

In a Heartbeat ACE Workgroup

Tuesday, February 20, 2007, 3-4:30pm
Summative Notes of Meeting

Attendance

Members in attendance: Carol Bell, Dona Forke, Chuck Gill, Danielle Louder, Cynthia Pernice, Dennise Whitley, and Debra Wigand (Chair).

MQF staff present: Carrie Hanlon

Minutes

The Committee approved the January meeting minutes.

Heart Month Press

Carrie Hanlon reported that MQF coordinated several efforts to raise awareness about heart attacks and the need to call 9-1-1 immediately upon symptom onset for American Heart Month, including:

- A proclamation declaring February 2007 as American Heart Month signed by Governor Baldacci
- A MQF press release about heart attack signs and the need to call 9-1-1 immediately distributed to the press and all *In a Heartbeat* stakeholders
- A press release template distributed by MQF to Healthy Maine Partnerships, Healthy Community Coalitions, the Maine Cardiovascular Health Council listserv, local AARP, area agencies on aging, EMS regional directors, and Maine hospital public relations personnel.
- Op-eds to newspapers/news sources by Jay Bradshaw (Maine EMS), Steve Diaz, MD (Maine EMS and MaineGeneral Medical Center), Gus Lambrew, MD (*In a Heartbeat* Medical Director), Connie Putnam (Knox County Community Health Coalition), Carol Bell (Partnership for a Healthy Community) and Dona Forke (Healthy Options Together). Mr. Bradshaw's piece appeared in the *Bangor Daily News Newspaper* on February 13, and Ms. Putnam's piece appeared online in the *Village Soup Times* at www.knox.villagesoup.com on February 12.

Carrie also noted that Inland Hospital created a wonderful ad about *In a Heartbeat* that appeared in the *Kennebec Journal* and *Morning Sentinel* newspapers for Valentine's Day.

Heart Truth Women's Training Results

Danielle Louder reminded the Workgroup that at its previous meeting, she had promised to bring outcome and evaluation information from the Maine's Heart Truth Women's Health Spokesperson Training. Danielle reported that two Women's Health Spokesperson Training sessions were held (Presque Isle and Augusta) with a total of 48 participants. She stated that 32 of the participants indicated their intent to do subsequent presentations, and 6 participants

completed presentations. She noted that participants included representatives from Healthy Maine Partnerships, health care settings, worksites, and educational/academic settings.

Danielle explained that the project coordinator, Elizabeth Foley, intends to conduct additional trainings to reach rural western Maine and Native American populations, and develop and administer a survey to all training participants. Danielle noted that more evaluation information is to come and she would share it as it becomes available. She added that anyone interested in participating could contact Ms. Foley or herself.

Pilot—Toolkit & Training

Outline

Debra reviewed a revised outline for an educational pilot, noting that the purpose of the pilot is to garner feedback on consistent messages and materials relative to heart attack to ensure we are well-positioned to move forward with a statewide launch of the Train the Trainer strategy. Chuck Gill suggested the target audience be split into primary (those individuals at-risk for heart attack) and secondary (the loved ones of at-risk individuals). Members agreed that presentations could be made for targeted risk groups (such as diabetics) or the general community.

Participating Site Criteria

Danielle went over a list of potential pilot sites, including hospitals offering heart surgery called cardiac catheterization (PCI) that have pledged support for the Workgroup, Maine HeartSafe Communities designees, and Healthy Maine Partnerships/Healthy Community Coalitions. Danielle explained that the pilot would ideally include seven sites (three PCI centers, two or more HeartSafe Community designees, and two or more HMPs/HCCs). The Workgroup expressed interest in seeing Western Maine (perhaps the Farmington area) and York represented on the list.

Budget

Debra reviewed a draft budget for the pilot. Danielle noted that a single pilot training session location with videoconferencing could be used to train the seven pilot site coordinators, and that this training could take place at Medical Care Development at no cost to the group. Concerns were raised about the extent of teleconferencing fees for participating locations.

Danielle asked the group if it felt the budget accounted for everything pilot sites would need to conduct presentations. The group agreed that sites in rural areas might need a little financial assistance to reach its community members, but that pilot sites in more populated areas could target existing groups that meet on a regular basis and utilize existing community spaces. Carrie agreed to add a budget line for assistance to rural sites to the pilot budget.

Evaluations

Debra reviewed several draft surveys for the pilot, including an evaluation for the pilot training, and a pre and post survey for trained presenters to distribute at the beginning and

end of their community presentations. Debra noted that the draft pilot timeline (on the outline) now included a possible follow-up survey to participants over the summer. The Workgroup agreed that a longer term follow-up was not essential to the pilot, but agreed to defer to Debra, Danielle, and Carrie on the decision. Some concerns were raised about the length of the pre and post surveys, and some members wondered whether all of the demographic questions were necessary. It was noted that some participants will not be able to read or write.

Carrie noted that the pre and post surveys would only be used for the pilot project, not the statewide launch. Dennise Whitley suggested that if pilot participants were informed of the importance of the survey given the special nature of the pilot project, that most people would be willing to complete the surveys. The group agreed that it could accept the pre and post surveys as they are if the group could be confident that each question had a purpose. Cynthia Pernice suggested that Danielle compile a summary rationale for the inclusion of the survey questions.

Magnet

Carrie explained that she had intended to distribute draft magnets for the pilot, and agreed to email them after the meeting. She noted that a key element of the magnet is the inclusion of a logo. She added that while there is not currently an *In a Heartbeat* logo, the Executive Committee has asked that one be created for the project. Workgroup members expressed concern about not including any logo on pilot materials and tentatively agreed that utilizing a MQF logo might be an option.

Viral Marketing

Carrie reported that in follow up to the viral marketing outreach strategy discussed at previous meetings, she had contacted Ethos Marketing and Design, a firm MQF has worked with in the past, to inquire about viral marketing. She explained that she and other members remain uncertain about what viral marketing entails and could use additional information. She noted that Ethos had offered to meet with the group to discuss its options and how it might best reach out to its target group via viral marketing. The group agreed that the Ethos meeting was a good idea and decided it should occur separately from a regular meeting. Carrie agreed to send an email with possible meeting dates.

Next Steps

- Next meeting: Tuesday, March 20, 3-4:30pm
- Carrie will email the draft magnet (with a draft logo) for the pilot
- Danielle, Debra, and Carrie will compile a summary rationale for the pilot survey questions, which Carrie will email to the group
- Danielle will draft an invitation to potential pilot sites
- Danielle will compile a list of potential dates for the pilot training
- Danielle will look into potential pilot sites in Farmington and York
- Carrie will add a budget line for assistance to rural pilot sites to the pilot budget
- Carrie will research teleconferencing fees and share estimates with the group
- Danielle, Debra, and Carrie will continue to work on the logistics of the pilot