

marketing health care information

Barbara Moyer

Your program planning committee urges you to have more programs on family health. You dive in with characteristic enthusiasm, get a meeting place, and a panel of health care professionals. The meeting is widely publicized on radio and in newspapers and newsletters. The stage is set—

“Coping with Health Emergencies”

8:00 P.M., November 14

Wabash Community Church

The big night is here and you and your speakers wait for your audience. It's 8:00, then 8:15, then 8:30! Why didn't anyone come? It's an Extension agent's nightmare! After all, you did everything just the way you always have!

It's a challenge to disseminate health information in an interesting and exciting way. Sometimes programs don't get off the ground because traditional teaching methods fail to arouse sufficient interest.

How, then, do we sell health information? Try a marketing approach!

Marketing Process

At a Home Economics Committee program planning meeting in the spring of 1976, a Geauga County homemaker said: “One evening while watching TV, my husband complained of chest pains. He insisted he was all right, but the pains didn't stop. I didn't know what to do or who to call. I panicked! Finally, I called my brother-in-law, who drove Jim to the hospital.” Was this an isolated incident? Do others in the community feel the same helplessness in an emergency health situation? The committee decided to find out.

Identifying Need

Committee members used informal research to learn if emergency preparedness information was needed. They found that their friends and neighbors didn't know how to deal with a health emergency, but wished they did.

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*Product
Development*

How to get the information to those who needed it was the next decision. After exploring several alternatives, the committee selected the home study course as the teaching tool. A special committee was formed to guide the project.

The ad hoc committee identified topics, edited copy, assisted in obtaining endorsements, and helped with publicity. The committee consisted of an ambulance service director, a hospital administrator, a Home Economics Committee member, a Metropolitan Health Planning Corporation representative, and the area Extension community development agent. The Geauga County home economics agent chaired the committee and wrote the course.

"SAVE A LIFE" was the first health emergency course in Ohio. It was mailed in four installments to the home, so the entire family could study it and later use the materials as an instant resource.

Each lesson prepared the individual to:



SEE THE HAZARD—Be able to establish that a life or death emergency exists and know the warning signals or symptoms to identify the medical emergency.



KNOW THE DEFENSE—Learn the procedure to follow to quickly get medical assistance.



ACT IN TIME—Learn what to do for the victim until medical assistance arrives and learn what *NOT* to do to prevent additional injury. Collision victims are often pulled out of their cars after a crash, possibly causing additional injuries.

The easily understood graphics helped identify the three basic steps and assisted in quick reference.

Topics covered were shock, severe burns, poisoning, heart attack, stroke, food choking, severe bleeding, fractures, how to call for help, and hospital emergency department procedures.

An important part of the course was a directory of the 10 emergency medical services operating in Geauga County. Information supplied by the directors of the services was put in a community service guide. The guide contained information on cost, training of personnel, vehicles, equipment, and hospital delivery of each emergency service.

Emergency telephone and wallet cards were provided with the course so emergency telephone numbers were always at hand.

Public Relations

The degree of community involvement in the development and support of "SAVE A LIFE" contributed to this project's success. The course was endorsed by the county commissioners, county department of health, medical staff of the Geauga Community Hospital, county medical society, county program committee, Metropolitan Health Planning Corporation, The Greater Cleveland Hospital Association Executive Council, Northeast Ohio Council on Emergency Medical Services, and the Central Medical Emergency Dispatch.

"SAVE A LIFE" was reviewed for content and accuracy by the head physician and director of Geauga Community Hospital's emergency department, the medical director, and the director of nursing services for the county department of health.

"SAVE A LIFE" was launched with a press conference and public meeting in November, 1977, at the community hospital. The excellent publicity in local papers generated much interest. Coverage was increased when the Associated Press picked up the story. The Board of Commissioners proclaimed the week of November 13 as "SAVE A LIFE" week.

Local industries, youth organizations, and service clubs used "SAVE A LIFE" as an individual or group project. Physicians displayed sample copies in their offices and had registration forms available for patients. Over 5,000 flyers were distributed.

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Customer Acceptance

"SAVE A LIFE" found its way into over 800 homes. Close to 1,000 directories were distributed.

Fifty-five members of youth organizations took "SAVE A LIFE" as a fulfillment of their health requirement. Forty industrial employees received the course as a Christmas present from their employers. Over 60 senior citizens received "SAVE A LIFE" free from local service clubs.

The course is currently being adapted for use by the Cuyahoga County (Cleveland) Extension Service and the Cleveland Academy of Medicine.

Two major health planning committees—the Metropolitan Health Planning Corporation County Planning Committee and the Executive Committee of the Northeast Ohio Council of Emergency Medical Service—are using the directory to study emergency medical service needs of county residents.

*Personal
Testimony*

Calls and letters came into the Extension office requesting additional information and giving testimony. Here are three of those testimonies:

"You are doing a splendid job of putting these articles out. I taped them on my cassette tape recorder and keep playing them over. I think they are beneficial to the people and the title 'SAVE A LIFE' is a true one."

"I wrote to thank you personally for my copy of 'SAVE A LIFE.' I accidentally had a cup of boiling hot tea spilled on my leg, resulting in second degree burns. I turned immediately to 'SAVE A LIFE' for what first aid techniques to use. I was *very* glad to have it on hand. I am recuperating very nicely now. Thanks again."

"I studied the course and felt confident enough to handle an emergency adequately. I became a choking victim shortly after, knew what do do, and I feel the course saved my life."

Profits

Everyone involved with "SAVE A LIFE" profited. Program participants learned to handle emergency health situations. Newspapers got a real "human interest" story and performed a community service by advertising the course. Committee members and local physicians disseminated a health care message they felt was much needed. The Extension Service benefited by acting as a catalyst and leader in developing a much needed health care educational package. Internally, we gained considerable insight on how to market health care information.

**Implications for
Extension**

The unique function Extension performs as a disseminator of nonbiased information can be a mixed blessing in health care education. We have the obligation to provide clientele with research-based information on family health. Yet the Land-Grant College of Agriculture and Home Economics doesn't have a team of health care professionals to generate information.

Outside informational sources were used to write and implement the "SAVE A LIFE" course. The role of the

Extension agent was largely that of facilitator, and perhaps this is the most viable role for the Extension professional in the area of health.

The Extension agent may provide information in his/her news column on the pros and cons of controversial issues such as abortion or nursing home care. The agent could be instrumental in getting much needed health care services started in the community. These services may be a poison control center, counseling service for persons on special diets, prenatal clinic, or a central emergency dispatch service.

The challenges are great in working in the area of family health. However, the rewards are greater when you consider the impact such programming can have on the community.