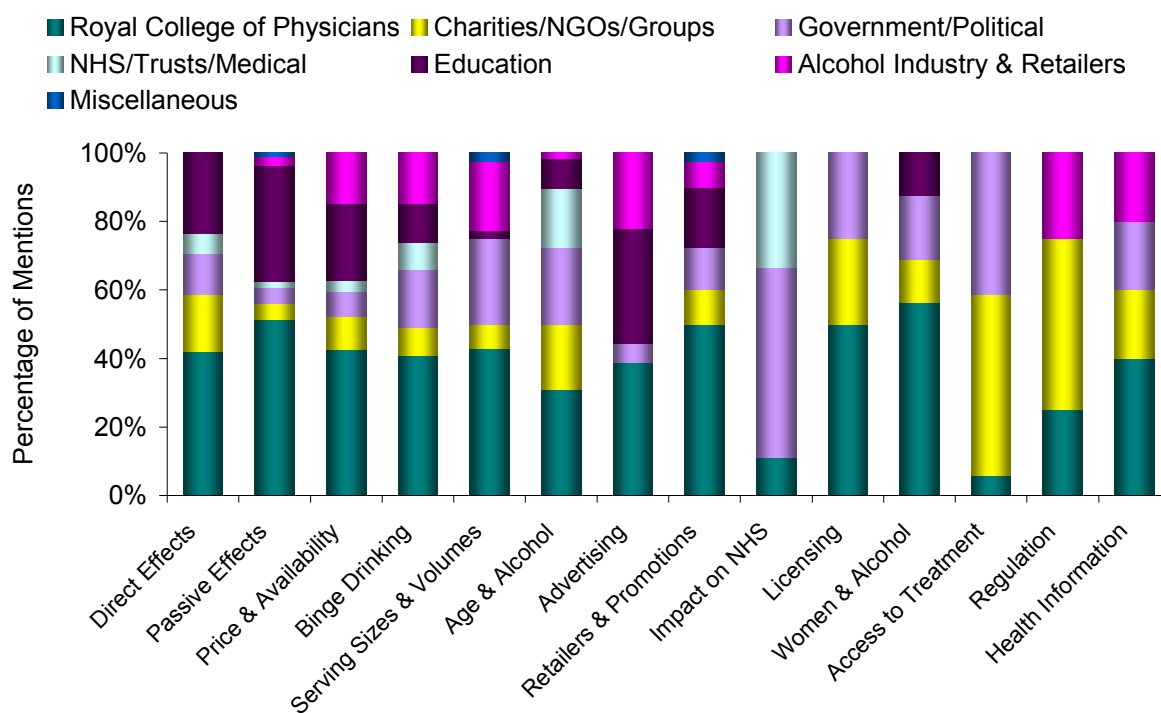
Appendix 4 - Alcohol Issues

This section summarises the issues that the RCP discussed and instances where a direct response was made to an issue raised by the RCP. Tone was tracked here in order to determine where media coverage assisted the RCP in its aim to raise awareness of alcohol related health issues, and promote effective evidence based public health measures. The tracking of adverse coverage highlighted instances where there was disagreement with the RCP.



Appendix 5 - Key Influencers by Issue

The chart below shows the split by source category on alcohol issues.



NB: An item could contain more than one source from each category and a source could be quoted on different issues.

Appendix 6a - RCP Key Message Delivery

Top Key Messages

Key Message	Items	B	F	A	Total Mentions
Taxation should be increased	44	43	-	4	47
Better regulation & ban advertising	30	30	-	-	30
Supermarkets & discounted alcohol	20	20	-	-	20
Too much is a health risk	14	14	-	-	14
Programmes should be funded	6	6	-	-	6
Cross-Government action	1	1	-	-	1

Appendix 6b - Key Messages by Month

The chart below shows the breakdown of Key Messages by month.

