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Public Information and Developmental Disabilities:

A Feasibility Study

PUBLIC INFORMATION AND DEVELOPMENTAL DISABILITIES:

A FEASIBILITY STUDY

JANUARY, 1977

PURPOSE

The purpose of Minnesota's public information feasibility study
was to summarize and interpret existing knowledge to form a
basis for planning an effective DD public information program
in Minnesota.

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INTRODUCTION

Traditionally, public information programs for persons with disabilities or handicaps in the United States have been organized around specific problems, handicapping conditions, or institutions. Only recently have broader and more positive oriented concepts, such as bringing about community acceptance of persons with disabilities, been developed into public information programs. During the 1950's and 1960's, the concept of "mental health" took on a broad meaning; it became an umbrella term that took in everything from alcoholism and drug abuse to mental disorders. Attitude studies[1] suggested that the acceptance and use of the term "mental health" were indexes of increasing public enlightenment. Perhaps it is in the same positive spirit that several disability categories are now grouped under the heading of "developmental disabilities." These categories include mental retardation, epilepsy, cerebral palsy, autism, and severe dyslexia if it results from one of the other four disabilities.

The need for a public information and education program to foster greater public understanding of developmental disabilities in Minnesota has been discussed frequently, yet no coordinated public information effort exists. This feasibility study is a first step in establishing such a program. All too often public information activities are the result of good intentions but are planned without regard for existing knowledge. As communication researcher Harold Mendelsohn has written:

> A lot of the stuff we see in so-called mass education and
> public health today is more often designed to please the
> whims of some well-meaning board members than it is to
> accomplish meaningful effects. Most of it comes from the

fertile imaginations of sincere, but totally unprofessional weekend sloganeers. The great majority of these efforts are generally foisted upon the public without benefit of sound scientific rationales, careful pretesting, or objective, systematic, post hoc evaluation.[2]

Through the support of the Developmental Disabilities planning office of the Minnesota State Planning Agency, the literature of public attitude studies and public information programs was examined before recommendations were made for DD public information strategies and programs in Minnesota. The review focused on the following areas:

1. Attitude studies reporting the way people in this country view physical and mental disabilities generally;

2. Attitude studies reporting the way people in this country view developmental disabilities specifically;

3. Public information programs in the human services area generally; and

4. Public information programs in the developmental disabilities area specifically.

The results of the literature review on public attitudes are reported in Part I and analysis of other public information programs in Part II of this study.

In sum, Minnesota's Developmental Disabilities planning office was asking: What is known about public information and education programs as they relate to developmental disabilities? How must a program of this kind be linked to the attitudes and opinions of the public as well as to those of consumers, professionals, and others who are concerned specifically with developmental disabilities? A review of recent trends in planning public information and education programs in a variety of areas both within the mental health field and elsewhere offers valuable ideas for the creation of a developmental disabilities public information program. Although the attitude studies examined reflect findings in many different locations outside Minnesota and for the various developmental disabilities, the studies consistently demonstrate the advantages of planning

a program with survey data, prior and existing programs, and proven evaluation methods in mind. Furthermore, the attitude studies indicate that there is no "general public," but rather a variety of publics defined by combinations of such factors as income level, profession, education, and geographic location. In this report, specific audiences will from time to time be referred to as "key publics" or "target audiences."

Finally, the Developmental Disabilities office took a closer look at public information and education activities in the eight developmental disabilities planning regions in Minnesota. This was done by sending a questionnaire to all regional developmental disabilities planners and all regional council members with an interest in public information. The results of that survey are reported in Part III of this study.

SUMMARY RECOMMENDATIONS

How can fragmented public information and education programs for developmentally disabled people be molded into a cohesive and consistent effort? What activities are most likely to have the greatest "pay-off" in terms of altering the public's attitudes toward persons with developmental disabilities? These and other questions have been addressed repeatedly throughout this study. Information programs for persons with disabilities have too often been poorly organized, spewing out messages indiscriminately with little regard for audiences and with no clear purpose in mind. "All publicity is good publicity," has unfortunately been the guiding principle of public information personnel in many instances. This study has shown that public information programs should contain the following components:

1. Clear goals and purposes, linked to specific short-term objectives;

2. Clear, precise definition(s) of intended audience(s);

3. Messages and approaches that are pretested through simple evaluation techniques; and

4. Useful message content designed to appeal to specific audiences rather than general broadsides and preachment.

Simply wanting to enhance the climate of opinion toward disabled people is a noble goal but not terribly realistic, given the thousands of competing messages in the information marketplace, unless it is attached to highly specific objectives.

To be effective, projects should be reasonable, practical and always initiated on a small scale. Large-scale, "pie-in-the-sky" notions of public information programming should in most instances be shelved for direct, short-term projects that actually deliver information to people about things they want or need to know..

Accordingly, DD public information efforts in Minnesota should focus on three information goals:

- The developmental disabilities concept. If messages in public information programs emphasized the common nature of disability as something that affects a large percentage of the population and has an impact on one's family and friends, there might be significant movement away from the negative stereotypes of individual disabilities. The notion of unified services consisting of comprehensive preventive, treatment, and rehabilitation programs will never have full support as long as information programs emphasize differences between the disabilities. This is a considerable departure from existing information programs which pay only perfunctory lip service to the DD concept.

- The utilization of services. Messages that have the greatest impact on persons are those that are of greatest use to them. If one wants to reach key DD publics, messages should focus on how persons can most appropriately use existing services. Obvious targets for such information are persons with developmental disabilities, their parents and friends, physicians, teachers and other community care-giving agencies. In a wide range of contexts, messages should assist the public in using what services currently exist. Services should be carefully defined because a secondary goal here is to divert inappropriate referrals from various programs.

- Articulated problems and advocated solutions. Lest information programs be static, status quo efforts, they must articulate the current needs and problems of persons with disabilities.

Meaningful information programs directed toward the three goal areas will rely upon prior development of:

- **A state public information plan for Developmental Disabilities.** The state public information plan should flow out of the state's program objectives, enhancing each of the general goals and objectives of the state DD office and of the DD council. The state DD planning office should offer such a plan to each of the DD regions for discussion and review. It should then be tailored to meet regional needs as long as those needs do not interfere with statewide purposes that transcend regional concerns.

- **Public information plans for each of the regions.** Regional public information plans should be developed within the context of existing local communication channels in order to assure maximum effectiveness.

- **A mechanism for continued interrelationships between state and regional personnel responsible for public information programming.** This mechanism would help monitor the dynamic public information programs developed at regional and state levels and provide needed feedback.

In order to accomplish the above, the state DD office should serve primarily as a planning and technical assistance resource to public information personnel in the various regions by helping with the design of information programs and setting strategies; maintaining an information and education library of materials ranging from annual reports to press releases; disseminating regular bulletins summarizing public information activities of the various regions and of other states; and assisting in setting up studies and evaluation procedures that will help the regions monitor their programs. The state office should pursue these ends rather than develop a large scale public information program at the state level. Instead of imposing another "competing" public information program on the human service-communication media environment, it would be more economical

and potentially more effective to assist in modifying existing public information programs in the regions. Where no program exists or where there are minimal efforts, the state office should provide guidance in initiating programs.

Within this framework, the following recommendations are made:

1. The **DO NEWSLETTER** published quarterly, should continue to serve as a central communication vehicle. The staff person in charge of the newsletter should also be responsible for coordinating other public information and education programs at the state level. This public information officer should be trained in mass communication/interpersonal communication practices and should have a good knowledge of communication research methods.

2. Technical and planning assistance should be provided from the state to the regions. The survey conducted in conjunction with this study indicates need for technical and planning assistance from the state to the regions. The major information-communication problems of the regions could be solved through well-planned conferences geared toward providing expertise in the planning and implementation of regional public information programs. A regularly scheduled working conference would bring state office personnel, regional staff, and lay-persons interested in public information programming together with recognized professionals who jointly could provide input for state public information programs and help develop strategies for implementing regional plans. Journalists, social scientists, and other highly qualified people would offer training in such skills as writing news releases, making public service announcements, designing brochures, collecting and processing survey data, and evaluating efforts, as well as historical perspectives on notable failures and successes. The effectiveness of the conferences would be evaluated through pre- and post-testing techniques.

3. <u>Messages disseminated by various public information programs for develop-</u><u>mental disabilities should focus their attention mainly on specialized, key</u><u>publics rather than the general public</u>. Key publics that have direct contact with DD persons and may potentially play a more positive influential role in their lives (among them, teachers, doctors, and employers) should be targeted for information and education programs. Regional councils should survey those key publics and tailor information programs to the particular degree and quality of awareness demonstrated by each sub-public. As an example, some doctors frequently show up in surveys as being relatively unfamiliar with basic DD services. And yet, doctors, especially pediatricians, are often the first to recognize a child with mental retardation or other disabilities. A series of statewide studies might document the problem and reveal pertinent details concerning doctors' "awareness gaps." Information and education projects would then be designed according to those specific needs, disseminated through concerned parents, medical journals, medical conventions, direct mailings, phone campaigns, etc. The overall project would be pre- and posttested to evaluate effectiveness. This evaluation would be shared among regions by way of the state DD planning office and regular working conferences.

As another example, instead of sending every employer in town the standard, impersonal public information plea to "hire the disabled," each request could be tailored to the knowledge and experience of each potential employer. The Hartlage study[3] on epilepsy recommends a combination of successful case study descriptions and non-defensive reminders that persons with epilepsy are generally able to tolerate work pressure and get along with co-workers. Employers like those targeted in the Barber mental retardation study[4] suffered no general misconceptions about mental retardation but merely required specific recommendations for sensible, individual job placement. Other strategies, however, must be developed for employers who have had a bad experience with a mentally retarded employee.

Information addressed to the general public rather than to specialized key publics should emphasize general progress in DD programs, administrative issues, and current service needs relative to the availability of services. Standard news releases and regular media contacts could accomplish the goal of addressing these particular areas to the general public.

4. <u>Volunteers should be identified and utilized.</u> Volunteers in local communities with competence and training in the field of public information should be utilized as resources. Persons such as alumni or students of advertising or journalism schools and retired professionals in journalism, advertising, or other related public information fields could be potential resources. University of Minnesota alumni lists might be one useful tool in locating such people. These resource people could be part of a continuing committee on public information that would participate in semi-annual conferences and assist with message design, production and selection of proper media vehicles.

5. <u>Funding should be provided on a contractual basis for exemplary and experimental public information materials or special programs.</u> Slide shows, publications, or multi-media programs should be developed for use by all regions. Contractual funding, which is often made available through grants, would promote efficiency, quality control, competition, reduction in staff, and maintenance of completion deadlines. All programs would be required to have a built-in evaluation procedure.

6. <u>A lending library of public information materials on DD subjects should be maintained at the state level.</u> The library should include materials such as films and slide shows in addition to DD publications. Elsewhere in this report reference was made to materials available now from other states. The state DD office would, in addition, locate and make a detailed listing of other such materials relating to DD topics. The resulting catalog/directory would guide and speed the regional councils' efforts to acquire appropriate materials. The

state DD council's funding and space limitations suggest that it would be more feasible for them to encourage existing libraries to house exemplary DD materials rather than develop their own lending library. Libraries may voluntarily house materials suggested by the DD council or the state DD office could arrange it through contractual agreement. The state DD office could also encourage other agencies and organizations to contribute relevant informational materials to that library.

7. A committee of state and regional public information persons should be appointed to assist in coordinating a campaign to recognize and reinforce positive efforts toward persons with developmental disabilities. This committee could develop suggestions about follow-up letters, awards programs, pins, plaques and other incentives. A regional council might, for example, give an annual award for best newspaper coverage of issues relating to persons with developmental disabilities. In order to accomplish a reinforcement campaign, all news coverage of DD or DD-related subjects would be collected and responded to positively. Follow-up would include reinforcing news people for exemplary stories and business or professional people for constructive efforts with persons who are developmentally disabled. Other groups targeted for reinforcement might include large corporations or foundations that award grants for DD projects, small companies that hire people with developmental disabilities, teachers who attempt to provide special therapy for students with developmental disabilities, or doctors who take the time to detect disabling conditions and suggest appropriate treatment.

8. A list of stigma-oriented labels and appropriate substitutes should be developed and disseminated to the news media. The committee of state and regional public information persons charged with monitoring and reinforcing positive media efforts would also be charged with combating negative stereotypes. An important project would be a study of stigma-oriented terms used in

public communication media. A list of these terms, or labels, and appropriate substitutes as preferred by the DD councils would be disseminated to the news media. Several years ago cooperation between the American Psychiatric Association and the American Society of Newspaper Editors resulted in the preparation and delivery of lists of common labels to media organizations around the country. The lists of labels were followed by lists of preferred words; for example, "inmate" was replaced by "patient."

9. <u>A mechanism for feedback on public perceptions or attitudes toward persons with developmental disabilities would be set up in a state office or by the committee described above.</u> Through the mechanism that is set up, findings reported in evaluation reports of various projects conducted throughout the state and country would be collated. To avoid a static posture, the semi-annual public information conference would become a forum for discussion of attitude survey needs. Agencies that are regularly conducting public attitude studies, ranging from the highly regarded Minnesota Poll operated by the Minneapolis Star and Tribune Company to surveys by university researchers and their students, would be urged to concern themselves with DD subject matter. When necessary, shared funding or seed money would be advanced to provide encouragement for such activity.

Implementation of these recommendations, which are a direct outgrowth of a review of the relevant literature of public attitudes and the human service field, is urged. The proposals have been shaped and tempered based on a consideration of what is currently happening in Minnesota DD public information programs. The real test will come with research evidence that evaluates the impact of the programs that have been or will be articulated and developed. Various effects can and must be measured. It is hoped that the state DD office and the council will move in this direction.

PART I: THE PUBLIC ATTITUDE TOWARD DEVELOPMENTAL DISABILITIES

Summary

   One component of this feasibility study was a review of literature regarding

public attitudes and attitude change toward persons with physical and mental dis-

abilities in general, and those with developmental disabilities in particular.

Some of the major findings are highlighted below:

1.   The literature dealing with public attitudes is fragmented and non-comparable.

      • No one precept provides a totally satisfactory explanation of the

        public mind. Findings must first be viewed in their narrow con-

        text and then applied to the whole population with great care and

        precision, and a healthy skepticism.

      • Very little information currently exists on public attitudes toward

        persons with autism or dyslexia, partially due to the recency of

        the 1975 amendments to the Developmental Disabilities Act (P.L. 94-103)

        which enables developmental disabilities planning programs to en-

        compass those disabilities.

2.   Public awareness and acceptance of persons who are disabled have increased at

     every level of society over the last twenty years.

      • In particular, public attitudes have consistently become more posi-

        tive toward persons with epilepsy and cerebral palsy. The situation

        affecting mentally retarded people is less positive.

      • Generally, the public tends to recognize the difference between

        organically caused disability and mental illness and to have more

        positive attitudes toward those people who are organically disabled.

      • The public appears to have a high acceptance of mentally retarded

        persons at the cognitive or knowledge level, less acceptance at the

        affective or emotional level, and still less at the behavioral or

        action level.

- There is significant improvement in the attitudes of employers toward epilepsy, but employers still worry about co-worker relationships and the ability of employees with epilepsy to tolerate work pressure.

- Physicians are relatively unfamiliar with services available to persons with developmental disabilities.

- Parents have difficulty in finding help for their mentally retarded children due to negative or hopeless attitudes harbored by physicians, educators, and even the parents themselves. Specific information is therefore often denied parents.

- Attitudes of teachers toward students with epilepsy, although sympathetic, were not helpful in directing the students to appropriate services.

- Attitudes of the epileptic person's social milieu have a greater effect on the person's development than the disability itself.

Objectives and strategies of successful public information-education programs depend on the interpretations of survey findings like those listed above. In addition, the best program designs rely upon a good deal of experience, intuition, creativity, innovation, and cooperation.

Public Attitude Studies and What They Mean

With the substantial growth of federal and state programs for mental health and mental retardation in the last twenty-five years, interest in public attitudes toward mental health accelerated. The need was obvious; the rapid growth in clinical and support services required public confidence and financial support. At the same time, the academic community became interested in attitudes and attitude change, usually from a theoretical perspective. Some of this interest stemmed from studies conducted during World War II on the effect of training films and other informational materials on U.S. soldiers. Later government

funding encouraged researchers to probe more deeply into the theoretical bases for attitude formation and change as well as practical implications at the cognitive, feeling, and behavioral levels.

There are almost as many attitude change theories as there are fad diets. To date, research on attitude change has generated a large body of literature characterized by contradictory results, inconsistent findings, and warring factions. There are many reasons for this. The idiosyncratic purposes of many attitude studies--designed for particular programs or a particular community--led to few common controls. One cannot compare one study with another unless the methodological bases are fully explained and elaborated. This elaboration often results in humble mutterings which are overqualified by social scientists, who in the minds of the public, may never seem to "speak a straight sentence." Thus, the tendency is for survey researchers to qualify findings by saying, "Yes, that is so, but only under these circumstances, at that time..."

Another reason for inconsistency in the literature is that various disciplines have evolved in the same field. While some psychologists in the attitudinal research area may be interested in cognitive processes "inside the skull," others may be more interested in the relationship between theoretical dispositions and events in the outside world. Sociologists and political scientists place their emphasis on attitude formation and resultant behavior; for example, they use surveys and opinion polls to probe voting behavior.

While the debate rages on at several levels of abstraction and practical application, the fact remains that a considerable amount of experimentation and study has led to sophisticated methods for determining attitudes in a gross and refined sense as well as potential media effects. This is mentioned to warn the reader that the vague findings presented in this review of attitude

studies in the human service/disabilities area cannot be tallied up in any

simplistic way. Findings must first be viewed in their narrow context and

then applied to the whole population with great care and precision, and a

healthy skepticism.

It is important for communicators not only to know the extent to which

certain publics have exposed their views and attitudes toward developmentally

disabled people but to extract the relevant implications from various research

findings. Unexpected sources may provide pertinent data. Not all surveys

which might be of importance to communicators are concerned specifically with

persons who have developmental disabilities. A study of a neighborhood's

reaction to integrated housing might, for example, provide important information

for those designing a residential housing plan for persons with disabilities in

a similar neighborhood.

Ordinarily, the objectives of a public information and education plan

should depend on the interpretations of survey findings. Public information

officers should watch for new developments in the survey research area. Com-

mercial advertisers, the most effective persuaders in the world, make ample

use of research data in the formation of their campaigns. To date, human service

agencies have either disregarded pertinent findings altogether or have failed

to apply them with comparable vitality and sophistication. Furthermore, strate-

gies, in spite of what the data seem to say, may not always be valid and, indeed,

should be pretested on a small population before being instituted on a broad

level. Only experimentation and innovation will lead to the effective pro-

gramming that is badly needed in the human services.

Attitudes Toward Physical and Mental Health

Hundreds of studies related to the public's perceptions of physical and

mental health have been conducted in the last twenty years. Obviously, it is

not possible within the scope of this report to discuss all the studies that

might be relevant to a full understanding of these perceptions.

The literature of public attitudes toward human services and developmental disabilities is full of inconsistencies and conspicuous gaps. Some questions have simply never been asked of the public or of selected constituent groups. For example, there is much information on attitudes toward persons with mental retardation but very little on those with cerebral palsy. And, as one might expect, because of the recency of expanded DD legislative concern to include autism and dyslexia, virtually no information exists on attitudes toward persons with either autism or dyslexia.

Unfortunately, no one precept provides a satisfactory explanation of the public mind. The Developmental Disabilities planning office has tried to highlight significant studies and point to common themes that seem to have been consistent over time. Fortunately, the literature of public attitudes indicates there is a trend at every level of society toward increased public awareness and acceptance of persons with disabilities.

Harold P. Halpert, a public health research specialist at the National Institute of Mental Health, has assembled a major review and analysis of public attitude studies conducted from the late 1940's to the mid 1960's. After examining a number of the more important studies during this period, Halpert concluded that, although comparisons of the studies were difficult, "the general impression conveyed by the results of these studies is that the public is better informed about mental illness than it was a decade or two ago and that it expresses more tolerant attitudes toward the mentally ill."[5] Halpert was extremely interested in researchers' findings on the relationship of such variables as one's personal reaction to deviant behavior, one's outlook, one's occupation, one's social habits, and one's psychological needs to the whole complex issue of attitude formation about mental and physical health. Halpert concluded that all these factors were just as important in the process of

attitude formation and change as increased knowledge of mental and physical health topics.

The research synthesized by Halpert also revealed that the establishment of national health policies and programs was one thing, but that their acceptance and use by the public, including those with disabilities, was another. The question of public acceptance was addressed in a 1963 landmark study (published in 1967) of the public image of mental health services in New York City. The study, conducted by the Columbia University School of Public Health and the New York City Community Mental Health Board, gave fresh support to many of the earlier studies reviewed by Halpert. It hailed an increasing pattern of "chinks in the traditional public armor of rejection of the mentally ill," and public acceptance of the relatively new notion of community-based mental health care facilities. At the same time, the study pointed out that "there is considerable ignorance and confusion as to the roles played by various mental health professionals...(and) the public is rather unaware of some of the leading institutions for care of the mentally ill in the City."[6]

During the present decade much has happened in terms of progressive legislation and the development of programs and services designed specifically for persons with developmental disabilities. One would expect this increasing sophistication within the human services to be reflected in public attitudes toward persons with developmental disabilities. And, just as Halpert and the New York City Study suggested, this seems generally to be true. But how refined have public attitudes toward persons with developmental disabilities become? Attitudes vary greatly from day to day. Ultimately, human services communicators such as those who promote the developmental disabilities concept will have to ask themselves if their information and education programs are actually causing people to change their behavior or attitudes toward persons with disabilities. Recent surveys and studies have shed interesting light on

the relationship of people's attitudes and the way they actually behave toward persons with disabilities.

In 1969, Golden, Morgolin, and Stotsky surveyed 405 New Englanders to see how they felt about the concept of "rehabilitation." Over 90 percent of the respondents said a person with a physical handicap could be helped more easily than a person with a mental illness.[7] But when people were asked to express their opinions toward specific disabling conditions, the generally positive finding cited above begins to break down. Those surveyed demonstrated no detailed understanding of the most suitable method of rehabilitation for either the physically handicapped or the mentally ill. Furthermore, the gaps in information often revealed attitudinal discrimination toward certain disabilities, which ultimately have a negative effect on developmentally disabled persons as a whole. Perhaps when conceived of as suffering from the same kind of affliction, such as brain damage incurred in the first twelve years of life, persons with mental retardation or those with epilepsy, for example, might more readily be joined in the public consciousness as deserving of the same kind of rehabilitative assistance and equally positive attitudes.

Attitudes Toward Persons with Developmental Disabilities

A survey conducted by the Tri-State (Kentucky, Indiana, and Ohio) Comprehensive Planning and Implementation Project for Mental Retardation[8] in 1969 produced some positive, as well as surprising, insights into public attitudes toward persons with mental retardation. The Tri-State interviewers were generally able to accept most of the respondents' definitions of mental retardation which, although the definitions were often imprecise, indicates public knowledge has increased. However, in all but five of the counties in the entire tri-state area, one-third of the respondents believed that most mentally retarded people were mentally ill. When the Tri-State study specifically asked, 93 percent of

the respondents said that not all persons with mental retardation are retarded

to the same degree. Yet only 2 percent spontaneously mentioned this in their

definitions of mental retardation. The authors of the Tri-State report attributed

this to the fact that such information may not be held with much conviction by the

public. A further indication of this lack of conviction was that only 39 percent

of the respondents thought prevention was possible. The researchers remarked

that this is a clear-cut indication that public knowledge of the causes and pre-

vention of mental retardation is quite low. The survey even showed that 40 per-

cent of the respondents in one area surveyed thought mental retardation could be

"cured."

In 1970, H. Gottwald[9] conducted a survey of public attitudes toward persons

with mental retardation. The survey was similar in scope to the Gallup and

Roper polls, drawing on a national modified probability sample of approximately

1,515 subjects. His findings closely parallel the Tri-State survey. Although

all respondents associated mental ineptitude and/or learning problems with mental

retardation, only 1.1 percent attempted to differentiate degrees of retardation.

Almost all respondents in the Gottwald study underestimated the incidence of

mental retardation.

Specifically designed questions aimed at eliciting personal responses were

used in the Gottwald survey. Respondents favorably identified mentally re-

tarded persons as good friends, neighbors or citizens and felt persons with

mental retardation should have the use of public facilities and hospitals. On

the other hand, those surveyed felt persons with mental retardation would make

poor parents or spouses and could not or should not move around freely, drive

a car, vote, have a family, marry, or above all not drink.

Jacobs[10] encountered similar reactions in his 1969 study of the retarded

child in the community. He found little evidence that people were aware that

different levels of mental retardation exist. As stated earlier, a wide variety

of attitude studies show improved acceptance of mental retardation on a general

level although stereotypes still exist. One problem developmental disability

attitude research has uncovered is that although the public may have a high

degree of acceptance at the cognitive level, it is less at the affective level

and still less at the behavioral level. Probing for attitudes through conven-

tional surveys presents very real problems because people respond to questions

in a manner considered socially acceptable. The attitudinal responses given do

not accurately reflect how persons confronted with a particular situation will

react.

Public attitude studies that have made comparisons over an extended time

are quite rare in the developmental disability area. However, one survey con-

ducted in 1974 on public attitudes toward one developmental disability, epilepsy,

deals to some degree with trends over the past twenty-five years.[11] The study,

conducted by highly respected researchers of the American Institute of Public

Opinion, was a replicated probability sample of 2,969 respondents. This study

is particularly noteworthy because it covers such a large span of time and has

major implications for public attitude indicators. Relevant findings in the

study are (1) that in 1974 a large proportion of the population (94 out of 100)

knew about epilepsy; (2) that the public was less likely to associate epilepsy

with mental illness in 1974 than it was in 1949, the first year the continuing

study was conducted; and (3) that parents objected less in 1974 to their children

playing with or associating with children who have epilepsy than they did in

1949. Similarly, normal job opportunities for persons with epilepsy had in-

creased over that twenty-five year span. Opinions about the causes of epilepsy

had shown positive change since 1949, which suggests that information efforts

might have had a favorable effect.

A broadly based statewide study of attitudes toward the developmentally disabled was carried out in Virginia in September, 1974. A sample of 1,548 Virginia residents, deemed to be representative of various demographic variables, yielded intriguing data.

> The overall conclusion that appears to be warranted by the data is that, by and large, residents of the commonwealth have positive attitudes towards persons with a developmental disability, such as epilepsy and cerebral palsy, but that the situation is considerably less positive when it comes to persons who are mentally retarded or mentally ill. Persons with minimal education or income were more likely to express negative attitudes towards persons with a developmental disability or mental illness. However, a substantial proportion of high income, high education persons also expressed negative attitudes, particularly towards persons who were mentally retarded or mentally ill. The data indicate strong support for educational, training, and rehabilitative programs and facilities, regardless of the type of disability. They also indicate the belief that funds for support of such programs and facilities should come primarily from state and federal sources.[12]

Of all studies cited in this report, the thorough and tightly organized Virginia study is the most relevant and has important implications for policy development in the public information programming area.

Attitudes of Selected, Relevant Publics

In planning a public information program it is important to direct messages to particular audiences--relevant audiences that have a particular concern with developmental disabilities. Attitude studies have probed the opinions of several relevant publics, including (1) employers, (2) physicians, (3) parents of persons with developmental disabilities, (4) teachers, (5) persons with developmental disabilities, and (6) school children. Some of the results of these studies are reflected in the pages that follow.

1. Employers. Specific studies related to mental retardation and epilepsy have been conducted. Hartlage[13] in a 1974 study comparing 1962 and 1972 data found significant improvement in the attitudes of employers toward epilepsy. The study also indicates there is a possibility that employers may view more favorably those workers whose handicaps are of an organic rather than social or

interpersonal nature. The fact that in 1962 employers considered epilepsy the most handicapping of the three conditions studied (epilepsy, juvenile delinquency, and emotional disturbance) and the least handicapping in 1972 further supports the conclusions that employer receptivity toward workers with epilepsy has improved at a rate disproportionate to attitudes toward the other two conditions. Nevertheless, employers were still worried about co-worker relationships and the ability of employees with epilepsy to tolerate work pressure.

Barber[14] in a 1967 Connecticut study examined employers' attitudes toward hiring workers with mental retardation and found that many employers were already well-informed about mentally retarded employees. This suggested that this particular group of employers had progressed from an awareness to an interest stage. It was also noted that a negative experience with an employee who was mentally retarded may have been more damaging to an employer's attitude than no experience at all. Positive employer attitudes were related to (a) the percentage of jobs persons with mental retardation could perform in industry, (b) previous experience with mental retardation, (c) favorableness of information about hiring persons with mental retardation, and (d) non-union shops.

2. **Physicians**. The assumption that physicians are knowledgeable sources of information about services for persons with disabilities was disputed in a 1975 study by Kelly and Menolascino.[15] The study demonstrated that a sample group of physicians was fairly unfamiliar with local services for persons with mental retardation in spite of the fact that the area where the study was conducted had gained national recognition for its programs.

> The study found that a large number of pediatricians and general
> practitioners were unfamiliar with local services for the retarded.
> In addition, 80% of the physicians surveyed were still recommending
> institutionalization for some of their patients who are severely or
> profoundly retarded, and 54% are making such recommendations for the
> moderately retarded. If the sample is representative, then it would
> appear that many physicians are working at cross-purposes with other
> professionals in the field of mental retardation.[16]

A broadly based statewide study of attitudes toward the developmentally disabled was carried out in Virginia in September, 1974. A sample of 1,548 Virginia residents, deemed to be representative of various demographic variables, yielded intriguing data.

> The overall conclusion that appears to be warranted by the data is that, by and large, residents of the commonwealth have positive attitudes towards persons with a developmental disability, such as epilepsy and cerebral palsy, but that the situation is considerably less positive when it comes to persons who are mentally retarded or mentally ill. Persons with minimal education or income were more likely to express negative attitudes towards persons with a developmental disability or mental illness. However, a substantial proportion of high income, high education persons also expressed negative attitudes, particularly towards persons who were mentally retarded or mentally ill. The data indicate strong support for educational, training, and rehabilitative programs and facilities, regardless of the type of disability. They also indicate the belief that funds for support of such programs and facilities should come primarily from state and federal sources.[12]

Of all studies cited in this report, the thorough and tightly organized Virginia study is the most relevant and has important implications for policy development in the public information programming area.

Attitudes of Selected, Relevant Publics

In planning a public information program it is important to direct messages to particular audiences—relevant audiences that have a particular concern with developmental disabilities. Attitude studies have probed the opinions of several relevant publics, including (1) employers, (2) physicians, (3) parents of persons with developmental disabilities, (4) teachers, (5) persons with developmental disabilities, and (6) school children. Some of the results of these studies are reflected in the pages that follow.

1. Employers. Specific studies related to mental retardation and epilepsy have been conducted. Hartlage[13] in a 1974 study comparing 1962 and 1972 data found significant improvement in the attitudes of employers toward epilepsy. The study also indicates there is a possibility that employers may view more favorably those workers whose handicaps are of an organic rather than social or

interpersonal nature. The fact that in 1962 employers considered epilepsy the most handicapping of the three conditions studied (epilepsy, juvenile delinquency, and emotional disturbance) and the least handicapping in 1972 further supports the conclusions that employer receptivity toward workers with epilepsy has improved at a rate disproportionate to attitudes toward the other two conditions. Nevertheless, employers were still worried about co-worker relationships and the ability of employees with epilepsy to tolerate work pressure.

Barber[14] in a 1967 Connecticut study examined employers' attitudes toward hiring workers with mental retardation and found that many employers were already well-informed about mentally retarded employees. This suggested that this particular group of employers had progressed from an awareness to an interest stage. It was also noted that a negative experience with an employee who was mentally retarded may have been more damaging to an employer's attitude than no experience at all. Positive employer attitudes were related to (a) the percentage of jobs persons with mental retardation could perform in industry, (b) previous experience with mental retardation, (c) favorableness of information about hiring persons with mental retardation, and (d) non-union shops.

2. **Physicians.** The assumption that physicians are knowledgeable sources of information about services for persons with disabilities was disputed in a 1975 study by Kelly and Menolascino.[15] The study demonstrated that a sample group of physicians was fairly unfamiliar with local services for persons with mental retardation in spite of the fact that the area where the study was conducted had gained national recognition for its programs.

> The study found that a large number of pediatricians and general practitioners were unfamiliar with local services for the retarded. In addition, 80% of the physicians surveyed were still recommending institutionalization for some of their patients who are severely or profoundly retarded, and 54% are making such recommendations for the moderately retarded. If the sample is representative, then it would appear that many physicians are working at cross-purposes with other professionals in the field of mental retardation.[16]

Golden, in a study previously mentioned,[17] not only found that one-third of doctors surveyed did not know of a low cost or publicly supported facility for persons with disabilities, but that they were the group with the poorest memory for advertisements related to persons with developmental disabilities.

3. Parents. A 1969 study by Jacobs[18] suggested that parents have difficulty in finding help for their children who are mentally retarded because of negative attitudes toward mental retardation harbored by doctors, educators, and parents themselves. The study further indicated that the advent of mental retardation into a family creates an isolating effect. Increased public awareness and more interaction with other mentally retarded persons were seen as positive factors in helping the family cope with their new isolation.

The Tri-State study[19] that looked at perceptions of the public toward organized groups of parents of persons with mental retardation pointed up a "negative thread" of hostility. The researchers said this probably reflected public antipathy toward "overly aggressive parent groups," and some jealousy or other reaction to the evident success of these groups. At the same time, the persons who criticized the parents of mentally retarded persons expressed sympathy and concern for the mentally retarded citizens. The researchers said that public information programs should therefore emphasize the needs of mentally retarded children rather than the accomplishments of the sponsoring group.

A 1974 study by Fischer[20] examined attitudes of parents of mentally retarded children toward the retarded child's sexual development. The parents expressed attitudes of embarrassment and discomfort when they discussed sexual matters and were worried that their children would become preoccupied with sex.

According to the authors of a 1969 article on the parents of mentally retarded children, parents often have distorted expectations for their mentally retarded children. Forty families participated in a series of discussions which were designed to promote effective communication about the children's

futures. After the discussions, the parents tended to (1) assume more realistic school and employment goals for their children, and (2) act in accordance with these more realistic goals.

4. _Teachers._ Attitudes of teachers toward students with epilepsy in a city high school were probed in a 1974 Buffalo, New York study.[22] Interviews with teachers, counselors, and nurses in Buffalo public high schools indicated a general lack of knowledge and understanding of epilepsy, especially among teachers. Even though five out of every 100 students were students with epilepsy, many teachers were unaware of the proper response to a child's epileptic seizures. In addition, most counselors did not deal with the specific vocational and social needs of students with epilepsy. A 1974 British study[23] confirmed much of the Buffalo study, demonstrating that teachers' attitudes toward epilepsy were sympathetic but that they lacked knowledge and information.

5. _Persons with disabilities._ A 1971 study[24] of the rehabilitation of the young epileptic found that community attitudes toward epilepsy influenced the adolescent's personality development. It was also noted that the parents' attitudes were extremely important because the adolescent with epilepsy who was able to adjust well in the family environment was also able to adjust outside the home. This study adds support to a 1969 German study[25] that found persons with epilepsy suffer more from societal attitudes toward them than from the condition itself.

6. _School Children._ This category overlaps with the preceding one because many studies of school children's attitudes toward developmentally disabled persons have included both normal and developmentally disabled children. A 1973 Indiana study[26] of fifth-grade students found positive self-perceptions both among students without disabilities and among those who were educable mentally retarded, but both groups viewed themselves more favorably than they did the other group. There was a generally unfavorable stereotype for the mentally retarded children,

not only concerning their academic difficulties but also in the social-personal area. It was clear from the findings that not only were children with mental retardation viewed unfavorably, but that mentally retarded children regarded their normal peers unfavorably.

A 1972 Boston study[27] probed attitudes of nonretarded and retarded children in segregated and integrated classrooms. Results of the study indicate that those in segregated classrooms had significantly less favorable attitudes toward school than those in integrated classrooms. Peterson's 1969 study[28] of children in a suburban school system turned up mixed and contradictory results. In one part of the study students who had contact with mentally retarded classmates reported more favorable attitudes, while in another part no differences were found. In general, the older the subjects, the more favorable were their attitudes. No differences were reported between male and female subjects. Interestingly, the higher the educational attainment of the student's parents, the more negative were their attitudes toward their mentally retarded peers.

PART II : PUBLIC INFORMATION PROGRAMS AND DEVELOPMENTAL DISABILITIES

Summary

1. Past public information activities for persons with developmental disabilities, although prompted by good intentions, have not constructively utilized existing literature (studies and surveys) or proven data collection and evaluation techniques.

2. Considerable documentation of individual public information programs on a case study basis exists; much less can be said about generalized principles that provide guidelines for a statewide program.

    * Generally successful information and education programs have had limited goals and have not sought to change attitudes and behavior.

    * Successful information and education programs have directed their messages toward specific audiences, as defined by socio-economic, education, occupational, and other factors.

    * Greater success can be assured if appropriate themes, appeals, and media channels are determined before the campaign begins; if all communication ideas and treatments are pretested on sample audiences; if a specific rationale is formulated for the use of each communication; if an attempt is made to relate these strategies to overall public information-education plans; and if the campaign is posttested for effectiveness.

    * Effective public information-education programs not only produce persuasive and factual messages but also seek ways to prevent medical and attitudinal harm.

3. Effective messages recognize the limits of the media, the tone of the message and the characteristics of the "public" receiving the message.

- Individuals *do not often* change attitudes or behavior as a direct
  result of media messages; rather they use the media to support
  views they already hold. The media can tell people what to think
  about, not what to think. The media set the social agenda and
  help people think about what is or what is not important, but the
  media are only one of the elements that attempt to influence the
  social consciousness of people.

- There is no general public, but a public made up of persons iden-
  tified as church goers, opinion leaders, club members, children,
  employers, and many others.

- The person receiving the message is far from static. He or she is
  is influenced by the subject of the message, the personality of the
  sender, and many other factors such as family and friends. The
  person's language, sex, age, and values can be barriers to effective
  communication.

- Effective and credible messages are generally non-threatening, non-
  controversial, salient, pertinent to the individual targeted, subtly
  authoritative, class-oriented, not self-righteous or pontificating,
  and humanistic (identifying with the needs and desires of the viewer,
  listener, or reader).

4.   New strategies for public information-education call for a mixture of messages
prepared for mass audiences followed by person-to-person efforts. For example,
members of lower-income groups, with little knowledge of developmental disabilities
or existing services, strongly identify with personal messages and respond less
favorably to authority figures. Successful public information-education programs
make use of grass roots personal communication networks. Coffee klatches and
local club meetings can produce medical and other kinds of opinion leaders.

5. Various media vehicles provide specific information and education functions.

- Public service announcements (PSA's) are designed to evoke individual responses to social problems. To be effective, public service announcements like all other communications, should be targeted to audiences at appropriate times (too often public service announcements are aired haphazardly late at night) and designed with frequency of exposure, continuity of campaign, and length of message in mind.

- Effective educational publications, such as newsletters, brochures, magazines, and information packets, attempt to meet the reader's information needs. Specific objectives are developed for each publication. Factors considered when forming objectives include size of distribution, geographic patterns of distribution, expected readership behavior, and benefits readers are expected to gain.

6. The DD public information programs of many states are carelessly designed and contain material that is disseminated in haphazard fashion with little regard for audiences, appeals, vehicles, or effects. However, in some states there are worthy exceptions. For example, Virginia conducted an excellent survey that produced baseline data on the attitudes of Virginians toward persons with disabilities. The data were used to help formulate realistic objectives for an information and education campaign. Special programs were designed to stimulate hiring of people with disabilities and to involve teenagers directly with developmentally disabled people.

Studies of Public Information Programs in the Human Services

Over the last 30 years many public information and education programs, such as those started after World War II to aid the victims of polio and blindness, have sought to inform and in many cases change the attitudes of the general public. While ambitious in scope and rich in emotional appeal, most have not

proven successful in changing public attitudes or behavior toward persons with developmental disabilities. Information programs have been designed primarily to publicize improved and expanded public human services or to meet private sector fund-raising goals for research through educational or preventive messages. They have been characterized by a lack of planning and research, an absence of social science methods of pre- and posttesting, and an apparent lack of aware-ness of the advantages to be gained by targeting messages to key publics. While there has been some documentation of individual public information programs on a case study basis, little was done to formulate general principles and guidelines, which individual states, such as Minnesota, could follow in developing their own programs. Public information programs must make some basic decisions about the nature of the audience to be reached, the best vehicle(s) for delivering the message, and the content of the message. Ultimately, these elements and other variables must be measured and evaluated. Translated into practical advice,

> this calls for pretesting all major communications ideas and
> treatments on samples of potential audiences before communica-
> tions are put into final shape. It calls for spelling out, in
> what often becomes excruciatingly painful detail, exactly what
> a given communication is to accomplish, and how it relates to a
> total communications and educational program that may have evolved
> from the past or that may be developed in the future.[29]

Most studies of the impact of information programs emphasize the importance of becoming familiar with a community's attitudes before initiating a particular campaign. A mental retardation center in Austin, Texas, in an effort to improve local attitudes toward retarded persons, demonstrated the usefulness of conduct-ing a "community awareness" survey[30] to get baseline data on citizens' attitudes and level of information and to subsequently evaluate the impact of the center's public information and activities. The results reemphasized the importance of aiming messages at specific audiences.

As the targeting of key publics becomes increasingly sophisticated, so does the selection of the communication vehicle (radio, television, newspapers, brochures, person-to-person contact, telephone, lectures, etc.). Studies of public health information and education campaigns in recent years have made important discoveries concerning the role of the mass media. Mendelsohn is one of many researchers who describes the impact of mass media messages as at best an indirect, secondary one-- a complement to more personalized limited approaches. Social science survey studies suggest that the mass media merely set the social agenda,[31] helping the general public decide what is important and what is not. Furthermore, the general public responds less favorably to fact-filled messages and direct challenges to preconceived attitudes than it does to messages that afford insight into, for example, new health threats or preventive innovations.

Decrying the simplistic bombardment of the public with information about health, James W. Swinehart, a public health professional, points out that "people tend to seek out information which supports their own views on an issue or a commitment they have made."[32] Again, this supports the notion that "by themselves, the media are powerless in affecting changes of consequence, primarily because there is considerable resistance among various publics against being moved away from their comfortable indifference to many public issues."[33]

In addition, Swinehart contends:

> They also have been shown to prefer content which they expect will
> be useful, relevant to their concerns, familiar, and pleasant. In
> some cases information is sought because it reduces uncertainty about
> an outcome and in other cases it is avoided for the same reason.[34]

Such findings seem to prescribe a mixture of mass media messages followed by person-to-person efforts.

Human service agencies often use the public service announcement, a persuasive, highly specialized form of communication, which has as its purpose the encourage-ment of "individual response to social problems."[35] A 1974 study criticized the "haphazard" nature of public service advertising, however. Unlike commercial

advertising, which is carefully targeted in terms of audience coverage, frequency of exposure, continuity of campaign, and size and location of message, the use of public service announcements has often been left to the whims of various "media gate-keepers,"[36] such as television and radio station managers. The study also concluded that the best and most effective public service advertisements were those tied to creditable sources, those carefully targeted to a specific audience, and those which made use of emotional appeals.[37]

A 1974 information campaign on pesticides in Illinois, despite a relatively low rate of exposure, changed the public's attitudes and behavior toward pesticides. To compare the effect of the campaign, two similar cities were used: one as an "experimental" city, that is, one having exposure to messages, and the other the "control" city, that is, one not having exposure. The researchers determined the extent to which the public in the experimental city received the message by carefully assuring that the public service announcements were aired throughout the day. At the end of the one-month campaign, pre- and posttest comparisons showed that the information campaign "increased audience levels of knowledge and strengthened attitudes toward the pesticide label and the safe use of pesticides."[38] Meanwhile, attitudes in the control city showed no change. (It should be stated, however, that fear and emotional appeals in advertising have yielded mixed results. Depending on the message to be communicated and the specific goal, whether informational or involving change in behavior, emotional appeals work better than do appeals to fear, or the presentation of solid information.)

The effectiveness of educational publications (pamphlets, brochures, etc.) was demonstrated in a carefully pre- and posttested 1975 study conducted in New England.[39] Using exploratory interviews, an analysis of information requests, and a readership survey, the researchers found that the publications being studied were regarded as useful and informative. Again, the importance of consistency,

audience targeting, and choice of media vehicle was evident in the results of the study. A recommendation that grew out of the study bears repeating:

> To meet readers' information needs, clear specific objectives must be formulated for each publication. Factors to consider when establishing objectives for a publication include determining the magnitude of distribution, identifying the geographic pattern of distribution, identifying "target" audiences, specifying expected readership behavior, and describing benefits expected to accrue to readers of a publication.[40]

Morton Warner, in a 1973 Canadian study, examined lower socio-economic groups and how they respond to preventive health education programs in order to determine communication effectiveness. The study revealed that the person receiving a public health message is far from static. "He is influenced by many extraneous sources, such as neighbors and relatives. In addition, barriers, such as language, age, sex and values act as roadblocks in the receiving of messages."[41] Messages using familiar language drawn from familiar experiences seemed to be most effective. It was clear that persons in lower socio-economic groups were most responsive when they could identify personally with the message; they responded less favorably to messages directed at them by an authority figure.

It is generally accepted by public information specialists that an important ingredient in the formula for targeting messages to specific audiences is the development or recognition of opinion leaders in these groups. An opinion leader is any individual in a group whose opinion is prized and actively sought by fellow group members. Opinion leaders may not always respond favorably to the message and can, in fact, often do more harm than good unless they are carefully courted by the public information campaign. However, the opinion leader, especially among lower-income strata,[42] is an essential link in the information and attitude chain. The Canadian study[43] provided several suggestions for health care agencies wanting to communicate health information at the grass roots level. Basically, this involves creating opinion leaders, such as socially active housewives, and relying on them to spread the information through their personal network

of friends and relatives.

Lower-income groups are often blamed for having a majority of the population that lacks knowledge in any area. Apathy and lack of education are common explanations for the apparent resistance of these groups to public information and education campaigns. In 1947, Herbert Hyman and Paul Sheatsley concluded in a much cited study that a hard core of "chronic know-nothings" was responsible for the failure of many programs.[44] However, more recently a group of Wisconsin information specialists put together a model program that affected the attitudes of the residents of a small rural Wisconsin community including those in the lower-income levels.[45] The campaign was launched to prepare the community for the development of a community-based residence for mentally retarded persons which was to be located there.

The Wisconsin project compared the attitudes of residents toward persons with mental retardation in two small towns—one experimental and the other a control. In planning a strategy, the researchers first analyzed the demographic characteristics of the residents of each town. They found a significant number of potential "know nothings" in both towns, a slightly higher number in the experimental town. The researchers hypothesized that their program would be successful if they made proper use of local media and interpersonal sources (discussions among friends). A precampaign and a postcampaign questionnaire was sent out in both towns. An extensive campaign was launched in the experimental town. It included twenty news stories, five feature stories, and a Mental Retardation Week advertisement in the local newspaper; posters and a display of articles made by trainable mentally retarded persons at a local barber shop; news broadcasts over local radio; a well-publicized meeting in a church concerning what the community should do about mental retardation locally; items in church bulletins; special speakers at three service clubs and a 4-H meeting; and an announcement of the start of a year-long project on the subject by the Junior Chamber of Commerce. The control town was not exposed to this

massive public information campaign.

A sample of individuals in each community received a precampaign questionnaire that contained questions designed to measure demographic characteristics (age, sex, occupation) and the use of particular media vehicles (T.V., newspapers). A postcampaign questionnaire was sent to those who had responded to the precampaign questionnaire. Both questionnaires contained six information test items; the postcampaign questionnaire included an additional ten items based directly on the content of the campaigns. Attitudes were measured by a series of statements, such as "Parents should take care of their retarded children and not depend on the state or anyone else for help." Those surveyed answered "yes" or "no" to these statements.

The campaign was successful. Information levels increased in the experimental town, especially among lower-income level residents, while they decreased in the control community. Attitudes changed according to information level. Local media proved more effective than non-local media and interpersonal sources were cited most often as information sources. These results are heartening because they disproved the commonly accepted notion that "know-nothings" are chronically so, that attitudes are not affected by information level, that only certain groups with a predisposition toward attitude change can be reached, and that small well-defined communities or groups are better targets for public information messages.

Studies of DD Public Information Programs in Several States

As part of this study, requests for examples of DD public information programs were made to several states and several responded. Much of the material received indicated that programs in other states are poorly organized and that information is disseminated in haphazard fashion with little regard for audiences, appeals, vehicles, or effects. There were three notable exceptions, however.

The three public information programs discussed below present three differ-
ent models. Each of them has elements worthy of consideration.

1.   The Iowa Program. In Iowa the public information activity for developmental
disabilities was contracted with the Iowa Association for Retarded Citizens
which in turn hired a public information officer who spends about 30 hours a
week on the project. The project is a broadly based, multi-media approach that
attempts to reach a maximum number of persons through discrete information ac-
tivities. Although the specific audience for which material is intended is not
always clear, the program attempts to reach a large part of the population with
a minimum of expense.

Several electronic media projects are worth noting. Five television spots
were produced to be used as public service announcements. Utilizing footage
from a film by the public television station, the information officer wrote
humanistic copy to build support for community based programs for persons with
developmental disabilities. For example:

> Carol Cheville is mentally retarded. Naturally, her family wants
> the best for her. A program that suits her needs and capabilities
> for development. But finding what's best isn't easy. To get
> ·Carol the help she needs, the Chevilles must take her one hundred
> miles from home and leave her total care to someone else. That's
> difficult, but a very real situation for many parents of persons
> who have handicaps. Are community based programs provided for
> handicapped children and adults in your area? The Iowa Develop-
> mental Disabilities Council wants you to become involved in your
> community. What's best shouldn't be so far away.

While the television spots rely on messages of general interest to those concerned
about developmental disabilities, the radio spots are more specific, relating to
each of the five disabilities embraced by developmental disabilities. While the
television spots are general and persuasive, the radio spots are specific and
informational. An example of a radio message follows:

> Of the fifty people you know, one is likely to have epilepsy. You
> might not know who it is because persons often hide epilepsy from
> their friends and employers, fearing that they'll misunderstand.
> A person who has epilepsy simply has a disorder of the central

nervous system. When the nerve cells of the brain become temporarily overloaded with electrical charges, some type of seizure will occur. This ranges from a momentary lapse of consciousness to several minutes of convulsive movements. For most people, medication controls their seizures and outwardly, controlled epilepsy is like not having epilepsy at all. The Iowa Developmental Disabilities Council believes the most important thing is not that a person has epilepsy—but that he is a person and deserves to be treated like one.

The effect of both messages is limited because they are not targeted to key publics.

Other electronic media projects include a slide/tape presentation that deals with residential housing for both children and adults who are handicapped and a short subject film, originally a 60-minute public television piece, that is being rewritten and shortened. The product will be a fifteen-minute film for use in high school health, civics, and psychology classes. The public information officer also produced a brochure ("Would a Residential Facility for Developmentally Disabled Adults be Welcome in Your Neighborhood?") for distribution with the slide/tape presentation.

Printed products include three brochures explaining the various disabilities—their causes and prevention as well as treatment programs—and a fourth focusing on sheltered workshops and work activity for disabled persons. The brochures are used to answer informational requests and for general distribution to community groups. They are straightforward and informational and carry a somewhat persuasive message.

Other aspects of the project include news releases to local media which are distributed through the various DD regions and a newsletter which is sent to persons, mostly professionals and specifically involved lay persons, with special interest in DD activities. Two public information workshops are also included in Iowa's public information project. Workshop faculty members included individuals with public information backgrounds in the human services area and a professor of advertising and public relations, as well as the president of an advertising agency Participants were persons from DD councils and private, voluntary agencies

interested in the communication process and in developing public information
plans. Unfortunately, the presentations were heavily loaded with platitudes and
there was little apparent interest in using existing survey data or in develop-
ing survey techniques for gathering data. The Iowa program was apparently the
result of a burst of activity; parts of it were high in quality, but it was
based almost entirely on intuition. This loosely-structured approach may work
in local situations where public information success is dependent largely on
personal relations between those charged with public information and media gate-
keepers, but it is doubtful that it would work on a larger scale. The Iowa program
is highly visible, but it lacks a mechanism for pre- and posttesting, campaign
strategies, and effective delivery of messages.

2. The Connecticut Program. In Connecticut, much of the public information
effort culminated in a statewide training conference which is much broader in
scope than that of the Iowa workshops. The Public Information and Education Com-
mittee of the Connecticut Developmental Disabilities Council had as its purpose
the provision of technical assistance to agencies working in the developmental
disabilities area. A three-year grant from the council added a public information
officer to the DD staff to oversee the program. The committee's charge is "the
elimination of the countless myths and misunderstandings which surround the
developmentally disabled."[46] Although this is a general charge, the committee
tries to operate a program with emphasis on factual information. As a committee
report explained about the conference:

> ...it was designed to crystallize what we are all trying to say
> about handicapped persons, what messages we are trying to send[47]
> and to share some basic skills in getting that message across.

Unlike the Iowa conference, this conference was a mixture of practical ex-
perience and didactic presentation. Faculty included a dean in the social work
field and representatives from advertising agencies, the news media, business,
and other fields. The emphasis of the conference is reflected in some of the

topics covered:

> "What's your problem in communicating?" Motivating people to help with public information.
>
> "Don't feel bad, you're not alone." Practical advice on getting the message through.
>
> "Think ink." Developing pamphlets and other publications.
>
> "Antennas up." Using radio and television messages.
>
> "Podium power." Obstacles to verbal and visual communication.
>
> "On target." Getting through to the power structure.
>
> "Media speak." Care and feeding of media practitioners.

C munication practitioners first addressed the conference; then a speaker from the University of North Carolina related the technical concerns of communication to the public information problems of developmental disabilities, including public image problems, remedies, special target groups, and advocacy stances that are appropriate for public information people. Participants were provided with information about slide presentations, news release formats, and other practical subjects. An inventory of participants' interests was taken before the conference in order to tailor the meeting to their needs. Like the Iowa Project, the Connecticut effort also failed to link public information programming with existing research findings and survey techniques; nor was pre- and postinformation campaign evaluation discussed in any of the sessions. The conference made obvious one major need: persons must be trained to carry out public information efforts. The state DD office in Connecticut provides technical assistance and information to those working in the developmental disability field, as well as acting as teacher and catalyst.

3. The Virginia Project. The state DD public information-public awareness program in Virginia has placed considerable emphasis on linking research findings with information planning and programming. In this respect Virginia is a perfect

example of what communication researchers urge for information programs. The bulk

of the Virginia study is discussed in the public attitude section of this report.

Virginia employers were surveyed regarding their attitudes, policies, and

practices toward developmentally disabled persons and the agencies that worked

with them. In addition, a small sample of sheltered workshops and occupational

training centers were surveyed as to their characteristics, procedures, policies,

and clients. Finally, a series of public awareness programs was developed and

implemented. The results of the employer surveys indicated that a majority of the

employers had positive attitudes toward persons who are developmentally disabled.

The public information aspect of the project centered on three objectives:

1. To gather and disseminate information about employers' attitudes
   and employment practices toward persons who have a developmental
   disability.

2. To gather information regarding the characteristics and procedures
   of facilities whose primary function is to help developmentally
   disabled persons gain the skills and attitudes necessary either
   to become gainfully employed in the open job market or in sheltered
   workshop settings.

3. To develop materials and procedures for disseminating information
   about developmentally disabled persons to the target groups iden-
   tified in the project.[48]

Based on a careful analysis of the survey research data, the Virginia group

identified three target groups: (1) a minimal income and educational group;

(2) a moderate income and high school education group; and (3) a group including

persons with incomes of at least $10,000 and at least one year of college. The

last group was divided into subgroups of such specialized audiences as legislators

and professionals. (Teen-agers were also regarded as a target group although survey

data on them were not available.) The three identified target groups were selected

on the basis of differing attitudes, information level, and media habits.

For the low-income group short, easy-to-read brochures on the various dis-

abilities were prepared. The brochures, which were family-oriented and placed

strong emphasis on children, were distributed through local welfare and community

action offices. For the moderate-income group, radio and television public service announcements were made because the findings of the study revealed that this group watched a substantial amount of television and listened to the radio. The higher income and education group, which preferred public television programming, was targeted to receive a two-hour program on the educational channel. Materials here focused on prevention and identification, education and training, employment and community acceptance. For legislative contact, a consortium of DD groups developed a working joint action committee to meet with legislators on a personal basis. The part of the project concerned with teen-agers centered on finding ways for teen-agers who were not disabled to associate with those who were through gatherings that included meals, dancing, and games.

Attempts to evaluate the public information efforts were less than successful. It was reported that data were too limited to determine whether there was a relationship between information requests and pamphlets for the low income group. Evaluation of the public service announcements was limited to determining when the television and radio spots were aired and did not include a measure of the public's response to them. The spots were used frequently on all days of the week, with little airing during the poor listener-viewer hours from 12:00 a.m. to 6:00 a.m. The television program was evaluated through a viewer reaction method. Only a few persons returned questionnaires, but those who did said the program was informative and the discussions understandable. While some recommendations for planning teen encounters emerged from the teen-age project, the legislative effort was too brief to evaluate effectively.

The results of the Virginia project are bittersweet. Superb survey research data were linked to well-targeted public information efforts, but evaluative aspects of the project faltered so there is no way to tell whether the program succeeded or failed. This demonstrates that three factors must come into play to have the most effective kind of information program: (1) the audience must

be surveyed (Virginia did this well); (2) messages must be prepared in line with communication research findings; and (3) a clear and cogent method of evaluation must be developed.

4. Minnesota's "Project People"

A one-year public information program conducted in Minnesota during 1974 and 1975 bears mention here. The project was innovative in that it was a coalition effort sponsored by the Minnesota Association for Retarded Citizens, the Minnesota Epilepsy League, and the United Cerebral Palsy of Minnesota, Inc.; it was funded through the Developmental Disabilities office of the State Planning Agency.

Under the Public Information Coalition (PIC) project, a broadly based program of news releases, public service announcements, billboards, and other materials was developed. Other activities included a letterhead design project and a workshop on public information for persons interested in developmental disabilities. The emphasis of the Minnesota effort was on humanizing disabled people with messages like, "People who are retarded are people."

A public information-education kit was developed for use by public information committee members in the various DD regions in Minnesota. Included in it were simple instructions for working with the news media. In a sense, the Project People staff acted in a technical assistance capacity to the regions by preparing examples of materials to be used.

Project People also included a community awareness study which produced a substantial report reflecting what a sizable number of Minnesota's interested citizens thought about developmental disabilities. The survey is of limited use because it was not systematic, and one cannot generalize from it.

Project People was a well-intentioned effort to convey positive messages about developmental disabilities to citizens of the state. The awareness survey was a good idea, although not executed in a way that was particularly useful.

Two elements of good public information programming can be seen in this project, (1) a wide variety of materials for different audiences, and (2) an attempt to assess existing attitudes. Unfortunately the two do not flow together. Unlike the Virginia experience where a rigorous, systematic study preceded the public information effort, the Minnesota public information program was more impressionistic, using activities typical of public information practitioners. Evaluation measures were not well-conceived and provide little evidence of whether the program was a success or a failure.

Highlights of Planning Principles for Public Information Programs

While no simple formula exists for planning an effective public information and education program on developmental disabilities, there are some general principles regarding things to do and things to avoid. This chart highlights some of those principles.

PRINCIPLES TO FOLLOW

1. FAMILIARIZE YOURSELF WITH DEMOGRAPHIC DATA. Get to know your geographic area. Collect all available demographic information. Census data and other state records might be useful. Estimate average income and educational levels. Identify groups whose occupations might involve them directly or indirectly with developmentally disabled persons. Consider, for example, physicians, teachers, employers, and developmentally disabled persons themselves.

2. FAMILIARIZE YOURSELF WITH PROGRAM INFORMATION. Collect all available information on existing services, programs, and facilities for developmentally disabled persons in your location. How are programs made known and made available to the public? How well do they serve the public, and developmentally disabled persons in particular?

3. SELECT A SPECIFIC AUDIENCE. Select smaller groups within your area whose interest in developmentally disabled persons is defined by occupation (doctors, teachers, or employers, for example) or similar relationships of direct or indirect concern (families of developmentally disabled persons or developmentally disabled persons themselves). Begin to plan strategies for targeting messages to these groups. Design questionnaires specifically for each group to test attitudes and awareness of developmental disabilities, its meaning, existing services, programs, and facilities, and the ways in which a particular group might aid in normalizing the lives of developmentally disabled persons.

4. EVALUATE ALL COLLECTED INFORMATION. Find out what the needs of your region are as well as gaps in information and awareness, problems with service delivery, and general attitudes of each key public. Select a realistic number of clearly defined, affordable, long-range goals, focusing on the most important first.

5. LEARN FROM PAST SUCCESSES AND MISTAKES. Examine all existing programs and all available studies of programs that reflect the goals you have selected.

6. DEVELOP A DETAILED PLAN. Rationalize in detail every step of your campaign. Document every step as you take it. Such information will assist you and other public information program planners in the future.

7. SEEK ADVICE OF PROFESSIONALS IN PLANNING STRATEGIES. These may come from both public and private sectors. Stay up to date on the latest findings in the public information and education field as well as related fields. such as advertising and communications.

PRINCIPLES TO FOLLOW (continued)

8. DESIGN THE MESSAGES YOU WILL TARGET TO KEY PUBLICS. Determine appropriate theme, appeal, tone, voice, and information content according to the advice of your collected material and the expressed needs and desires of each key public in your area. Each key public will need its own distinct kind of message, but in general these qualities should be considered: salience, usefulnesss (educational and preventive messages can be more useful than strictly informative ones), emotional content, pertinence to the individual targeted, class orientation, and level of authority.

9. SELECT APPROPRIATE COMBINATIONS OF MEDIA AND NON-MEDIA COMMUNICATION NETWORKS. Use information collected from questionnaires to determine media and non-media (e.g., personal contact) preferences of key publics. Remember that mass media messages are useful only to complement contact with key publics.

10. TIME YOUR MESSAGES CAREFULLY.

11. USE MESSAGES TO INTEREST GROUP "OPINION LEADERS."

12. USE ALL KINDS OF COMMUNICATION CHANNELS. Included among these are local and other media (highlight local media), lectures, conventions and conferences, telephone, house calls, letters and brochures, newsletters, etc.

13. PRETEST MESSAGES ON SMALL SAMPLE AUDIENCES. Measure their effectiveness through tests on small samples. (Design public information and education plan and posttests simultaneously.) Make adjustments in messages according to the results of the pretest.

14. MAKE USE OF PERSONS IN YOUR AREA WITH EXPERIENCE, EXPERTISE, OR INTEREST ON A VOLUNTEER BASIS TO HELP WITH THE CAMPAIGN.

15. POSTTEST (EVALUATE) PUBLIC INFORMATION AND EDUCATION PROGRAMS FOR EFFECTIVENESS. Devise as many tests as possible, such as survey information gain, attitude change, etc., as they relate to long- and short-term goals.

16. KEEP OTHER REGIONS IN THE STATE INFORMED OF YOUR PROGRESS. Keep yourself informed of what others are doing. Share ideas, experiences, problems, and solutions.

MISTAKES TO AVOID

1. DO NOT TARGET MESSAGES TO THE GENERAL PUBLIC. Do not "blanket" all media channels with the same messages.

2. DO NOT ATTEMPT TO SOLVE EVERY PROBLEM OR REVOLUTIONIZE ATTITUDES OVERNIGHT. Do not take on too many goals at once.

3. DO NOT PONTIFICATE, BORE, CONDESCEND, OR SHOCK YOUR AUDIENCE WITH CONTROVERSIAL MATERIAL. Avoid stereotypic language. Avoid dehumanizing labels.

4. DO NOT OVERESTIMATE THE EFFECTIVENESS OF MASS MEDIA MESSAGES. Do not overestimate public service announcements. Do not use them unless you are certain of an audience and have prepared a follow-up campaign.

5. DO NOT DESIGN A MESSAGE BEFORE SELECTING THE MOST EFFECTIVE COMMUNICATION NETWORK(S) FOR A KEY PUBLIC. Use questionnaires and studies to determine the best combination.

6. DO NOT LAUNCH A CAMPAIGN BEFORE HAVING TESTED EACH MESSAGE. Use proven social science techniques to guarantee integrity of result.

7. DO NOT CONDUCT AN INCOMPLETE POSTTEST, OR EVALUATION. This is an important step.

PART III : PUBLIC INFORMATION AND EDUCATION SURVEY : 1976

Summary

As part of this feasibility study on public information, 27 planners and regional developmental disabilities council members were surveyed by mail in February of 1976.

Overall, the survey suggests that the state DD office could be helpful to the regions by helping them help themselves. No expressed need exists for a statewide public information and education campaign orchestrated by the DD office; rather there is a consistent plea for materials and technical expertise to help the regions plan, conduct and evaluate their own programs. The regions have different levels of interest in public information and education, and it would be more useful for the state DD office to help each region work efficiently at its own level of interest than to impose a general public information and education program on all regions. Bringing council members and planners together both within regions and across the state to begin working on public information and education planning is the first step. There is, for the most part, a discrepancy between the perceptions and stated objectives of planners and council members; there are different levels of expertise among regions; and there is a generally expressed need for help in planning.

The state DD office could also satisfy the need for an information and materials resource, although not so much as a library of materials as a source of information about available materials and a procurer of needed materials. The mechanics of such a system are less important than the apparent need in some regions for access to public information and education materials.

In summary, the DD office could best assist the regions in these ways:

1. Provide help to planners and others on planning public information and education activities;

2. Insure access to materials and information by all regions;

3. Provide feedback on regional public information and education efforts, specifically in evaluation;

4. Provide expertise where needed to help design projects aimed at well-defined audiences for well-defined goals;

5. Oversee production or procurement of needed materials; and

6. Inform regions of successful programs.

Survey design

The survey sought to assist the DD office in its planning for public information and education work in the state in several ways:

1. By identifying any differences in perception of public information and education work between regional planners and their council members;

2. By identifying the extent to which regions had set public information and education goals and begun projects;

3. By identifying the needs of regional public information and education work that could be filled through the state DD office;

4. By describing the organization of public information and education work in the region; and

5. By providing a profile of the people involved in public information and education work across the state.

The survey was built on the findings of an earlier Developmental Disabilities/ Technical Assistance System (DD/TAS) survey[49] which pointed to several problems regarding public information and education activities. The DD/TAS report pointed out that interest among the regions in public information and education work and in the structures responsible for carrying out such work varied. The broad

descriptive nature of the DD/TAS report naturally limited the amount of infor-
mation about public information and education work in particular. This survey
was designed to take the next step and provide more information about specific
public information activities in the DD regions.

Of the 27 people surveyed in February, 1976, eight were planners who rep-
resented the eight DD regions in Minnesota and nineteen were regional develop-
mental disabilities council members. The planners and council members in the
group were selected for their past involvement with public information and
education work, whether as volunteers, members of a committee, or as directors
of projects. Three waves of questionnaires were sent out and followed up by
phone calls. All eight planners and eight council members representing six of
the eight DD regions responded by April 31. The results presented in this
section are based on the data from the sixteen responses. The questionnaires
and composite responses appear in Appendixes A and B.

Survey results

1. <u>Planner and council member perceptions of public information</u>. The low
response rate from regional council members in itself is of no small import.
Of nineteen people, only eight responded despite three sets of surveys and
follow-up telephone calls. In addition to limiting the strength of the findings
of the survey, the low response rate suggests there is limited interest in
public information and education work or surveys among council members. In
part, this is explained by the DD/TAS findings which showed that planners con-
sidered public information and education to be of a higher priority than did
council members. It is also partially explained by the variation in priority
of public information and education from region to region. Further, it is
explained by the ways in which public information and education work is accom-
plished in the regions. Planners are the key people in public information and

education, according to the survey data. They are involved in at least 80 percent of the public information and education work; they seem to operate semi-autonomously, with the councils serving as reactive bodies and at times as general policy makers.

In few regions did the planners report active involvement in public information and education by council members, a view not supported by the council members' responses. In fact, the council members' responses indicate considerable involvement in front-line work: press releases, media contacts, consumer group contacts, and speakers' bureaus. This apparent contradiction appears to be a measure of the difference in role perception and limited working relationships between planners and council members on public information and education activities. Planners operate independently of council members, in many cases, getting little support or assistance. Council members, on the other hand, seem to produce materials independent of the planners. This is not the case in every region; in at least two instances the planners and council members appear to have a close working relationship.

The findings on weak planner-council member relationships would be less significant if both groups could articulate a consistent set of objectives for their regions. However, in only one region did the planners' and the council members' responses mesh. This suggests that the regions have not set out specific target audiences or objectives in a way that is equally clear to planners and council members. The results may not be so much the result of non-planning as of different perspectives; planners generally took a broader view of the objectives while council members focused on specifics. In any event, it is clear that planners and council members within the region must work together on establishing and achieving public information and education goals.

2. Regional public information objectives and activities. Although few councils have specified priorities and objectives for their public information and education

projects, most have not. Those who worked out their goals found that <u>public</u>

has many definitions, ranging from the DD population to related professionals

to the public at large. Public most frequently seemed to mean the DD popula-

tion and their guardians, and the goal was to increase awareness among them

about the services available within the region. When public meant the general

population, the goal was to improve information, increase knowledge, reduce

fear, or increase understanding about developmentally disabled people. No

response was given suggesting careful plans had been made regarding the kind

of education or fear reduction strategies to be used for the general public.

Clearly the regional councils need technical assistance in mapping out the

details of their public information and education work, at least in the

regions in which it is of high priority.

The public information and education work in the regions generally combines

education of the general public and information on DD services through press

releases, printed materials, and work with politicians and consumer groups.

Some regions have multi-faceted activities including public information com-

ponents and the discrepancies in reporting those activities by planners and

council members clouds the results. In all but one region, council members

reported working on public information activities that planners did not report

as ongoing. This discrepancy might partially be explained by the termination

of some projects but these results again suggest planners and council members

simply do not work closely enough on public information and education matters.

The response to question two of the questionnaire (on the types of public in-

formation and education activities being conducted in the region) ranged from

two to all thirteen of the activities listed. Half of the regions appear to

be working on at least seven of the activities presented in the checklist. In

general, the majority of regions have active public information and education

programs with at least five of the activities on the list ongoing.

3.   <u>Public Information needs the state DD office could fulfill</u>. The responses suggest that the state DD office could best serve the regions by providing an exchange service for materials and technical expertise. Half of the regions lack materials for their public information and education work while the other half seem to have enough. The state DD office was also seen as a potential source for aid in evaluating regional operations, in establishing programs, and in learning about activities elsewhere. The respondents expressed the need for both technical assistance and materials and saw the state DD office as a source for both.

Both planners and council members sought a planning component in a hypothe- sized workshop (see question fourteen) more than any other; ten of sixteen respondents checked it. Informing politicians ran second with eight of sixteen endorsements. Planners, as might be expected, were more interested as a group in the planning component than were the council members, but the overall response suggests a need for help in planning public information and education activities. This finding is buttressed by the council members' belief that organizational problems remain the largest hurdle to public information and education work. Responses to the hypothesized workshop also reinforce the finding that planners are less interested in specific public information and education skills than are council members. When planners and council members specify their activities, council members are likely to be involved in specific projects while planners are involved in almost every project. Planners are in the key position, assuming overall responsibility for public information and education activity in the region while council members provide some guidance and assistance.

4.   <u>The organization of regional public information programs</u>. The organization of public information and education work varies from region to region. There is some consistency, however, in that councils seem to set general goals then

planners set up programs and get feedback from council members, but this is a composite rather than a definitive model. The variations are numerous and significant enough to prevent categorization, which in itself may be a problem the state DD office can help the regions solve. Too few regions have council members and planners working together on public information and education activities in a readily identifiable organizational pattern. The difference in organization among regions seems far less a problem than the lack of direction within individual regions regarding public information and education activities and objectives.

5.   Profiles of those involved in public information. Profiles of the people involved in public information and education efforts appear at the end of the two appendixes, but a few comments can be made about the two groups of respondents in general. The planners seemed either quite experienced or rather new at the job: five had been at it more than three years; the rest less than eighteen months. Six planners have had no formal training in public relations or public information, and their time commitment to public information and education work at the time of the survey ranged from three hours per month to sixteen hours per month (more than 10 percent of the planner's time. Three of the planners work with more than twenty-five people; the others work with fewer than seven people. All have had at least some assistance in public information and education efforts. The council members averaged 16.5 years of education with a range of 12.5 years to more than twenty. They are of diverse ages and occupational backgrounds. Three of the eight have had some training in public relations, generally in workshops, and six have had some previous experience in working with the public. Three were working in the developmental disabilities area because of their jobs and the other five had volunteered for DD work.

NOTES

1. H.P. Halpert "Public Acceptance of the Mentally Ill," reprinted from Public Health Reports, (DHEW publication) 84, no. 1 (January 1969). (Also see Bloomberg, W., Psychiatry, the Press, and the Public; Problems in Communication, American Psychiatric Association: Washington, D.C., 1956.)

2. H. Mendelsohn "Which Shall It Be; Mass Education or Mass Persuasion for Health?", American Journal of Public Health 58, no. 1 (January 1968): 136.

3. Lawrence C. Hartlage, "A Decade of Change in Employer Attitudes Toward Epilepsy" (paper presented at the American Psychological Association Convention, New Orleans, La., August 1974.)

4. Gerard M. Barber "Employers' Attitudes Toward Hiring Mentally Retarded Workers" (Parents and Friends of Mentally Retarded Children of Bridgeport, Connecticut, 1967).

5. Halpert, "Public Acceptance," p. 59.

6. J. Elinson, E. Pedilla, and M.E. Perkins, Public Image of Mental Health Services (New York: New York Community Health Board, 1967), p. 15.

7. George J. Golden, Reuben J. Margolin, and Bernard A. Stotsky, "Rehabilitation and the Public," American Corrective Therapy Journal (1969): 86-91.

8. Tri-State Comprehensive Planning and Implementation Project for Mental Retardation, Cincinnati, Ohio. A Survey of Attitudes Toward Mental Retardation, (Washington, D.C.: Division of Mental Retardation, Office of Comprehensive Health Planning, U.S. Department of Health, Education and Welfare, 1968-69), p. 77.

9. H.Gottwald, Public Awareness About Mental Retardation. A research monograph sponsored by the Council for Exceptional Children, Arlington, Virginia, 1970.

10. Jerry Jacobs The Search for Help: A Study of the Retarded Child in the Community (New York: Brunner, Mazel, 1969).

11. W.F. Caveness, H. Merritt, G.H. Gallup, Jr., "A Survey of Public Attitudes Toward Epilepsy in 1974 with an Implication of Trends over the Past Twenty-Five Years," Epilepsia, 1974.

12. Developmental Disabilities Planning and Advisory Council, State Department of Mental Health and Mental Retardation, Development of Human Resources, Public Awareness Programs, Employer Correlates of Job Opportunity, and Workshop Effectiveness Indices as Related to Developmentally Disabled Populations in Virginia. Richmond, Va., 1975.

13. Hartlage, "A Decade of Change,"

14. Barber, "Employers' Attitudes,"

15. Karen N. Kelly and Frank J. Menolascino, "Physicians' Awareness and Attitudes Toward the Retarded," _Mental Retardation_, December 1975.

16. Ibid., p. 13.

17. Golden, Margolin, and Stotsky, "Rehabilitation and the Public,"

18. Jacobs, _The Search for Help_.

19. Tri-State Comprehensive, _A Survey of Attitudes_.

20. H.L. Fischer and J. Krajicek, "Sexual Development of the Moderately Retarded Child: Level of Information and Parental Attitudes," _Mental Retardation_ 12, no. 3 (June 1974).

21. A.P. Matheny, jr. and J. Vernick, "Parents of the Mentally Retarded Child, Emotionally Overwhelmed or Informationally Deprived"? _The Journal of Pediatrics_ (June, 1969): 953-959.

22. J.W. Martin, "Attitudes Toward Epileptic Students in a City High School System, "_Journal of Health_ 4, March 1974.

23. L. Holdsworth and K. Whitemore, "A Study of Children with Epilepsy Attending Ordinary Schools: II. Information Held by their Teachers," Developmental Medicine and Child Neurology 16, no. 6 (December 1974).

24. G. Golden et al., _The Rehabilitation of the Young Epileptic: Dimensions and Dynamics_ (Washington, D.C.: Heath, 1971).

25. H. Remschmidt,"Prejudices Towards Epileptics," _Nervenartz_ 43, April 1972.

26. N.R. Willey and B.R. McCandless, "Social Stereotypes for Normal, Educable Mentally Retarded, and Orthopedically Handicapped Children," _Journal of Special Education_ 7, no. 3 (Fall 1973).

27. "Attitudes Toward School by Segregated and Integrated Retarded Children: A Study and Experimental Validation," vol. 7, pt. 2, 1972, Proceedings of the Annual Convention of the American Psychological Association.

28. G.F. Peterson, "Factors Related to the Attitudes of Nonretarded Children toward their EMR Peers."

29. H. Mendelsohn, "Which Shall It Be," p. 137.

30. J. Rienstra, "A Community Awareness Survey: Implications for Mental Health Education, Austin-Travis County," Austin, Texas: Mental Health-Mental Retardation Center) p. 1.

31. M. McCombs and D.L. Shaw, "A Progress Report on Agenda-Research," Association for Education in Journalism, Theory and Methodology Division, San Diego, California, August 18, 1974. (Also see McCombs and Shaw, "The Agenda-Setting Function of Mass Media," _Public Opinion Quarterly_, Summer 1972: 176-187; J. McCleod et al., "Another Look at Agenda-Setting Functions of the Press," _Communications Research_ 1, no. 2 (April 1974): 131-166.)

32. J.W. Swinehart, "Voluntary Exposure to Health Communications," _American Journal of Public Health_ 58, no. 7 (July 1968): 1265.

33. H. Mendelsohn, "Some Reasons Why Information Campaigns Can Succeed," *Public Opinion Quarterly*, Spring 1973: 61.

34. Swinehart, "Voluntary Exposure," p. 1265.

35. J.R. Lynn, "Effects of Persuasive Appeals in Public Service Advertising," *Journalism Quarterly* 51, (Winter 1974): 622.

36. Ibid., p. 623

37. Ibid., p. 630.

38. R.N. Salcedo, H. Read, J.F. Evans, and A.C. Kong, "A Successful Information Campaign on Pesticides," *Journalism Quarterly* 51, (Spring 1974): 95.

39. A.J. Bitta, B.M. Johnson, and D.L. Loudon, "Researching the Value and Use of an Agency's Educational Publications," *Journalism Quarterly* 52, Summer 1975.

40. Ibid., p. 332.

41. M.M. Warner, "Lower Socio-Economic Groups and Preventative Public Health Programs: A Problem of Communication Effectiveness," *The Canadian Journal of Public Health* 64, (November-December 1973): 572.

42. Ibid., p. 565.

43. Ibid., p. 572.

44. H.H. Hyman and P. Sheatsley, "Some Reasons Why Information Campaigns Fail," *Public Opinion Quarterly* 11, (1947): 412-423.

45. D.F. Douglas, D.H. Westley, and S.H. Chaffey, "An Information Campaign that Changed Community Attitudes," *Journalism Quarterly*, Autumn 1970: 487.

46. The Connecticut Developmental Disabilities Council, "Interlaken Inter-roburst," (Summary of a Workshop sponsored by the Connecticut DD Council's Public Information and Education Committee, Lakeville, Connecticut, 1974) p. 1.

47. Ibid.

48. Developmental Disabilities Planning and Advisory Council, *Development of Human Resources; Public Awareness Programs, Employer Correlates, Job Opportunities, and Workshop Effectiveness Indices as Related to Developmentally Disabled Populations in Virginia*, State Department of Mental Health and Mental Retardation, Virginia 1975.

49. *Evaluation of Regional Developmental Disabilities Councils*, Developmental Disabilities Technical Assistance System, Chapel Hill, North Carolina, Spring 1975.

Appendix A:

Public information and education survey
questionnaires and composite results
for planners

PUBLIC INFORMATION AND EDUCATION QUESTIONNAIRE
for
Minnesota Developmental Disabilities Regional Planners

CURRENT OBJECTIVES AND ACTIVITIES

1. What are the current objectives in public information and education of your regional DD Council and Planning Office?

2. Which of the following activities are presently ongoing in your region?
___regional newsletter
___local newsletter
___press releases for newspapers and broadcasters
___speaker's bureau for community groups
___speaker's bureau for elementary and/or secondary schools
___correspondence with other regions and DD groups
___informal contacts with news media
___meetings with DD interest groups
___producing materials for interested citizens
___working with interested citizens
___providing information to local and state politicians
___personal contact with local and state politicians
___public service advertising
___other (Please elaborate.)

3. Which of the above activities involve you directly?

4. How are public information and education activities organized by your DD Council? For example, is there a council committee on public information and education?

5. What public information and education resources are available in your region?
___specialists   ___films or filmstrips
___printed materials   ___special interest groups
___slide programs   ___other (Please specify.)

6. Do you receive directions and assistance for your public information and education work from any particular sources? ___No   ___Yes (Please elaborate.)

7. Do you review your public information and education activities with any person or group? ___No   ___Yes (Please elaborate.)

8. In general, where do you get your ideas for specific public information and education activities?

YOUR NEEDS

9. In your experience, what sorts of information does the public seem to want most about developmental disabilities?

10. In your experience, what seem to be the biggest problems in public information and education in developmental disabilities?

11. What specific materials are you lacking for public information and education that you regard as valuable?

___printed material   ___information about state activities
___slide programs   ___information about national activities
___film or filmstrips   ___specialists
___information about other regions   ___other (Please specify.)

12. What assistance would you like to have from the state DD planning office in your public information and education efforts?

13. In your judgment, what impact could a well-prepared public information and education program on developmental disabilities have on the citizens of your region?

14. If you were offered a workshop on public information and education, which of the following components would you be particularly interested in?
___planning public information and education activities
___newsletter editing   ___dealing with reporters
___organizing press conferences   ___coordinating volunteers
___establishing a speaker's bureau   ___informing politicians
___press release writing   ___working with community groups
___public speaking   ___other (Please specify.)

YOUR BACKGROUND

15. How long have you been in your present position?

16. How long have you been involved in public information and education efforts for developmental disabilities in Minnesota?

17. Have you had any formal training in public relations or public information or journalism?   ___No   ___Yes (Please elaborate.)

18. Approximately what percent of your time is spent each week in public information activities? (Estimate an average.)

19. How many people do you have to assist you in public information and education activities, including council members, other volunteers, and staff?

Summary of Planner's Responses

(Question numbers refer to numbers on planner's questionnaire. Completed questionnaires were received from eight planners representing all eight DD planning regions.)

Question 1 (7 of 8 responses)

In general the planners had objectives, but many were less than specific. The range in objectives reflects the difference in priorities among regions; they ranged from dormant public information/education work to four specific public information objectives out of a region's total of 15 objectives. One planner defined the objective as informing the public at large with four others saying roughly the same thing; two defined the goal as exchanging information among individuals and agencies. Public was defined in a number of ways. Planners did not fully agree with council members from the same region about goals (see Council Responses in Appendix B), except in those few regions where councils had set out specific goals and priorities.

Question 2 (8 of 8)

Seven planners produced materials for citizens; six produced press releases, worked with citizens, and informed politicians; five had personal contacts with politicians, ran speakers' bureaus, and informally contacted the media; four produced regional newsletters and met with interest groups; three corresponded with other regions and groups; two ran public service ads, and one had a local newsletter. Other activities included working through other groups as a low-profile counterpart in public forums (2), and running special interest workshops (1).

Responses to this question show that four of the councils had active, multi-faceted programs which corresponded with their objectives. The dominant activity--producing materials for citizens--and the next most frequent activities reflect the divergent audiences served by the regions. Most regions appear to have made

information available, and over half made outreach efforts through speakers'

bureaus. Interregion communication was weak.

Question 3 (8 of 8)

All respondents were directly involved in more than 80 percent of the ac-

tivities in their regions, particularly those which involved personal contact.

Planners were deeply immersed in public information/education work.

Question 4 (8 of 8)

No consistent pattern emerged although five respondents reported specific

oversight committees. However, these committees were variously named and vari-

ously oriented. One committee was dissolved and replaced by a half-time person.

The other two programs were run by shared staffs.

Question 5 (8 of 8)

Seven had specialists and printed materials; six had access to special in-

terest groups; four had slide programs and films; one had the Metro Council

Public Information Office.

Question 6 (7 of 8)

Half the respondents received no directions or assistance. Those who did

received it from the council (3) and from affiliated agencies (1). Council aid

and direction was not uniform; it came as council policy (3) and as assistance

from specific council members (2).

Question 7 (7 of 8)

In only one of the seven regions represented did the planner operate public

information/education activities without a review. The review, however, was
not uniform. The responses to this question and Question 6 suggest that councils
were reacting largely to planner work or operating apart from planners. Council
members and planners did not work closely together except in two regions.

Question 8 (7 of 8)

Councils provided most of the public information/education ideas, but several
regions had active planners who pursued such activities independently based on
their own perception of needs. Host agencies and newsletters also provided
ideas for some planners.

Question 9 (7 of 8)

The planners did not agree on what the public seems to want, but they did
share some positions: all but two aimed at greater understanding among the public
at large about developmental disabilities. A combination of fear reduction in
the public and extending assistance to developmentally disabled persons was the
response from all planners except one who did not know and one who said the
public did not want any information on developmental disabilities.

Question 10 (7 of 8)

Each planner had a distinctly different response for this question:

"Direction and means of presentation....Time and cost."

"Definition of DD and purpose of DD legislation in Minnesota."

"Getting consistent information to decision makers."

"Fear and misunderstanding of DD people."

"Creating wide public knowledge and interest."

"The effectiveness of such programs is questionable."

"Developmental disabilities -- the term is a tongue-twister and hard to

comprehend."

Question 11 (8 of 8)

Enough materials seem to be available but not in every region. If each region used the same materials, the problem could be solved simply by informing the have nots about the sources. Half the planners said they needed one or more items from the list; three asked for slides or films/filmstrips or printed materials; three asked for information from other regions; two asked for national and state information; and one asked for specialists.

Question 12 (8 of 8)

While two saw no need for assistance from the state office, six thought the office might help in various ways: resource center for materials (2); aid in establishing ongoing activities (1); aid in establishing support for group homes (1); material for oral presentations on topics from Project People (1); a public information-education (PIE) planning workshop (1).

Question 13 (7 of 8)

The composite answer to this question was that a well-orchestrated PIE program which included all represented groups and was flexible enough to meet the needs of various audiences would generate support for DD work, increase awareness of DD problems, and increase interest in DD programs. The variation in responses to this question supports the vaguely articulated goals of PIE activity expressed in Question 1. All agreed that there would be good effects, but there was little overlap on what those good effects might be. Two planners addressed themselves to the requisites of such a program rather than its effects.

Question 14 (8 of 8)

Six of the planners wanted to see a PIE planning component in a workshop; four wanted a segment on informing politicians; three wanted a segment on

speakers' bureaus; two wanted a segment on newsletter editing, public speaking, and working with community groups. Only one planner was interested in press release writing or coordinating volunteers. One respondent said such a conference would require too much time and effort if it aimed at pulling together all the agencies and groups involved in PIE work in order to produce a unified front.

Question 15 (8 of 8)

Five have been planners for more than 36 months; one had been a planner for eighteen months; one for five months; and one for four months.

Question 16 (7 of 8)

Three have been involved more than 36 months; one since the inception of the state program; one for eighteen months; one for five months; and one for four months.

Question 17 (8 of 8)

Six have had no formal training in public relations; one holds a B.A. in journalism; and one has unspecified training.

Question 18 (8 of 8)

The estimates range from 30 percent to three hours per month. Three said 10 percent; one estimated 5 percent; one estimated five hours per month; and the other estimated three hours per month.

Question 19 (8 of 8)

The number of assistants ranged from one to 50. Three planners had at least twenty-five people on staff; two had at least six people; one had a full-time aide and committee assistance; one had a part-time person; and one was in the process of reorganizing.

Appendix B:

Public Information and education survey
questionnaires and composite results for
Developmental Bisabilities council members

PUBLIC INFORMATION AND EDUCATION QUESTIONNAIRE
for
Minnesota Developmental Disabilities Regional Council Members

CURRENT OBJECTIVES AND ACTIVITIES

1. What are the current objectives in public information and education of your regional DD Council?

2. Which of the following activities have you been involved in during the past year? (Check all that apply.)
___regional/state newsletter
___local newsletter
___press releases for newspapers and broadcasters
___speaker's bureau for area community groups
___speaker's bureau for elementary and/or secondary schools
___correspondence with other DD regions and DD groups
___informal contacts with area news media
___meetings with DD consumer groups
___producing materials for interested citizens
___working with interested citizens
___providing information to local or state politicians
___personal contact with local or state politicians
___public service advertising
___other (Please specify.)

3. What public information and education resources are available in your region?
___specialists
___printed materials
___slide programs
___films or filmstrips
___special interest groups
___other (Please specify.)

4. Do you receive directions and/or assistance on specific activities? ___No
___Yes (Please elaborate.)

5. Do you review your public information and education activities with any person or group? ___No   ___Yes (Please elaborate.)

6. Approximately how many hours per month do you spend on DD public information and education activities?

Do you think that this amount of time, for you, is
· ___too much   ___about right   ___not enough

YOUR NEEDS

7. In your experience, what sorts of information does the public seem most to want about developmental disabilities?

8. What do you see as your most significant problems in providing public information and education about developmental disabilities?

9. What specific types of materials are you lacking for public information and education that you regard as valuable?
___printed material   ___information about state activities
___slide programs   ___information about national activities
___film or filmstrips   ___specialists
___information about other regions   ___other (Please specify.)

10. What assistance would you like to have from the state DD planning office?

11. How long do you think you will be involved in public information and education activities in developmental disabilities?

12. In your judgment, what impact could a well-prepared public information and education program on developmental disabilities have on the citizens of your region?

13. If you were offered a workshop on public information and education, which of these elements would you be most interested in?
___planning public information and education activities
___newsletter editing   ___dealing with reporters
___organizing press conferences   ___coordinating volunteers
___establishing a speaker's bureau   ___informing politicians
___press release writing   ___working with community groups
___public speaking   ___other (Please specify.)

YOUR BACKGROUND

14. What is your present occupation?

15. What is your age?   ___under 30   ___31 to 45   ___46 or over

16. When did your formal education end? (Circle the number corresponding to the year of schooling.)
Secondary School: 9   10   11   12
College/Technical School: 13   14   15   16
Graduate/Professional School: 17   18   19   20 or more

17. What degree(s) or certificate(s) do you have (e.g., licensed practical nurse, physical therapist, bachelor of arts, journeyman, Ph.D., M.D.)?

18. Have you had any formal training in public relations or public information?
___No   ___Yes (Please specify.)

19. Have you had any previous public relations/public information experience?
___No   ___Yes (Please specify.)

20. How did you become involved in developmental disabilities public information and education?

Summary of Council Members' Responses

(Question numbers refer to numbers on council member's questionnaire. Completed questionnaires were received from eight council members, representing six DD planning regions.)

Question 1 (7 of 8)

The answers broke down into two patterns: focusing on fear reduction and abilities of DD persons and organizing speaker's bureaus and other public information devices. The responses suggest the public information programs of the different regions are at various stages of development; this seems to be because of the level of priority the council gave to public information and education activity.

Question 2 (8 of 8)

Council members seem directly involved in front line work on PIE activities. Five produced press releases and made informal media contacts and met with DD consumer groups; four worked with a speaker's bureau and interested citizens, corresponded with other DD regions or produced materials for DD consumer groups. Interestingly, while three had personal contact with politicians only two provided information to politicians systematically. Two of the respondents worked on newsletters and public service advertising, and one respondent was working on a regional/state newsletter. Another respondent worked with affiliated agencies on PIE. None of the respondents worked with a speaker's bureau for public schools.

Question 3 (8 of 8)

Every respondent had printed materials available; six of them had specialists on hand; five had access to special interest groups; three had slide programs; and two had films/filmstrips. This may reflect the same problem the planners cited: lack of exchange facilities or simply information.

Question 4 (6 of 8)

Five of the six received directions and assistance, largely from the council or planner, as well as various local groups in mental health and affiliated agencies. Project People was cited twice and local media once.

Question 5 (8 of 8)

All respondents reviewed their activities, although the form of the review varied from periodic briefings of the DD council to specific review with planners, council members, and affiliated agencies. Half of the respondents reviewed with only the council (3) or the planner (1). One respondent also cited the public relations people who designed the materials.

Question 6 (7 of 8)

The average monthly time spent was 27.5 hours, but that figure was inflated by two respondents because they spent a total of 160 hours per month on PIE. One of those two figured about 35 hours per week (with variations according to the project), and the other reported an average of twenty hours per month. Without those two respondents, the average was 6.5 hours per month ranging from half an hour to ten hours.

Five of the eight believed the time was insufficient (but one added there is no more time available); three believed they were devoting sufficient time. Those who believed the time was insufficient spent a reported half an hour, four hours, and ten hours per month on PIE activity.

Question 7 (8 of 8)

The respondents agreed almost unanimously (six of eight) that the public needs basic information about DD, information that is human oriented and that shatters myths and reduces fear The other two respondents cited information about available services and about local agencies. One respondent added that the public

generally needs prevention and medical information as well. Several cited how
to relate to DD people or how to be of assistance.

Question 8 (8 of 8)

Six cited organizational problems as the most significant, although the
problems were not identical:

- Finding opportunities to approach groups.

- A dissemination system for counties and obtaining data from the

  state DD council.

- Finding qualified people with available time.

- Identifying public needs and time to do the job.

- No definite plan of attack or attack group.

- Getting an overall approach organized and moving; time.

One saw the public itself as a problem in its lack of awareness of available
information on the topics. DD as a term and an area was cited by the remaining
respondent as too difficult to use in news stories because it lacks meaning and
is generally non-controversial, thereby ranking low in media coverage.

Question 9 (8 of 8)

Five of the respondents checked film/filmstrip and information about other
regions; four checked printed material and slide programs; three checked infor-
mation about state activities; two cited information about national activities;
one added funds for travel. None lacked specialists. One respondent commented
that while printed material, slides, and film would be of benefit to the public,
there would be little time in which to use them.

Question 10 (6 of 8)

Overall the state DD office was seen as a possible source for specific
materials and evaluation of PIE activity:

- Visual materials describing different levels of service for DD people.

- Printed materials on all disabilities.

- Ongoing exchange of PIE activities from other regions.

- Information on state council concerns and directions.

- Public relations on disabilities for public consumption.

- Comment on programs organized in the regions.

- Materials checked off in Question 9.

Question 11 (8 of 8)

While responses ranged from as long as there is a need to unknown, the tendency seems to be three years or more except for those who were involved in PIE activities as part of their present job (2).

Question 12 (7 of 8)

Two publics emerged from this question: yet unidentified DD people and the general public. For the former, respondents hoped to offer assistance and a way out of hiding. For the latter, the respondents sought easing of fears and more involvement.

Question 13 (7 of 8)

Four of the respondents were interested in a workshop with sessions on planning PIE, informing politicians, and working with community groups. Three were interested in establishing a speaker's bureau and coordinating volunteers; two expressed interest in newsletter editing and press release writing. One person cited public speaking, dealing with reporters, creating public interest stories without violating client privacy, and working with other disability groups.

Question 14 (8 of 8)

Each had a different occupation: nurse, radio newsman, MARC staff member,

graduate student, rehabilitation program director, outreach educator, and service agency director.

Question 15 (8 of 8)

Three were under 30; four were 31 to 45; and one was over 45.

Question 16 (8 of 8)

The group averaged 16.5 years of education with a range of 12.5 years to more than twenty.

Question 17 (8 of 8)

Adds little to Question 16 except the kind of degree: four had a B.A.; one a M.S.W.; one a R.N.; and one a M.S. The radio newsman had various certificates related to his profession and college credits at Mankato State University.

Question 18 (8 of 8)

Three had formal training, generally in workshops. .

Question 19 (8 of 8)

Six had some previous experience in public relations, ranging from teaching to planned parenthood to chamber of commerce and public relations situations.

Question 20 (8 of 8)

Three were involved in DD because of their current jobs; four volunteered to work with DD in some capacity through an affiliated agency; and one person was not directly involved with PIE activity.

BIBLIOGRAPHY

American Psychological Association, "Attitudes Toward School by Segregated and Integrated Retarded Children: A Study and Experimental Validation," vol. 7, pt. 2, Proceedings of the Annual Convention of the American Psychological Assoc., 1972.

Barber, Gerard M., "Employers' Attitudes Toward Hiring Mentally Retarded Workers" (Parents and Friends of Mentally Retarded Children of Bridgeport, Connecticut) 1967.

Bitta, A.J., Johnson, B.M., and Loudon, D.L., "Researching the Value and Use of an Agency's Educational Publications," Journalism Quarterly 52, Summer 1975.

Bloomberg, W., Psychiatry, the Press, and the Public; Problems in Communication, American Psychiatric Association: Washington, D.C., 1956.

Caveness, W.F., Merritt, H., Gallup, G.H., Jr., "A Survey of Public Attitudes Toward Epilepsy in 1974 with an Implication of Trends over the Past Twenty-Five Years," Epilepsia, 1974.

Connecticut Developmental Disabilities Council, "Interlaken Inter-roburst," (Summary of a Workshop sponsored by the Connecticut DD Council's Public Information and Education Committee) Lakeville, Connecticut, 1974.

Developmental Disabilities Planning and Advisory Council State Department of Mental Health and Mental Retardation, Development of Human Resources, Public Awareness Programs, Employer Correlates of Job Opportunity, and Workshop Effectiveness Indices as Related to Developmentally Disabled Populations in Virginia. Richmond, Va., 1975.

Developmental Disabilities Technical Assistance System, Evaluation of Regional Developmental Disabilities Councils, Chapel Hill, North Carolina, Spring 1975.

Douglas, D.F., Westley, D.H., and Chaffey, S.H., "An Information Campaign that Changed Community Attitudes," Journalism Quarterly, Autumn 1970.

Elinson, J., Pedilla, E., and Perkins, M.E., Public Image of Mental Health Services, New York Community Health Board, New York, 1967.

Fischer, H.L. and Krajicek, J., "Sexual Development of the Moderately Retarded Child: Level of Information and Parental Attitudes," Mental Retardation 12, no. 3, June 1974.

Golden, George J., Margolin, Reuben J., and Stotsky, Bernard A., "Rehabilitation and the Public," American Corrective Therapy Journal, 23, 1969.

Golden, G. et al., The Rehabilitation of the Young Epileptic: Dimensions and Dynamics, (Washington, D.C.: Heath, 1971).

Gottwald, H., Public Awareness About Mental Retardation. A research monograph sponsored by the Council for Exceptional Children, Arlington, Virginia, 1970.

Halpert, H.P., "Public Acceptance of the Mentally Ill," reprinted from Public Health Reports, (DHEW publication) 84, no. 1, January 1969.

Hartlage, Lawrence C., "A Decade of Change in Employer Attitudes Toward Epilepsy" (paper presented at the American Psychological Association Convention, New Orleans, La., August 1974.)

Holdsworth, L., and Whitemore, K., "A Study of Children with Epilepsy Attending Ordinary Schools: II. Information Held by Their Teachers," Developmental Medicine and Child Neurology 16, no. 6, December 1974.

Hyman, H.H. and Sheatsley, P., "Some Reasons Why Information Campaigns Fail," Public Opinion Quarterly 11, 1947.

Jacobs, Jerry, The Search for Help: A Study of the Retarded Child in the Community (New York: Brunner, Mazel, 1969).

Kelly, Karen N. and Menolascino, Frank J., "Physicians' Awareness and Attitudes Toward the Retarded," Mental Retardation, December 1975.

Lynn, J.R., "Effects of Persuasive Appeals in Public Service Advertising," Journalism Quarterly 51, Winter 1974.

McCleod, J. et al., "Another Look at Agenda-Setting Functions of the Press," Communications Research 1, no. 2, April 1974.

McCombs, M. and Shaw, D.L., "A Progress Report on Agenda-Research," Association for Education in Journalism, Theory and Methodology Division, San Diego, California, August 18, 1974.

McCombs, M. and Shaw, D.L., "The Agenda-Setting Function of Mass Media," Public Opinion Quarterly, Summer 1972: 176-187.

Martin, J.W., "Attitudes Toward Epileptic Students in a City High School System," Journal of Health 4, March 1974.

Matheny, A.P., Jr., and Vernick, J., "Parents of the Mentally Retarded Child, Emotionally Overwhelmed or Informationally Deprived?" The Journal of Pediatrics, June, 1969.

Mendelsohn, H., "Which Shall It Be; Mass Education or Mass Persuasion for Health?" American Journal of Public Health 58, no. 1, January 1968.

Mendelsohn, H., "Some Reasons Why Information Campaigns Can Succeed," Public Opinion Quarterly, Spring 1973.

Peterson, G.F., "Factors Related to the Attitudes of Nonretarded Children Toward Their EMR Peers," 1969.

Remschmidt, H. "Prejudices Towards Epileptics," Nervenartz 43, April 1972.

Rienstra, J., "A Community Awareness Survey: Implications for Mental Health Education, Austin-Travis County," Austin, Texas: Mental Health-Mental Retardation Center.

Salcedo, R.N., Read, H., Evans, J.F., and Kong, A.C., "A Successful Information Campaign on Pesticides," Journalism Quarterly 51, Spring 1974.

Swinehart, J.W., "Voluntary Exposure to Health Communications," American Journal of Public Health 58, no. 7, July 1968.

Tri-State Comprehensive Planning and Implementation Project for Mental Retardation, Cincinnati, Ohio. A Survey of Attitudes Toward Mental Retardation, (Washington,D.C.: Division of Mental Retardation, Office of Comprehensive Health Planning, U.S. Department of Health, Education and Welfare, 1968-69).

Warner, M.M., "Lower Socio-Economic Groups and Preventative Public Health Programs: A Problem of Communication Effectiveness," The Canadian Journal of Public Health 64, November-December 1973.

Willey, N.R. and McCandless, B.R., "Social Stereotypes for Normal, Educable Mentally Retarded, and Orthopedically Handicapped Children," Journal of Special Education 7, no. 3, Fall 1973.