

Requestors must comply with
Copyright law (Title 17 U.S. Code)

INTEGRATING SOCIAL MARKETING, COMMUNITY READINESS AND MEDIA ADVOCACY IN COMMUNITY- BASED PREVENTION EFFORTS

By Michael D. Slater, Kathleen Kelly and Ruth Edwards

ABSTRACT

Media advocacy and conventional social marketing approaches have been opposed as means toward promoting social goods by at least one critic and have their conceptual foundations in different disciplines. Nonetheless, media advocacy and public affairs approaches may complement social marketing efforts to influence individual behavior directly, by creating increased awareness and involvement with the topic, and more important indirectly, by influencing community climate and the likelihood of ongoing community support for prevention-oriented activities. The community readiness for prevention model provides a framework for planning and assessing communication and marketing interventions intended to influence community climate and practices. Conversely, media advocacy and public affairs activities may be used to support direct coalition-building intervention efforts intended to help increase community readiness. Conceptual foundations for these various approaches are reviewed, and an overall framework for use of media advocacy and public affairs approaches in the context of community readiness and social marketing is discussed.

THE WILLIAM D. NOVELLI AWARD

The William D. Novelli Awards for Innovation in Social Marketing were presented at the Innovations in Social Marketing Conference 2000 in Washington, DC.

The winning paper for Outstanding Contribution to Social Marketing Theory was written by Michael D. Slater, Kathleen Kelly and Ruth Edwards and was titled "Integrating Social Marketing, Community Readiness And Media Advocacy In Community-Based Prevention Efforts."

The winning paper for Outstanding Contribution to Social Marketing Practice was written by Kristen Joiner, Maura Minsky and Brenda Seals and was titled "By and For Youth: Lessons From the Sahel and Paris come to the USA."

All poster and oral sessions presented at the ISM conference are eligible to compete for one of the two William Novelli Awards, conferred each year at the discretion of the awards committee. Prizes of \$750 are available to the author(s). The award is named in honor of social marketing pioneer and Porter Novelli co-founder, Bill Novelli.

INTRODUCTION

Social marketing, with its focus on motivating individual behavior change, has been compared unfavorably to media advocacy (Wallack, 1990; Wallack & DeJong, 1995). Wallack argues that media advocacy—efforts to influence the content of news and entertainment communication—has the potential of influencing the social system and the political process. Most public health issues, as he points out, involve availability of resources and public policy decisions regarding restrictions on industry practice (as in the case of smoking) or access to health resources (as in cancer and other forms of screening). Concentrating public health resources and public funds on social marketing efforts, in this view, is at best a “Band-Aid approach,” deflecting attention from the public policy decisions that would make the larger public health impacts. Worse, the focus on changing individual behavior rather than public policy in a sense blames victims of public policy. By focusing on the need of the at-risk population to change their behavior, the need for public policy change is obscured.

This argument substantially contributes to the discussion of social marketing and related health communication efforts by drawing our attention to the social and political context in which individual behavior is imbedded. Opposing media advocacy and social marketing, however, is in our view a false dichotomy. At least, media advocacy and social marketing can be viewed as thesis and antithesis, with the opportunity for a synthesis that transcends the limitations of either.

In this paper, we propose a conceptual framework for integrating media advocacy and social marketing efforts

in order to influence community policy as well as individual health behaviors.

COMMUNITY DECISION MAKING, READINESS FOR CHANGE, AND THE MEDIA

THE NEED FOR COMMUNITY COMMITMENT TO PREVENTION EFFORTS

One inherent problem with many social marketing and other health communication, promotion, and education efforts is their short life span. Without sustained support, it is unlikely that the full potential of such social marketing or health promotion efforts can be realized. Therefore, community involvement in such efforts that may lead to maintenance of at least some program elements should often be a priority in social marketing efforts.

A stages of change perspective, for example, would suggest that continuing and varied efforts are required in a sustained way to move to behavior change persons who do not recognize or deny a health issue in their own lives (Prochaska, DiClemente & Norcross, 1992; Slater, 1999). Community involvement in efforts that may lead to adoption, in an ongoing way, of at least some program elements should often be a priority in social marketing and health promotion efforts. Such adoption, however, requires political and organizational commitment, as financial and personnel resources will have to be raised or reallocated to support these efforts. Moreover, as Wallack's critique suggests, often the most important interventions involve political decisions, such as the willingness to enforce alcohol beverage control regulations or laws regarding youth access to tobacco products. Similarly, relatively few school districts have mustered the support to institute validated, research-based drug education

programs such as LifeSkills Training or All Stars, despite federal encouragement for the use of such in-school interventions.

Social marketers have noted that lack of broad community involvement can limit the success of campaign implementation (Kelly, Swaim & Wayman, 1996). While some contemporary social marketing efforts have made significant progress in taking community-based approaches, notably the recent Prevention Marketing Initiative (Barnes, 2000; Hare, et al., 2000; Strand, Rosenbaum, Hanlon & Jimerson, 2000), further progress should be facilitated by a greater conceptual understanding of working with communities on human behavior change issues and by exploring the possible utility of media advocacy and other communication-based approaches in supporting community-based efforts.

THE COMMUNITY READINESS MODEL

Community leadership, both elected and informal, vary in systematic ways in their readiness to undertake and commit resources to preventive health efforts (Bukoski & Amsel, 1994; National Institute on Drug Abuse, 1997; Weisheit, 1984). A recent program of research has developed a model that describes stages of community readiness and their implication for communication and other interventions (Oetting, et al., 1995; Edwards, Thurman, Plested, Oetting & Swanson, 2000). This community readiness model is loosely modeled on Prochaska and DiClemente's stages of change model for individuals as well as on social action process models in the community development literature (Warren, 1978).

Based on extensive studies of communities (assessment surveys have

been carried out in almost 400 communities to date), nine stages have been distinguished. The first two stages correspond to the precontemplation stage in the transtheoretical model. In the first stage, "no awareness," the problematic behavior is normative and accepted. In the denial stage, the generally-shared community perception is that the problem does not exist locally or that change is impossible. When a community enters the vague awareness stage, community leaders are beginning to recognize the existence of a local social problem around the target behavior, but are not motivated to act in an organized fashion, comparable to contemplation in the transtheoretical model.

In the preplanning stage (intermediate to contemplation and preparation in the transtheoretical model), community leaders and activists recognize the problem and agree that something needs to be done, but have at best undertaken individual efforts and not concerted action in terms of community policy, resources, and support. Preparation involves active planning and coordination among important elements of the community to direct community resources in a concerted effort to change the behavior. There are two stages that correspond to action in the transtheoretical model: Initiation involves the implementation of such coordinated efforts. Stabilization indicates that there is at least one and possibly two such efforts operating, stable and ongoing. Similarly, there are two stages that correspond to the maintenance stage in the transtheoretical model. Confirmation/expansion involves recognition of limitations and attempts to improve these ongoing programs.

Professionalization is marked by sophistication, line-item funding, professional staffing, training, and effective, continuous evaluation.

This community readiness model can be used to identify appropriate community action, marketing, and communication interventions at each stage (Donnermeyer, et al., 1997; Plested, Thurman, Edwards & Oetting, 1999). For example, at the denial stage, it would be unproductive to use media messages suggesting local action steps such as calling hotlines, volunteering, etc., because there is little or no recognition that the problem is a local one. When a community is at the vague awareness stage with respect to a given social problem (they have begun to recognize that perhaps there is a local problem), efforts should be targeted at focusing attention on the problem as a community issue, e.g., pointing out monetary loss to local companies due to lost work time related to substance use.

Moreover, direct interventions in the form of training workshops have been developed to help community prevention leaders move their communities further along in the community readiness continuum. These workshops introduce the model, illustrate how it can be used and then directly involve community members in using the model to assess their community's readiness. They evaluate the strengths and challenges in their communities and devise stage-appropriate strategies aimed at utilizing and addressing them (Edwards, et al., 2000; Plested, et al., 1999). Such interpersonal, training-based interventions are well within the tradition of community development efforts. However, such efforts have the potential to be effectively supplemented through

coordinated use of media advocacy and more conventional social marketing approaches.

MEDIA AND COMMUNITY READINESS

There are several significant research traditions examining aspects of the impact of mediated communication on community conflict, policy, and decision making. Research on agenda-setting has documented the impact of media coverage on priorities for public policy debate (McCombs & Shaw, 1972) and in influencing health behavior via impact on legislation (Yanovitzky & Bennett, 1999). Similarly, research on community conflict and decision making has highlighted the importance of local media coverage in that process (Olien, Donohue & Tichenor, 1984; Tichenor, Donohue & Olien, 1980). More recently, research on framing, or "second-order" agenda-setting effects, suggests that the contextualization or slant of media coverage may also influence the way issues are understood by activists and policy makers as well as by the public (Fan, 1996; Cole, Eyles, Gibson & Ross, 1999; Ghanem, 1997; Murphy, in press). Recent work in health policy has also emphasized the importance of the media in impacting structural factors that shape health behaviors (Cohen, Scribner & Farley, 2000).

Some ways in which media advocacy efforts might support efforts of prevention leaders and activists in a community are fairly obvious. For example, increased coverage of the target behavior, such as substance abuse or domestic violence, increases the likelihood that policy makers will provide public resources to address the issue. Editorial support also is valuable in this regard. In fact, press coverage of task force or coalition efforts provides both visibility and legitimacy

for such coalitions, which in turn tends to increase access to political leadership and business sponsorship. One of the key elements of the community readiness model is the community climate, or public opinion, with respect to the issue. The community conflict literature would suggest that media advocacy has the potential to influence community climate (Olien, et al., 1984).

Moreover, media advocacy and public affairs efforts have the potential to support efforts to change individual behavior more directly. Research in the public relations field has shown that increased recognition of the problem associated with the target behavior should result in increased attention to and processing of communication about that behavior (Grunig, 1989). In other words, media coverage should increase recognition of the problem and cognitive involvement with the issue. This increased involvement, from a stages of change perspective, may be an important achievement in its own right for those individuals who are unaware of or who tend to deny the problem in their own lives (Prochaska, et al., 1992). In the community readiness model, this would correspond to moving from the denial stage through vague awareness to preplanning. As stage of readiness progresses, such increased involvement and attention should mean increased attention to, and potential effectiveness of, traditional social marketing activities concerned with individual behavior change.

It seems, then, that planned efforts to influence the media environment—known as media advocacy in the public health field and as public affairs or media relations almost everywhere else—may have significant potential to

support efforts to influence community policy and use of resources (see also Van Leuven & Slater, 1991 for a more detailed discussion of this process). Similarly, such efforts have the potential to increase the involvement and receptivity of audiences for a more conventional social marketing effort. However, difficulties typically arise when one combines approaches based in different intellectual and practical traditions. Following are some of these difficulties and how they may be addressed.

INTEGRATING MEDIA ADVOCACY/ PUBLIC AFFAIRS AND SOCIAL MARKETING: A CONCEPTUAL AND PRACTICAL FRAMEWORK

The current state of the art, practically and conceptually, does not lend itself to an easy integration of media advocacy or public affairs approaches with conventional social marketing efforts directed primarily at individual behavior change. Part of the problem lies in the parent fields of marketing and public relations and how each has conceptualized their relationship with the other.

Marketing, the parent field of social marketing, has taken the first steps in attempting an integration. Integrated marketing communication (IMC), which views advertising, promotion, and publicity efforts as a seamless whole (Goldman, 1990; Schultz, Tannebaum & Lauterborn, 1994), is well accepted as a strategic approach and is widely taught in business schools and advertising programs. Certainly, social marketers embraced such creative combinations of strategies even before the IMC terminology gained wide currency.

However, from the public relations standpoint, IMC, with its emphasis on

the media as a source of publicity for products and events, takes a very limited and partial approach to media relations and media advocacy efforts. As a result, some influential authorities in the public relations field have often been quite critical and even hostile regarding IMC. For example, publicity in support of marketing has been dismissed as not even being a form of public relations because of its focus on the customer to the relative exclusion of other stakeholders (Cutlip, Center & Broom, 1994; Grunig & Hunt, 1984), and marketing executives have been accused of "encroaching" by overseeing public relations functions without a real understanding of such functions (Lauzen, 1992; see Hallahan, 2000 for a more expansive view of the use of media in public relations).

Perhaps the key difference between the traditional marketing and the media advocacy or public affairs perspectives is how the mutual relationship between the audience for and the sponsors of the communication/social marketing effort is conceptualized. Marketers focus on exchange theory—understanding consumer "product" needs, perceived costs, and preferred place via research—and communicating benefits from the consumer perspective (Andreasen, 1997; Smith, 1997). Social marketers differ in their use of exchange theory from traditional marketers by their understanding that the marketed behavior or consumption should benefit the consumer and the larger community in terms of well-being rather than in terms of hedonic benefit. In public relations, the focus is on identifying shared interests among interest groups, typically from a resource, political, or ideological framework, and managing consensus or conflict, usually from a

systems theory vantage point (Cutlip, et al., 1994; Grunig & Hunt, 1984), though sometimes game theory or other conceptual models are also used (Christen, Taylor & Slater, 2000; Murphy, 1991).

In commercial marketing and public relations contexts, these two frameworks tend to overlap, primarily at points of crisis in consumer confidence (Goldman, 1990). However, in the social marketing context, the exchange and systems frameworks are often fundamentally overlapping or interdependent. Social marketing, after all, is social. That is, it addresses behaviors of social concern, with implications for the social fabric within a community. It is social in another respect as well: Social marketing efforts are typically publicly sponsored and supported (via charitable organizations if not government) and depend upon public commitments of resources as well as public agency willingness to accept the cost of conflict if the topic is controversial. Therefore, building coalitions and establishing and managing community support are always useful and often essential, especially if one hopes for sustained efforts beyond the time frame of external sponsors (Bracht, 1990).

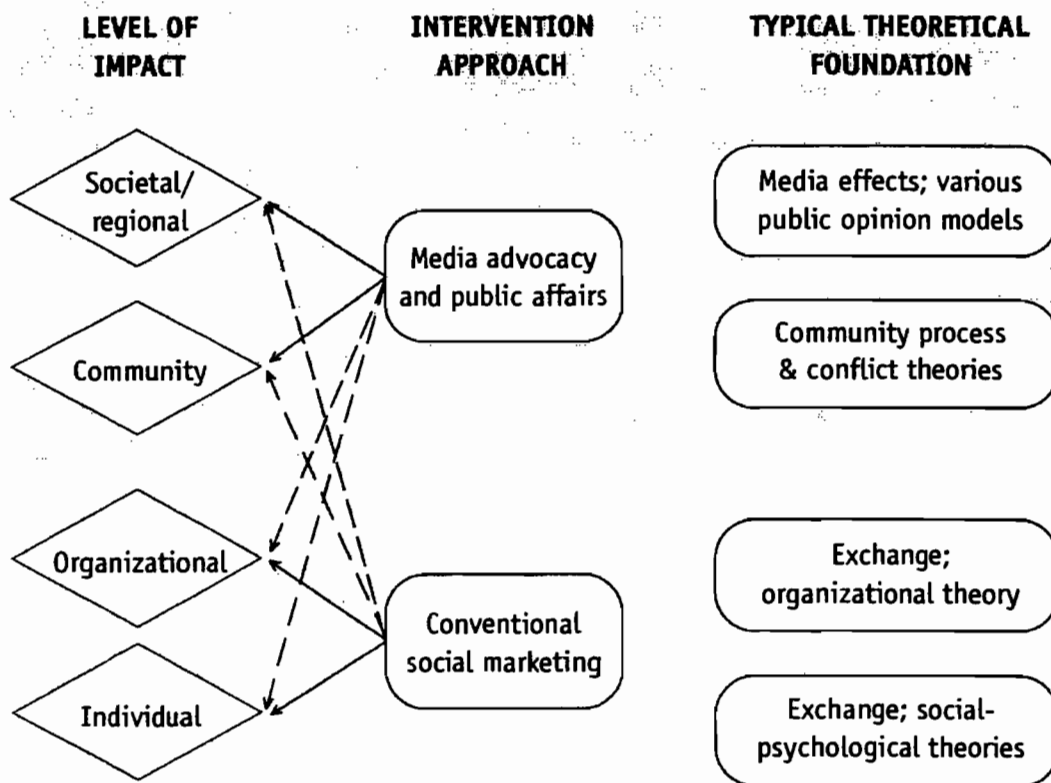
The concept of social capital provides another way to understand these issues. Social capital refers to the capacity of a community for collective action on behalf of members of that community, and evidence suggests that social capital is an important predictor of well-being in communities (Deweese, 1998; Flora, 1998). Obviously, social marketing interventions require capital expenditures of some kind to develop, implement, and evaluate. However, capital in the form of dollars to spend is not the only requirement to sustain

interventions. The community must have an adequate formal or informal organizational infrastructure and the will to commit the necessary resources of time or money. The use of public affairs approaches and media advocacy to support community readiness efforts may be viewed as an inexpensive way to help a community leverage its social capital.

Figure 1 provides a schematic representation of how media advocacy/public affairs and more conventional social marketing approaches are complementary in terms of covering the various levels of social, community, organiza-

tional, and individual impact. It is important to note what one may call "cross-over" influences. The utility of media coverage in reinforcing efforts to change individual behavior already has been noted. Similarly, one should also note the potential for even conventional social marketing efforts that focus on individual behavior change to increase policy maker and media attention to prevention issues. The figure also identifies the major literatures that describe the processes by which such effects may take place.

FIGURE 1



Schematic representation of the relationship of conventional social marketing and media advocacy/public affairs across levels of impact. (Note effects of each approach across levels, as discussed in text.)

**MEDIA ADVOCACY, PUBLIC AFFAIRS,
AND SOCIAL MARKETING:
AN EMERGING PARTNERSHIP**

Mutual misunderstanding, although common in partnerships, is not mandatory. There is no reason why health and other public interest communicators and social marketers—theoreticians or practitioners—need suffer from the same intellectual parochialism as turf-conscious academics. In particular, community-based efforts such as the Prevention Marketing Initiative lend themselves to an integration of media advocacy or public relations approaches with social marketing efforts (Strand, et al., 2000). Putting community leadership and organizations not merely in an advisory role but at the center of intervention efforts, as in the community readiness model, opens a range of exciting possibilities.

Earlier, we briefly summarized some of the ways that local media advocacy and public affairs efforts can support community development and coalition-building activities, as well as potentially increase receptivity of community members to a social marketing effort by utilizing messages and marketing approaches consistent with the readiness level of the community. Such approaches include increasing the salience and visibility of the target behavior and related social issue to political decision makers and community activists, building legitimacy for an issue-related community coalition, and increasing individual awareness of and involvement with the issue.

The synergy of social marketing and media advocacy/public relations efforts goes considerably further. Building the skills of community members to address social problems, utilizing a developmental approach such as the community

readiness model, has lasting effects that are transferable to issues other than that which may have been originally targeted. Development of public affairs efforts based in the community may result in a core of community activists who can directly support social marketing efforts aimed at critical community issues, sponsor special events and use their contacts with local media to improve placement of public service messages. Volunteers can be identified through such organizations to help track and monitor social marketing efforts for evaluation purposes.

Conversely, social marketing efforts can support the development of the visibility of community coalitions and their members. Promotional events make service providers that much more visible to community members. Brochures on the issue, included with a panel in which local referral resources are highlighted, serve both to influence behavior and support local activist organizations and programs. And, of course, from both an IMC and public relations perspective, reinforcement of a message via media, promotions, events, and literature is highly desirable.

Such approaches are not in themselves novel; the Stanford Five-City Project, for example, included highly sophisticated media advocacy elements (Farquhar, et al., 1990; Flora & Cassady, 1990), and certainly community-based social marketing interventions are not new either (Finnegan, Bracht & Viswanath, 1989; Middlestadt, Schechter, Peyton & Tjugum, 1997; Strand, et al., 2000). However, the conceptual implications of such efforts are not always well understood. In such contexts, social marketers are moving beyond the scope of traditional exchange theory into the

In this case, then, the use of media advocacy and social marketing is not only a tool to support community development around prevention, but may become one of the principal foci of such development.

domains of system and community process theory. In so doing, the theoretical foundations of social marketing must be conceived in a broader and more interdisciplinary way.

A corresponding practical challenge is that community needs and the composition of community task forces or coalitions are inevitably highly variable. From both a marketing and public relations perspective, the community coalition or task force ideally should be conceptualized as the client, to whom the marketer or communicator provides services. Obviously this is possible only to a limited extent. Tailoring traditional social marketing and media advocacy efforts is resource-intensive, and the basic mission of the social marketing effort cannot be adapted beyond a certain point to meet community requirements. However, a reasonable middle ground, as the success of the Prevention Marketing Initiative suggests, can be found.

TOWARDS IMPLEMENTING AN INTEGRATED PUBLIC AFFAIRS/SOCIAL MARKETING EFFORT: AN EXAMPLE

We are in the early stages of an effort to execute and evaluate some of the approaches proposed above, in the context of adolescent substance-abuse prevention. Some of the initiatives that we have developed to date may help illustrate some of the opportunities and challenges of integrating media advocacy and social marketing efforts in a community-based context.

Our basic approach to resolving the tension between individualizing communication efforts and resource costs is to develop a menu of available communication tools. Some tools we have conceptualized prior to initiating this project; others have emerged in response to needs expressed by communities. The need to increase the visibility of community prevention activists, and to educate community members about substance abuse prevention, can often be met by the same tools. We are in the process of developing, for example, a brochure as described above that focuses on referring concerned youth and parents to local service providers and national information resources. We are developing columns on substance-abuse prevention issues to be revised if desired and bylined by local prevention specialists, for publication in local newspapers. We also have developed a query letter offering local media access to human interest stories from various local prevention and treatment service providers. Of course, the usual series of press releases regarding the formation of a coalition (if it is a new organization), the announcement of events, and the communication of local and national data regarding substance abuse are also available for localization.

The execution of special events is another option that some communities embrace. We suggest a variety of events and can provide basic publicity materials and information about logistics. We have

a series of easily localized print ads, posters, and tray liners that are disseminated primarily through the schools (an in-school intervention is also part of this study, but is not relevant to this particular discussion). We ask coalition members to encourage their use by local media as public service announcements.

In at least one community, we have found an unanticipated benefit of the emphasis on media advocacy. It appears that a shared interest in media exposure for the issue and for the organizations involved has provided a basis for prevention leaders to begin working together in ways that had rarely if ever taken place previously. In this case, then, the use of media advocacy and social marketing is not only a tool to support community development around prevention, but may become one of the principal foci of such development.

One unanticipated focus was on the problem of coordination among community leaders and activists in substance abuse prevention. Leaders in one community emphasized that, immersed in their day-to-day efforts, they did little in a concerted way despite real challenges in mobilizing community political leadership and public opinion. Based on that input, we are developing a Web site designed to serve as a community development intranet for communities in this intervention effort. It will include a bulletin board and calendar, address book, and listserv to facilitate communication and coordination between prevention professionals in each community, as well as links to a variety of information resources. In the longer term, we hope to move many of our media advocacy and social marketing tools onto this Web site, in order to develop an inexpensive

mechanism for disseminating these tools into communities.

METHODOLOGICAL UTILITY OF THE COMMUNITY READINESS APPROACH

One emerging advantage of the community readiness-based approach is the use of community readiness assessment. The audience research efforts, which are such an important part of social marketing, can be supplemented by community assessment research (Donnermeyer, et al., 1997) to identify the community-level issues that should be addressed in the media advocacy efforts, as well as to guide more traditional social marketing activities. Even the in-person community readiness training effort serves as a valuable formative research tool, providing extensive discussion of issues and nominal group style brainstorming in addition to eliciting commitments to work toward prevention goals.

Community readiness assessments, and the community readiness stage approach, may prove useful in another respect. A recent review has commented upon the lack of hard evidence for coalition-building approaches impacting community or individual health status, noting that expectations for change are often unrealistic, or that the causal process for such effects are hard to identify and measure (Kreuter, Lezin & Young, 2000). The community readiness model suggests that in most cases, the impact of an intervention may move a community substantially closer to action, perhaps by moving the community from preplanning to initiation. Such movement, while quite important in terms of the future of prevention activities in the community, still is unlikely to result in

prevention activities at the level that would show measurable results in health status or behavior at the community level. Community readiness assessment provides a method for identifying progress along a stages continuum comparable to Prochaska, et al.'s (1992) transtheoretical readiness for treatment model (see Slater, 1999 regarding implications for campaign evaluation).

CONCLUSION

In theoretical terms, the integration of media advocacy/public relations and social marketing efforts is logical. In many applied settings, efforts such as the Stanford Five City Project have used elements of such an integration for years. Integrating media advocacy and public affairs techniques with social marketing appears to have particular potential in community-based interventions, when the objectives of the effort include supporting community leadership in developing the capabilities, tools, support, and infrastructure to sustain prevention efforts. Described in practice, these efforts appear to be barely more than common sense. Nonetheless, integration of media advocacy and social marketing has been poorly recognized and described in the literature. Partly as a result, it has not been incorporated systematically into planning and execution of social marketing efforts. It is our hope that this discussion will help remedy this lack, and will encourage further efforts to integrate media advocacy and social marketing efforts both conceptually and practically.

ABOUT THE AUTHORS

Michael D. Slater, Ph.D., is Professor of Journalism and Technical Communication at Colorado State University in Fort Collins, CO. He recently served as Principal Investigator of National Institutes of Health-funded studies of media- and community-based substance abuse prevention efforts. His research interests include communication and agricultural safety, consumer education regarding pesticides and inhalant abuse prevention. In 1998, he received the Lewis Donohew Outstanding Scholar in Health Communication Award at the Conference on Health Communication at the University of Kentucky.

Kathleen Kelly, Ph.D., is Associate Professor of Marketing at Colorado State University. Her research interests are in social marketing and social advertising.

Ruth Edwards, Ph.D., is a Research Scientist and Administrative Director of the Tri-Ethnic Center for Prevention Research at Colorado State University. Her research, which has primarily focused on rural communities, investigates a variety of social problems including adolescent alcohol and drug use, intimate partner violence and other types of violence and victimization.

REFERENCES

- ANDREASEN, A. R.** (1997). Challenges for the science and practice of social marketing. In M. E. Goldberg, M. Fishbein & S. E. Middlestadt (Eds.), *Social marketing: Theoretical and practical perspectives* (pp. 3-20). Mahwah, NJ: Lawrence Erlbaum.
- BARNES, H. M.** (2000). Collaboration in community action: A successful partnership between indigenous communities and researchers. *Health Promotion International*, 15, 17-25.

- BRACHT, N.** (Ed.). (1990). *Health promotion at the community level*. Newbury Park, Ca: Sage.
- BUKOSKI, W. J., & AMSEL, Z.** (Eds.). (1994). *Drug abuse prevention: Sourcebook on strategies and research*. Westport, CT: Greenwood Publishing.
- CHRISTEN, C., TAYLOR, J., & SLATER, M. D.** (2000). *A coorientational approach to analyzing obstacles to negotiation among interest groups*. Manuscript submitted for publication.
- COHEN, D. A., SCRIBNER, R. A., & FARLEY, T. A.** (2000). A structural model of health behavior: A pragmatic approach to explain and influence health behaviors at the population level. *Preventive Medicine, 30*, 146-154.
- COLE, D., EYLES, J., GIBSON, B. L., & ROSS, N.** (1999). Links between humans and ecosystems: The implications of framing for health promotion strategies. *Health Promotion International, 14*, 65-72.
- CUTLIP, S. M., CENTER, A. H., & BROOM, G. M.** (1994). *Effective public relations* (7th ed.). Englewood Cliffs, NJ: Prentice-Hall.
- DEWEES, S.** (1998). *The role of social infrastructure in rural community economic development in Kentucky, 1970-1990*. Unpublished doctoral dissertation, University of Kentucky at Lexington.
- DONNERMEYER, J. F., PLESTED, B. A., OETTING, E. R., EDWARDS, R. W., THURMAN, P. J., & LITTLETHUNDER, L.** (1997). Community readiness and prevention programs. *Journal of the Community Development Society, 28*.
- EDWARDS, R. W., THURMAN, P. J., PLESTED, B., OETTING, E. R., & SWANSON, L.** (2000). Community readiness: Research to practice. *Journal of Community Psychology, 28*.
- FAN, D. P.** (1996). Impact of the mass media on calls to the CDC National AIDS Hotline. *International Journal of Bio-Medical Computing, 41*, 207-316.
- FARQUHAR, J. W., FORTMANN, S. P., FLORA, J. A., TAYLOR, C. B., HASKELL, W. L., WILLIAMS, P. T., MACCOBY, N., & WOOD, P. D.** (1990). Effects of community-wide education on cardiovascular disease risk factors: The Stanford Five-City Project. *Journal of the American Medical Association, 264*, 350-365.
- FINNEGAN, J. R., BRACHT, N., & VISWANATH, K.** (1989). Community power and leadership analysis in lifestyle campaigns. In C. T. Salmon (Ed.), *Information campaigns: Balancing social values and social change* (pp. 54-84). Thousand Oaks, CA: Sage.
- FLORA, J.** (1998). Social capital and communities of place. *Rural Sociology, 63*, 481-506.
- FLORA, J. A., & CASSADY, D.** (1990). Role of media in community-based health promotion. In N. Bracht (Ed.), *Health promotion at the community level* (pp. 143-147). Newbury Park, CA: Sage.
- GHANEM, S.** (1997). Filling in the tapestry: The second level of agenda setting. In M. McCombs, D. Shaw & D. Weaver (Eds.), *Communication and democracy: Exploring the intellectual frontiers of agenda-setting theory* (pp. 3-14). Mahwah, NJ: Lawrence Erlbaum.
- GOLDMAN, J.** (1990). *Public relations in the marketing mix*. Lincolnwood, IL: NTC.
- GRUNIG, J. E., & HUNT, T.** (1984). *Managing public relations*. New York: Holt, Rinehart, and Winston.
- GRUNIG, J.** (1989). Sierra club study shows who becomes activists. *Public Relations Review, 15*(8), 3-24.
- HALLAHAN, K.** (2000). Strategic media planning: Toward an integrated public relations model. In R. L. Heath & M. Vasquez (Eds.), *Handbook of public relations*. Thousand Oaks, CA: Sage.
- HARE, M. L., ORIAN, C. E., KENNEDY, M. G., GOODMAN, K. J., WIJESINHA, S., & SEALS, B. F.** (2000). Lessons learned from the PMI case study: The community perspective. *Social Marketing Quarterly, 6*(1), 54-65.
- KELLY, K., SWAIM, R., & WAYMAN, J.** (1996). The impact of a localized antidrug media campaign on targeted variables associated with adolescent drug use. *Journal of Public Policy and Marketing, 15*, 238-251.
- KREUTER, M. W., LEZIN, N. A., & YOUNG, L. A.** (2000). Evaluating community-based collaborative mechanisms: Implications for practitioners. *Health Promotion Practice, 1*, 47-61.

- LAUZEN, M. M.** (1992). Effects of gender on professional encroachment in public relations. *Journalism Quarterly*, 69, 173-180.
- MCCOMBS, M., & SHAW, D. L.** (1972, Spring). The agenda-setting function of mass media. *Public Opinion Quarterly*, 36(1).
- MIDDLESTADT, S. E., SCHECTER, C., PEYTON, J., & TJUGUM, B.** (1997). Community involvement in health planning: Lessons learned from practicing social marketing in a context of community control, participation, and ownership. In M. E. Goldberg, M. Fishbein & S. E. Middlestadt (Eds.), *Social marketing: Theoretical and practical perspectives* (pp. 291-312). Mahwah, NJ: Lawrence Erlbaum.
- MURPHY, P.** (1991). The limits of symmetry: A game theory approach to symmetric and asymmetric public relations. In J. E. Grunig & L. A. Gruning (Eds.), *Public Relations Research Annual*. Mahwah, NJ: Lawrence Erlbaum.
- MURPHY, P.** (in press). Framing the genetic testing issue: Discourse and cultural clashes among policy communities. *Science Communication*.
- NATIONAL INSTITUTE ON DRUG ABUSE.** (1997). *Community readiness for drug abuse prevention: Issues, tips and tools*. Rockville, MD: National Institutes of Health.
- OETTING, E. R., DONNERMEYER, J. F., PLESTED, B. A., EDWARDS, R. W., KELLY, K., & BEAUVAIS, F.** (1995). Assessing community readiness for prevention. *The International Journal of the Addictions*, 30(6), 659-683.
- OLIEN, C. N., DONOHUE, G. A., & TICHENOR, P. J.** (1984). Media and stages of social conflicts. *Journalism Monographs*, 90.
- PLESTED, B., THURMAN, P. J., EDWARDS, R. W., & OETTING, E. R.** (1998). Community readiness: A tool for effective community-based prevention. *Prevention Researcher*.
- PROCHASKA, J. O., DICLEMENTE, C. C., & NORCROSS, J. C.** (1992). In search of how people change: Applications to addictive behaviors. *American Psychologist*, 47, 1102-1114.
- SCHULTZ, D. E., TANNEBAUM, S. I., & LAUTERBORN, R. F.** (1994). *Integrated marketing communications*. Lincolnwood, IL: NTC.
- SLATER, M. D.** (1999). Integrating application of media effects, persuasion and behavior change theories to communication campaigns: A stages of change framework. *Health Communication*, 11, 335-354.
- SMITH, W. A.** (1997). Social marketing: Beyond the nostalgia. In M. E. Goldberg, M. Fishbein & S. E. Middlestadt (Eds.), *Social marketing: Theoretical and practical perspectives* (pp. 21-28). Mahwah, NJ: Lawrence Erlbaum.
- STRAND, J., ROSENBAUM, J., HANLON, E., & JIMERSON, A.** (2000). The PMI local site demonstration project: Lessons in technical assistance. *Social Marketing Quarterly*, 6(1), 12-22.
- TICHENOR, P. J., DONOHUE, G. A., & OLIEN, C. N.** (1980). *Community conflict and the press*. Newbury Park, CA: Sage.
- VAN LEUVEN, J., & SLATER, M. D.** (1991). Publics, organizations, and the media: How changing relationships shape the public opinion process. *Public Relations Research Annual*, 3, 165-178.
- WALLACK, L.** (1990). Improving health promotion: Media advocacy and social marketing approaches. In C. K. Atkin & L. Wallack (Eds.), *Mass communication and public health* (pp. 147-163). Newbury Park, CA: Sage.
- WALLACK, L., & DEJONG, W.** (1995). Mass media and public health: Moving the focus from the individual to the environment. In S. E. Martin & P. Mail (Eds.), *Research Monograph No. 28: The effects of the mass media on the use and abuse of alcohol* (pp. 253-268). Bethesda, MD: U.S. Department of Health and Human Services.
- WARREN, R.** (1978). *The community in America*. Chicago: Rand-McNally.
- WEISHEIT, R.** (1984). The social context of alcohol and drug education: Implications for program evaluation. *Journal of Alcohol and Drug Education*, 30, 27-35.
- YANOVITZKY, I., & BENNETT, C.** (1999). Media attention, institutional response, and health behavior change: The case of drunk driving, 1978-1996. *Communication Research*, 26, 429-453.