

# everybody's health— extension's opportunity

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Here's how the ECOP Health Education Subcommittee defines health education:

Health education encompasses all educational efforts with the primary objectives of fostering desired changes in the physical and mental health attitudes, understandings and practices of individuals or groups of individuals, and in the use and improvement of the health services delivery systems of communities.<sup>1</sup>

This definition suggests that two different types of health education opportunities exist. The first focuses on the health-related attitudes and practices of individuals and families. For decades, Extension personnel—particularly home economists—have been closely involved with this type of health education. The second type focuses on the decision-making process that shapes a community's health care system. These decision makers include local government officials, hospital trustees, and board members of the recently established health systems agencies (HSA's).

Until recently, Pennsylvania's CRD program, as in most states, hasn't been heavily involved in meeting this latter educational need. In this article, we use Pennsylvania's recent experience as a basis for discussing:

- The educational opportunity that exists for Extension in the area of health services planning and development.
- The way in which Pennsylvania's Extension Service responded to this opportunity.
- Some advice related to this educational opportunity.

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## **Existing Opportunity**

Traditionally, decision making related to a community's health care system was controlled by the private sector with key decisions being made by physicians, hospital trustees and administrators, and a small number of other "elites." Increased government financing of health care and escalating health care costs have caused this decision-making framework to change. Public accountability and increased citizen involvement in the decision-making process are now emphasized and, in some cases, required by federal and state health agencies.<sup>2</sup>

These opportunities for citizen involvement have created two types of educational needs. First, the need to alert citizens to the opportunities for involvement and participation. Second, the need to provide educational programs to those who become involved in the decision-making process.

Perhaps the most important and specific audience is the governing boards of HSA's. HSA's were established by the National Health Planning and Resource Development Act of 1974. The two most important functions of an HSA are its power to recommend approval or disapproval of: (1) applications for federal funds for health programs within its service area and (2) capital expenditures for a facility within its service area which are over \$100,000, or which change either the bed capacity or the services offered by the facility.

The governing boards of HSA's are relatively small compared to other Extension audiences (typically, about 50 people are on the governing board), but the stakes are high. For example, St. John's General Hospital in Pittsburgh recently proposed a new \$26 million building. The governing board of the HSA of Southwestern Pennsylvania said "no." In making such important multimillion dollar decisions, it's essential that board members of HSA's have the knowledge to make these decisions. Unfortunately, most board members, especially "consumer" board members, have little formal training and experience related to health services. In Pennsylvania, Extension recognized this educational void and began programming to fill it.

## **Extension's Response**

In 1974, two Pennsylvania Extension specialists, an economist and a sociologist, received a 2-year, pilot-project grant from the Extension Service-USDA for "increasing what decision makers know about the planning and development of health services so they can be more effective in meeting local health care needs."

This grant made it possible to hire a full-time project coordinator. Subsequently, a strong working relationship was established with the Comprehensive Health Planning Council

of Northwestern Pennsylvania. Three of the county health councils associated with this agency were selected as pilot audiences for the project. The 191 persons on the mailing list of these 3 councils were surveyed with a mail questionnaire to set specific educational priorities.

Survey results and other input led to the development of:

1. An audio-visual packet that includes a 22-minute presentation (either slide or filmstrip) and supplemental materials designed to stimulate discussions, awareness, and citizen involvement about health care issues and services.
2. An 11-lesson correspondence course that covers the major concepts and techniques used in health planning.
3. Nine "issue papers." Each paper includes a discussion of the major issues and a review of the literature related to a specific health-related topic—for example, alternatives to the institutionalization of the elderly and emotionally disturbed, and national health insurance.

Evaluation of our efforts included analyzing 130 correspondence course evaluation forms. The forms indicated that the people using the educational materials have generally been impressed. Based on this pilot effort, Extension received a 3-year grant (\$231,000) from the W. K. Kellogg Foundation in 1977 to work with HSA board members.

### **Some Advice**

We believe Extension is capable of effectively meeting the educational needs of people involved in making decisions about local health services. Based on our experience, we offer these suggestions to help guide your efforts.

#### *Establish strong linkages with relevant organizations.*

Many organizations and agencies have greater legitimacy with health decision makers than Extension. They can help involve the target audience in program development, and assist with publicity and disseminating educational materials.

#### *Involve the target audience in specifying educational needs and evaluating educational materials.*

We believe the target audience is the best judge of their educational needs and the best way to meet them. In addition, audience involvement is particularly important when dealing with a new audience for Extension. Our questionnaire-survey of the target audience was an effective and inexpensive way of establishing specific educational needs. A follow-up, mail-out evaluation form helped us revise materials.

*Include leadership development.*

Our educational program focused on substantive matters related to health planning and development. We believe materials on leadership skills, group involvement, and group dynamics should also be developed. We observed some hesitancy on the part of even well-trained HSA board members—particularly consumers—to engage in HSA deliberations.

*Review existing materials before embarking on the development of new materials.*

Following the suggestion that a dictionary of health planning terms be developed, we discovered that such a document was being done by the U.S. House of Representatives. Further search found few additional materials and convinced us that, for the most part, we weren't duplicating anyone else's efforts. Our target audience was impressed that we had done our "homework" to prevent duplication.

*Minimize written materials and keep them readable and brief.*

A major criticism by the target audience of our initial efforts was our heavy reliance on long, written materials containing too much technical jargon. This feedback was the basis for the audio-visual materials proposal funded by the W. K. Kellogg Foundation.

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*Place a premium on giving your materials visibility.*

Heavy emphasis was placed on publicity and visibility of our educational materials. This publicity paid a handsome dividend. In the first 5 months following announcement of our materials, 49 audio-visual packets, 259 correspondence courses, and 67 sets of issue papers were ordered by people in the States and Canada.

*Be careful in defining and presenting the scope of the educational program.*

Many individuals erroneously believed our program dealt with the health-related attitudes and practices of individuals. This mistake led to considerable confusion and frustration.

*Realize that Extension specialists may need to work directly with the target audience.*

Typically, the HSA target audience is a small regional body spread out over several counties. This means that the traditional approach of funneling materials from the specialist through the county staff isn't very appropriate. However, not involving the county staff is sometimes viewed as revolutionary.

*Anticipate some reservations to this type of educational programming.*

Since this area of programming is relatively new for Extension, it will be accepted slowly by some Extension personnel. In addition, groups and organizations representing health care providers often oppose HSA's and providing educational programs to HSA's may even be viewed as advocating their existence.

*Develop a continuing educational effort.*

Considerable HSA board membership turnover exists; and new issues, concepts, and techniques related to health planning and development continue to emerge. The need for a continuing educational effort is essential.

## **Summary**

Extension has the opportunity to develop educational programs for the individuals who shape a community's health care system. These individuals—particularly members of HSA boards—often are small in number, but shoulder responsibilities that may involve millions of dollars. Others argue Extension is capable of effectively meeting the educational needs of these individuals. Recent efforts in Pennsylvania support this argument, and the development of similar programs by Extension in other states seems desirable. However, a number of suggestions stemming from the Pennsylvania experience should be considered carefully before implementing such a program.

## **Footnotes**

1. Ward F. Porter, *Health Education in Extension: A National Survey, 1976* (University Park: The Pennsylvania State University, Cooperative Extension Service, 1976).
2. Carol Cutler Riddick, Sam M. Cordes, and Charles O. Crawford, *Health Care and the Public Interest* (University Park: The Pennsylvania State University, Cooperative Extension Service, 1977).