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### MHHP CAMPAIGNS

A CAMPAIGN IS A CONNECTED SERIES OF ACTIVITIES DESIGNED TO BRING ABOUT A SPECIFIC RESULT.

ITS GOALS ARE TO PRODUCE EARLY-ON AN INCREMENT IN AWARENESS OF THE MHHP WHICH WILL LEAD TO NEW HEALTH BEHAVIORS AND CHANGING FOCUS OVER TIME, DEPENDING UPON THE STAGE OF KNOWLEDGE AND COMMUNITY NEED.

THE PROGRAM STRATEGIES INVOLVE A PERIOD OF PROGRAM AWARENESS ON THE NATURE OF THE PROJECT; FROM MAY TO DECEMBER, RESEARCH AND SERVICE ELEMENTS, THE BURDEN OF HEART DISEASE IN THE COMMUNITY AND ITS PREVENTABILITY. THIS IS FOLLOWED BY A SMOKING CAMPAIGN OF ABOUT TWO MONTHS FOLLOWED BY PHYSICAL ACTIVITY, HIGH BLOOD PRESSURE, AND EATING PATTERN CAMPAIGNS EACH OF TWO MONTHS, AND THE REPETITION OF THESE INTENSIVE CAMPAIGNS AT THE SAME TIME IN THE FOLLOWING YEAR.

THE CAMPAIGN INVOLVES ALL THE DELIVERY SYSTEMS OF THE MHHP BUT SPECIFICALLY IS RECRUITMENT OF SPECIAL GROUPS, SUCH AS PASTORS AND INDUSTRIES, PHYSICIANS AND HEALTH PROFESSIONALS, INTO THE HEALTH EDUCATION CENTER, A STAGED MASS MEDIA PRESENTATION OF GENERAL INFORMATION, EXTENSIVE TABLOIDS IN THE NEWSPAPER ANNOUNCING AND DESCRIBING THE CAMPAIGN, THE DEVELOPMENT OF A COMMUNITY ADVISORY BOARD, THE PROVISION OF REGULAR HEALTH COLUMNS ON HEART HEALTHY BEHAVIOR, KIOSKS AND PLACARDS THROUGHOUT THE COMMUNITY AND INTENSIVE SPECIALIZED CAMPAIGNS.

FUTURE CAMPAIGN PLANS FOR THE SECOND EDUCATED COMMUNITY ARE A LONGER AND MORE INTENSIVE INTRODUCTORY AWARENESS CAMPAIGN, LATER APPOINTMENT BUT EARLIER ACTIVATION OF THE COMMUNITY ADVISORY BOARD AND ITS EXECUTIVE, EARLIER HIRING OF A LOCAL DIRECTOR, A CONTINUED FOCUS ON A POSITIVE MESSAGE, NOT ONE ENCOURAGING CONFLICT.

SPECIFIC CAMPAIGNS ARE REVIEWED:

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## MHHP ADULT DIRECT EDUCATION

THE IDEA OF MHHP ADULT EDUCATION CLASSES IS TO PROVIDE EXPOSURE, MOTIVATION, SKILLS AND TRIAL BEHAVIOR, AND MATERIALS TO THE MAJORITY OF ADULTS AND FAMILIES IN EDUCATED TOWNS.

THE GOALS OF DIRECT EDUCATION IN THE EDUCATED COMMUNITIES ARE TO PROVIDE ONE EDUCATED CONTACT BEYOND THE HEALTH EDUCATION CENTER FOR 70% OF ALL CITIZENS TO DEVELOP, PRESENT AND EVALUATE GENERAL CLASSES ON HEALTH BEHAVIOR AND SPECIFIC CLASSES ON PHYSICAL ACTIVITY, SMOKING AND EATING PATTERN, TO DEVELOP INDIRECT (OFF-SITE) PROGRAMS IN WHICH WE TRAIN OTHERS AND PROVIDE TRAINING PACKAGES TO SCHOOL SYSTEMS, EDUCATION EXTENSION, SERVICE CLUBS, CHURCHES, YMCAs, AND SO FORTH, AND TO INSTITUTIONALIZE PROVISION OF HEALTH SERVICES IN THE COMMUNITY. THE GOAL IS A DYNAMIC PROGRAM IN WHICH THE EDUCATIONAL PACKAGES ARE CONTINUOUSLY UPDATED TO REDUCE FALL-OFF IN THEIR USE AND BOLSTERED BY NEWSLETTERS, USERS ASSOCIATIONS, ETC.

STAFFING OF THE DIRECT EDUCATION EFFORT FOR ADULTS CONSISTS OF A MARKETING-TYPE PERSON, A SHIFT AWAY FROM DIRECT EDUCATION SKILLS TO MANAGEMENT SKILLS AND EFFECTIVE LIAISON WITH THE COMMUNITY TO INCREASE THE TEACHERS OF TEACHERS, RATHER THAN THE TEACHERS OF STUDENTS.

A MAJOR ACCOMPLISHMENT OF THE ADULT EDUCATION PROGRAM HAS BEEN DATA-BASED DECISIONS AND THE DEVELOPMENT OF ENTHUSIASTICALLY ACCEPTED COURSES AND MATERIALS.

MAJOR ACCOMPLISHMENTS INCLUDE EFFECTIVE RESPONSES TO COMMUNITY PRESSURES AND DEALING WITH AUDIENCES OF A DIFFERENT NATURE THAN OUR EXPERIENCE.

MAJOR PROBLEMS HAVE BEEN UNREALISTIC EXPECTATIONS BY THE COMMUNITY, INADEQUATE PLANNING AND DELAYS IN HAVING PRODUCTS IN

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HAND, A STRONGER LINK TO COMMUNITY-BASED ACTIVITIES THAN TO THE HEALTH EDUCATION CENTER, LESS THAN EXPECTED RECRUITMENT TO CLASSES AND INADEQUATE PROMOTION OF THE ADULT EDUCATION EFFORT,

EVALUATION OF ADULT DIRECT EDUCATION REVEALS SOMETHING ON THE ORDER OF 40% RECRUITMENT FROM HEALTH EDUCATION CENTER PARTICIPANTS, A 35% SIGN-UP RATE, AND A 20% SHOW RATE, WHICH GIVES SOMETHING ON THE ORDER OF A 2.6% SAMPLE OF THE POPULATION EXPOSED TO DIRECT EDUCATION (COMPARED TO A TARGET OF 21%). ANECDOTAL EXPLANATIONS INCLUDE THE EFFECT ON FAMILY PARTICIPATION OF ONE DROP-OUT AND THE FACT THAT WE PROVIDE SO MUCH HEALTH EDUCATION AT THE SINGLE HEALTH EDUCATION CENTER VISIT, LEAVING NO CURIOSITY OR INCENTIVE FOR FURTHER CLASSES. EVALUATION HAS ALSO REVEALED THAT CLASSES ATTRACT FEWER YOUNG PEOPLE THAN ANTICIPATED, HALF THE SMOKERS EXPECTED, MORE PEOPLE OVER AGE 55, AND AT HIGHER SOCIO-ECONOMIC LEVELS, AND AN EXCESS OF MARRIED INDIVIDUALS. GENERAL REACTIONS TO THE CLASSES ARE ENTHUSIASTIC WITH A DESIRE EXPRESSED FOR MORE WEIGHT ADVICE AND STRESS MANAGEMENT.

PLANS OF ADULT EDUCATION INVOLVE DEVELOPMENT OF CORRESPONDENCE COURSES FOR WEIGHT CONTROL AND MONETARY INCENTIVES TO WEIGHT CONTROL AND MAKING THESE PROGRAMS AVAILABLE TO THE COMMUNITY ORGANIZATIONS.

THE RESEARCH ELEMENT HAS TO DO WITH ANALYSIS OF THE DEMOGRAPHY OF PARTICIPANTS IN CLASSES AND FORMATIVE RESEARCH LEADING TO CURRICULUM CHANGE. THE TRAINING ELEMENT HAS BEEN EFFECTIVE USING MANKATO STATE INTERNS FOR TEACHERS OF CURRICULUM.

THE UNIQUENESS OF THE MHHP ADULT DIRECT EDUCATION IS ITS INTEREST FOR ALL IN THE COMMUNITY, FOR EXAMPLE, NON-SMOKERS AND EX-SMOKERS AS WELL AS SMOKERS AND ITS COMMUNITY-WIDE ORIENTATION.

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LIMITATIONS OF THE PROGRAM ARE THE COMPLEXITY OF THE DELIVERY SYSTEMS AND FAILURE TO MEET TARGETS AND SOME COMMUNITY EXPECTATIONS.