

In a Heartbeat
ACE Workgroup
Awareness and Action

Possible Strategies

The following represents possible initial communication and action strategies for discussion and modification built on current research as a first step to a larger ongoing process of communications and community engagement.

Assets/Available Resources

- Recognize Maine’s rich mix of health care, health advocacy, employer, community-based organizations, and government to deliver information and intervention from a variety of resources over a long period of time.
- Use Maine Quality Forum to:
 - Encourage STEMI-AMI specific information, programs and initiatives
 - Facilitate coordinated statewide information, programs and initiatives
 - Advocate for the resources necessary to promote action and awareness statewide

Targeted Audiences, Messages and Material:

- Audiences
 - Individuals at risk and those most likely to influence their behavior (families and caregivers)
 - General public
- Messages:
 - Personal appeal
 - Peer message
 - Importance of recognizing symptoms (gender and ethnic specific differences)
 - Urgency and action (Call 911 immediately)
 - Assuage fears
 - Aspirin ?
 - Specific patient/individual groups
 - Women: Disseminate existing information on symptoms in women
 - Ethnic groups: Develop and disseminate culturally appropriate information
- Materials
 - Print materials (already exist, may need consolidation). Could include patient “kit”. There is evidence that print materials have some effect, particularly on knowledge of symptoms. Use existing print materials to the greatest extent possible.
 - Public service announcements or ads if funding is available
 - Slide show (use MCVHP slide show as a basis)
 - Insert materials (paper and electronic) for businesses (e.g. BIW)
 - Trigger Videos (streaming, CD/DVD)

- Pod Casts
- Supermarket Participation (checkout line items)

Delivery Mechanisms

- Use existing delivery mechanisms. Advocate for support where needed.
- Develop new mechanisms:
 - Systems of delivery
 - Providers, particularly Primary Care Physicians and Case/Care Managers who regularly interact with patients at risk
 - Culturally appropriate mechanisms
 - Peer –based intervention (AHA does this with volunteers)
 - Organizations and situations where natural communications and learning occur libraries, schools, athletic clubs (booster clubs, gyms, etc), weight watchers, adult literacy programs, pro-sports orgs (Pirates, Sea Dogs, etc)
 - Delivery setting: where natural learning takes place.
- Use EMS to address concerns (fear of calling 911)
- Media
 - Television: Research shows that use low-level, intermittent television to reach audiences <66 years of age. Explore the willingness of Maine Public Relations Council to produce *pro bono* public service announcements.
 - Radio: Research indicates that radio is not effective in changing behavior.
 - Print media: Research indicates that print media is not effective in changing behavior.
 - Internet: We have not found research on the effectiveness of internet communications on behavior as it relates to cardiovascular disease in general or AMI specifically. A longer term communications/intervention strategy could involve a research project on this mechanism.