

MISSION: Lifeline™



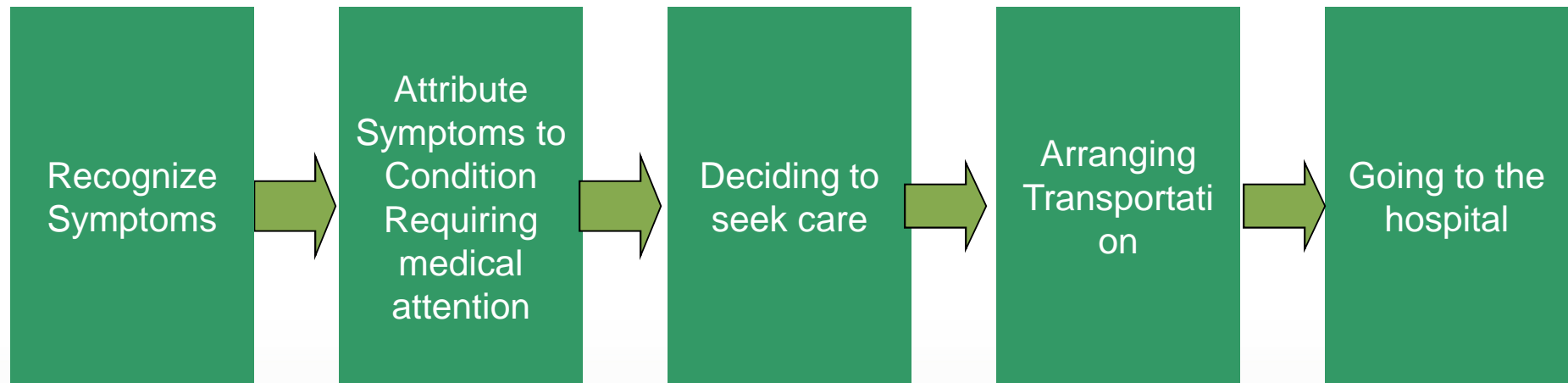
CAPITAL AREA TRAUMA
REGIONAL ADVISORY COUNCIL

Update on Public Awareness Campaign

Prepared by the Education Subgroup July 2010

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

Develop a Campaign Strategic Planning Process

➔ Analyze the Problem and Identify Audience

Dr. Weihua Li, MD, MPH, MS, Epidemiologist

analyzed data collected from the Texas Behavioral Risk Factor Surveillance (BRFSS) Survey from 2005, 2006, 2007, and 2008.

➔ Test and refine concepts, messages, and materials

Jayshree Vakil and Bill Edgel of The Agency Plus

Creating a public service campaign based on Dr. Li's data

➔ Implement, monitor, and improve campaign

➔ Measure outcomes

Table 1. Percentage of adults recognizing heart attack symptoms by selected characteristics, Texas and Texas Trauma Service Area (TSA)O , 2001,2003 and 2005

Characteristic	Pain or Discomfort in Jaw, Neck, or Back (%)	Weakness, Lightheaded , Faint (%)	Chest Pain or Discomfort (%)	Trouble Seeing with One or Both Eyes (incorrect symptoms) (%)	Pain or Discomfort in the Arms or Shoulder (%)	Shortness of Breath (%)	Recognizes All Symptoms of a Heart Attack
TSA O	44.0	66.5	92.1	33.4	86.0	84.9	10.6
Male	36.4	66.7	89.7	31.7	81.0	82.5	8.2
Female	52.0	66.4	94.6	35.2	91.2	87.4	13.1
18-29	27.5	68.4	93.1	38.4	78.1	81.4	4.8
30-44	40.0	71.8	90.6	38.5	87.4	87.8	10.5
45-64	58.7	65.3	94.9	29.4	90.8	84.5	14.6
65+	50.8	51.9	86.3	18.9	85.5	84.3	13.2
White	49.6	71.0	95.8	31.0	91.5	87.2	13.4
African Americans	35.9	58.2	84.2	34.8	78.2	80.1	7.2
Hispanic	29.6	53.6	82.3	40.8	74.0	78.1	3.6
Other	*	*	*	*	*	*	

No data report on sample size less than 50

Note: All reported rates are weighted for Texas demographics and the probability of selection

**Table 2. First Thing to Do When Someone Has a Heart Attack or Stroke
For Texas and TSA O Areas
Adults Ages 18 Years and Over
Texas BRFSS, 2001, 2003, and 2005 Combined**

Characteristic	Take them to the hospital	Tell them to call their doctor	Call 911	Call their spouse or family member	Do something else
	Percent (%)	Percent (%)	Percent (%)	Percent (%)	Percent (%)
TSA O	7.0	0.3	88.3	0.6	3.8
Male	8.8	0.5	86.1	1.1	3.5
Female	5.1	0.0	90.6	0.1	4.2
Age					
18-29	13.0	0.3	83.4	1.0	2.2
30-44	6.9	0.1	89.0	0.3	3.7
45-64	3.6	0.0	90.4	0.4	5.6
65+	4.0	1.4	90.3	1.1	3.2
Race					
White	7.2	0.0	89.1	0.3	3.4
African Americans	2.8	3.1	81.3	5.0	7.7
Hispanic	9.0	0.4	87.6	0.6	2.4
Other	*	*	*	*	*

No data report on sample size less than 50

Survey Question: If you thought someone was having a heart attack or a stroke, what is the first thing you would do?



Table 1. Percentage of adults recognizing heart attack symptoms by *Learn and Live* selected characteristics, Texas and Texas Trauma Service Area O, 2001, 2003 and 2005

- ➔ More than half of the heart disease deaths occur before patients reach a hospital, clinic or other medical facility.
- ➔ Early recognition and calling 911 increase the likelihood of immediate emergency response and timely medical care that can reduce disability and death.
- ➔ The 2001, 2003, and 2005 BRFSS combine data shows, only 9.1% of Texas adults were able to identify all symptoms of heart attack and 10.5% were able to recognize all symptoms of heart attack by Trauma Service Area (TSA) O (Table 1). Eighty-five percent of Texas adults identified 911 as the first emergency response for heart attack and stroke (Table 2).
- ➔ Some differences were seen in recognition of heart attack or stroke symptoms by gender, race, and education level. Generally, there was less recognition of all heart attack symptoms by men, African Americans, Hispanics (Table 1). African American, Hispanic and older age group (65 years and older) had a lower percentage of recognition of all heart attack symptoms (Table 1).



Table 2. First Thing to Do When Someone Has a Heart Attack or Stroke Texas and Texas Trauma Service Area (TSA) O, 2001, 2003 and 2005

- ➔ In Texas overall, most people, more than 85%, indicated they would call 911 when they thought someone was having a heart attack or stroke: 8.2% indicated they would take them to the hospital; around 4.6 % said they would do something else; 1.1% said respondents would tell them to call their doctor; and 0.9% indicated they would call their spouse or family member (Table 2).
- ➔ For the TSA O, most people, more than 88.3%, indicated they would call 911 when they thought someone was having a heart attack or stroke; 7.0% indicated they would take them to the hospital; around 3.8 % said they would do something else; 0.3% said they would tell them to call their doctor and 0.6% indicated they would call their spouse or family member (Table 2).

Agency Plus Recommendations Potential Target Audience

➔ Looked at Dr. Li's data

➔ Recognize that many other factors must be looked at when determining the target audience a few which are:

Patients/Callers

- Male/Female
- Living with parent
- Employment Status
- Population
- Socio-economic diversity
- Females are home doctors
- Females poorer at taking care of themselves
- Children are part of parents' life
- Men - "macho ness"
- Family structures among Baby boomers

Source: 2009 National Association of Aging, Elder Caregiving Report

Overall STEMI Initiative marketing campaign

- ➔ **Adults 18 + but skewed toward:**
 - 18- 20 year olds (had the lowest rate of symptom recognition)
 - Females (who run the homes)
 - African American and Hispanics (less likely to call 911)

However, media target for awareness campaign:

➔ Two age groups

45 + : reaches higher risk population

!8-24 : least likely to call 9-1-1

both skewed toward African Americans and Hispanics

Overall - Goal is to buy exposure that has wide spread

Most media buys will spread to 18 - 45 age group

Education Campaign

- ➔ **Many approaches need to be developed**
 - Must connect with each group distinctly using varied venues
 - Develop champions in each community who have:
 - Passion for initiative
 - Trusted by community
 - Local connection
 - Willing to change own health behavior as a model

We all need to help recruit champions

Next Steps

➔ Media campaign:

- being developed currently by Agency Plus
- Aug 31st - slogan presentation to non medical focus groups

➔ Public Presentations

- Core message being developed by Education Subgroup
- Continue to recruit champions and speakers

Goal 2011 Campaign Launch: dependent on available funds

