

MISSION: Lifeline™



CAPITAL AREA TRAUMA
REGIONAL ADVISORY COUNCIL

Baseline Assessments: Summary & Key Findings

Prepared by the Education Subgroup January 2010

Education Sub-Workgroup Report

- ➔ **Summary of sub-group activity**
- ➔ **Goals**
- ➔ **Plan**
- ➔ **Timeline**

MISSION STATEMENT

- ➔ **Facilitate educational outreach to improve recognition and response to cardiac events**
- ➔ **Recognize there are 2 distinct arenas that must be served: Professional and Public**


Professional Education

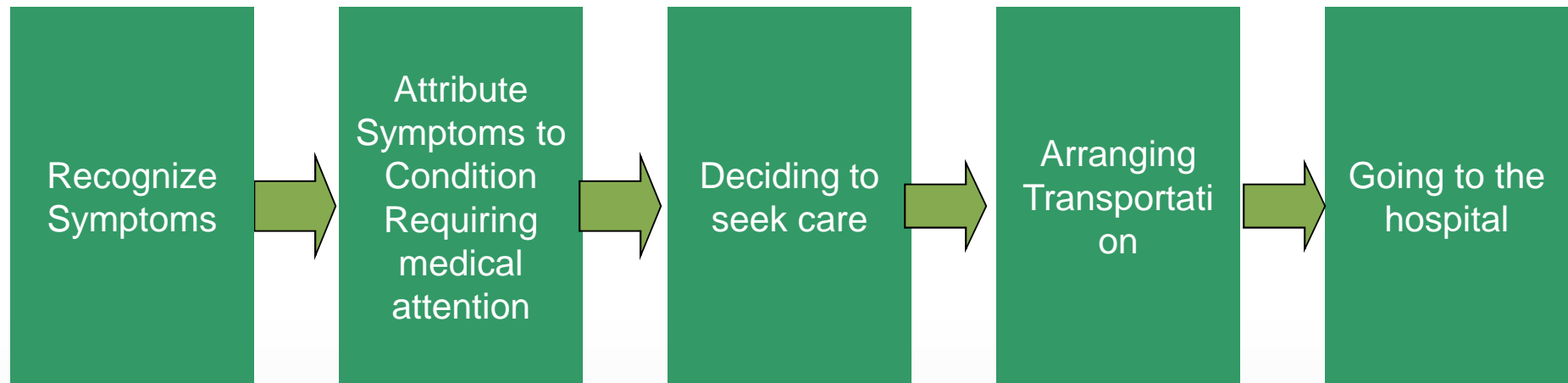
- ➔ Needs to be its own work group and leaders
- ➔ Need to grow members
- ➔ Identify educational needs based on QI sub group survey results
- ➔ Initial focus in 2010 should focus on areas of biggest gaps
- ➔ Identify effective existing programs to bridge these gaps

Summary of sub-group activity

- ➔ **Created a Mission Statement**
- ➔ **Research review to determine effectiveness past public awareness campaigns**
- ➔ **Conference call with Andy Riesenbergl which provided:**
 - Extensive research review
 - Frame work for Campaign Strategic Planning Process

PUBLIC EDUCATION

 The longest phase of the delay in the chain of MI survival is related to the public's failure to respond quickly and appropriately.



Source: Riesenber, M.S. *Innovative Strategies for Planning and Evaluating Community- Wide Campaigns.*
Conference call AHA –South Central Affiliate, Dec. 16th, 2009

Factors involved in this delay

- ➔ **Socio-demographics: gender, age...**
- ➔ **Cognitive and perceptive: Expecting a “Hollywood heart attack...**
- ➔ **Affective/Behavioral: Fear consequences of calling EMS**
- ➔ **Contextual/Behavioral: Living alone or being alone when symptoms begin**
- ➔ **Clinical Factors: Believe that receiving healthcare reduces/eliminates risk...too positive**

Andy's Conclusions

- ➔ Campaigns should be audience - centric, think about what your audience wants to know, believe, and do
- ➔ What outcomes are actually plausible and how will they be measured
- ➔ Knowledge and awareness are necessary outcomes in campaigns but not sufficient to motivate behavior change or immediate action

Conclusions continued


- ➔ Short persuasive campaigns (1 year or less) are more effective at achieving audience reach than long persuasive campaigns
- ➔ It takes money to run effective awareness campaigns
- ➔ It takes repetition
- ➔ Enforcement campaigns work better than persuasion - such “Click it or Ticket”

Goals/Future Works

Getting to know our audience

- What is the demographic profile for our local high risk population - where are they, who are they
- What are their barriers to seeking care
- What motivates them
- What public awareness methods work

Strategy

-  **Develop post hospital discharge MI patient survey including questions such as**
- Where did your heart attack take place
 - Did you call EMS
 - How long did it take you from the onset of symptoms until you made first contact
 - Do you know who provides your EMS service and what is your perception of them
 - Will you call next time you have symptoms
 - Compile and share data

TIMELINE

- ➔ **1ST Quarter 2010 - Create survey and find avenues to conduct**
- ➔ **2ND Quarter 2010 - conduct survey for 1-3 months depending on number of respondents**
- ➔ **3RD Quarter 2010- target audience and develop campaign**
- ➔ **4TH Quarter 2010 - Conduct first campaign**

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Is it a educational, communication, or marketing?

 **Common Elements of all 3:**

- Identifying a theory of change
- Planning for outcomes
- Selecting a target audience
- Focus on your audience

3 Campaigns that had some measure of success

Common Elements:

- Targeted a specific demographic group
 - Seniors aged 65+ in King County, Washington
 - Women aged 40-70 years in New Haven Connecticut
 - City of 450,000 residents in Goteberg, Sweden
- Measured Outcomes
- Funded

Develop a Campaign Strategic Planning Process

- ➔ **Analyze the Problem and Identify Audience**
- ➔ **Test and refine concepts, messages, and materials**
- ➔ **Implement, monitor, and improve campaign**
- ➔ **Measure outcomes**