The heart of the matter: campaign messaging for the Healthy Heart Initiative in Buncombe County

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Abstract

Mountain Area Health Education Center (MAHEC) is an organization dedicated to setting a standard for excellent health care and health education. MAHEC received a $500,000 Duke grant for a two-year project focused on preventing the modifiable risk factors associated with heart disease and stroke. The objective of the project is to implement communication and awareness practices regarding heart health and stroke in rural areas that may not be aware of their heightened risk of these conditions. As part of MAHEC’s program to address the community’s need for heart health education, my role has been to conduct a thorough materials review gathering information on existing health communication materials and campaigns that convey similar heart health messages and a literature review of research on the effectiveness of campaigns. Through pre-testing and the recognition of common themes among quality health communication materials, I also have been able to oversee the process of creating and pretesting tailored heart health and stroke campaigns for MAHEC by UNCA students. Additionally, I have developed recommendations for future messages. With materials specific to the community, MAHEC will communicate more effectively about modifiable risk factors in the hope of slowing the rising incidence of chronic heart disease. Increases in communication will play an integral role in the elimination of health disparities and increased health care access for communities in western North Carolina.

Origins of the Project

Heart disease is a leading cause of morbidity and mortality in the United States. Heart disease is responsible for 25% of all deaths, the leading cause of mortality in men and women, killing nearly 600,000 people annually. Strokes are responsible for 1 in every 19 deaths annually, killing 130,000 Americans. An American suffers and dies from a stroke every 4 minutes, making strokes one of the leading causes of long-term disability.

Stroke and Heart Disease in North Carolina
The agency Healthy North Carolina 2020 is dedicated to reducing the cardiovascular mortality rate in North Carolina by 2020. To address cardiovascular mortality, the organization measures and targets Cardiovascular Disease (CVD), which includes “heart disease, stroke, circulatory system diseases, and congenital cardiovascular defects.” Their measurements include baseline, current and target objectives. In 2008, there were 256.5 cardiovascular deaths per every 100,000. The current data indicates 237.2 cardiovascular deaths per every 100,000 in 2012. The goal for 2020 is to lower the instance of cardiovascular death to 161.5 deaths per 100,000.

While North Carolina’s rates of heart disease deaths mirror the national average, mortality rates related to stroke are higher than national averages. Additionally, North Carolina has the 10th highest rate of stroke deaths in the United States.

Figure 1 is a Centers for Disease Control and Prevention (CDC) map that depicts heart disease-related deaths by county within the United States. Initial observation reveals the health disparity in the southeast region of the United States. This figure depicts instances of heart disease related deaths for individuals ages 35 and older, but younger than age 65. Buncombe County, the location of the Healthy Heart Initiative discussed in this paper faces cardiovascular death rates of 351.0-391.6 per 100,000. Though the rates exhibited in Buncombe County aren’t the highest rates of cardiovascular deaths in North Carolina, they are significant, even when compared to neighboring counties.

Figure 1: Heart disease death rates, 2008-2010, Adults, Ages 35+, by County

Figure 2 is a CDC map depicting stroke related deaths for adults ages 35 and older. Stroke related deaths resemble similar southeastern region trends. Stroke deaths in Buncombe County are significantly higher than most counties in the United States. Stroke deaths account for 100.2-300.1 deaths per 100,000.

Figure 2: Stroke Death Rates, 2008-2010 Adults, Ages 35+, by County


Given the high rates of morbidity and mortality associated with heart disease and stroke, MAHEC is responding with their Healthy Heart Initiative, a health campaign designed to target and reduce the modifiable risk factors associated with these conditions. Specifically, the Duke grant MAHEC received will be allocated to campaign efforts in Woodfin, NC in its first year.

Chronic conditions such as heart disease and stroke are often the product of health risk behaviors, referred to as modifiable risk factors. These risk factors, lifestyle habits or behaviors, are changeable. Furthermore, they can include poor diet, tobacco use, physical inactivity, cholesterol, high blood pressure and many more. The leading modifiable risk factors for heart disease are smoking, high blood pressure and high LDL cholesterol. Nearly 49% of all adults will have at least one of the three leading modifiable risk factors for heart disease. Other modifiable risks include alcohol use, diabetes, physical inactivity, poor nutrition and obesity. Similarly, stroke has the same three leading risk factors as heart disease. Uncontrolled high
cholesterol and hypertension, coupled with lifestyle choices such as smoking are leading causes in the onset and severity of strokes.\textsuperscript{6}

If individuals do not address their behaviors, they may be at a higher risk of suffering from a chronic condition such as heart disease and stroke.\textsuperscript{4} Aside from behaviors, certain conditions can be classified as modifiable factors, as they contribute to chronic disease, as well. These conditions include hypertension, high cholesterol, high blood pressure, obesity and others. Health risk behaviors, paired with conditions contribute to the onset and severity of chronic disease.

**MAHEC’s Healthy Heart Initiative**

MAHEC’s Healthy Heart Initiative is a response to the high rates of heart disease and stroke in the Buncombe County community. MAHEC received two grants from the Duke Endowment for their work with the community. One of which is a $500,000 endowment, which is allocated for the identification and prevention of modifiable factors and chronic disease throughout Buncombe County. The Healthy Heart Initiative will target the Woodfin community in its first program year and Enka in its second year.

The endowment will allow MAHEC to directly impact chronic disease in this community. The grant will allow for increased communication materials, screenings and access to care facilities. My role in this project has been to review literature on effective campaigns, pretest existing materials, make recommendations and facilitate the creation of new materials. My role in this project will assist MAHEC in the communication step of the Healthy Heart Initiative. By understanding effective communication and interviewing community members, they will have a better understanding of how to successfully implement awareness and prevention materials in this community. This will serve as a foundation for the initiative, allowing them to tailor materials and provide personalized prevention and treatment options.

By identifying target audiences and providing screenings, MAHEC is serving an integral role in the chronic disease prevention process for individuals. Through screenings, patients are provided with their specific risk, interpretations of results and instructions for moving forward. The Healthy Heart Initiative also provides individuals without primary care professionals an opportunity to receive service at one of MAHEC’s many facilities throughout the Buncombe County community. This process provides communication, identifies individuals at risk, provides screenings and increases access for prevention and treatment.

**Methods and Work Undertaken**

The purpose of my project was to conduct a literature review, materials review, pretesting and new material coordination. This literature guided my efforts during the pretesting, recommendation and material development process. The literature review will ensure our efforts are being allocated to testing and creating quality materials, while learning from the triumphs and failures of previous health campaigns. Through this process, I am most able to support MAHEC’s efforts through the Healthy Heart Initiative.
Literature review of successful health campaigns

To better prepare the pretesting and creation of campaign materials, I conducted a literature review to better understand the research supporting successful campaign messaging, techniques and design. First, it was important to understand campaign components. In Thomas E. Backer’s “Designing Health Communication Campaigns: What Works?” he discusses the components of a successful health campaign. He indicates the following campaign characteristics:

1. The development of generalizations
   This involves the compilation and synthesization of previous subject matter and research.

2. Study of the characteristics, experiences, philosophies, and creative styles of campaign designers
   The implication that the principles and guiding passions of material designers influences the outcome and product of messaging.

3. Study of the characteristics of organizations involved in health communication campaigns
   Understanding the organization’s mission and vision can affect messaging, tools and communication materials.

Through these components, communication designers are able to effectively design materials for target communities.9

Effective campaigns utilize a variety of channels. They not only include mass media communication, but they also provide free or reduced cost health products and services.10 These services and products include, but are not limited to, health screenings, cessation programs, prevention tools such as condoms, toothbrushes, child seats, helmets and other safety tools. Overall, the Guide for Community Preventative Services found that health communication campaigns that integrated a multifaceted communication approach, including mass media and intervention tools, were effective on health behavior change.10 This is due to the integrated approach, providing communication and tools to make successful behavior change.

In addition to the campaign design, the messaging design and implementation is also important. Health awareness campaigns use a variety of different communication methods to reach target audiences. Health campaigns focused on prevention, such as HIV information campaigns use mass media techniques- movies, print and television advertisements and radio. This technique coupled with small media, including pamphlets, Internet and chat room outreach.11 Other campaign techniques to increase knowledge of health and negative health outcomes include providing health screenings. In 2006, a group of nurses were screened for certain health biometrics. The study found that nurses didn’t know medical information about themselves, including cholesterol readings. Additionally, many of the nurses tested were at a higher risk of hypertension and had a high waist circumference.12

Materials review

In preparation for pretesting, I conducted a literature review to identify research on existing campaigns. To better organize the pretesting process, I researched the effectiveness of health
campaigns on the behavior change process, campaign components, messaging and aesthetics. Organizations such as the British Heart Foundation spread awareness through campaigning toolkits. This toolkit includes a detailed booklet that will guide successful heart health awareness campaigns in the local community. Additionally, they provide resources such as selecting a target audience and letter writing techniques and guides.13 “The Heart Truth” campaign spreads awareness through dioramas, brochures, fact sheets, handouts, posters and infographics. The program intent is to lower heart disease.14 In bold white font, the Heart Truth campaign’s advertisement reads “It’s not just a man’s disease; it’s the #1 killer of women.” The messaging is clear, the audience is targeted and fear is instilled. The message, plastered on posters, mass media and social media, will reach millions of women.

Organizations such as the National Stroke Association use slogans to convey campaign messages. The acronym “FAST” is commonly utilized tool to recognize the symptoms of a stroke. The “F” represents detecting changes in facial appearance. “A” represents the inability to raise or move one or both arms. “S” is the recognition of changes in speech. The “T” represents time, which is one of the most important factors in the treatment of strokes (National Stroke Association). Not only is this messaging technique dynamic and functional, it’s easy to remember and provides recognizable signs and symptoms.15 The World Heart Federation uses call-to-action campaign methods to inspire health behavior change. Their slogan “Make a health heart your goal” is used in addition to education material, posters and videos to increase access to cardiovascular disease information.16

Campaign aesthetics are also an important component in health campaign design. From bold font, to pictures of spokes models providing testimonials, the aesthetics of health campaign vary and provide different types of messaging. The use of colors, slogans and one-liners adds to the complexity and success of messaging tactics. Infographics, factsheets and brochures are used to convey information. Moreover, continuing education is also a predominant theme among existing literature. The objective is not only to reach the patients and clients, but also to supplement and support health professionals in hopes of providing increased access and quality of care.

In order to successfully identify the appropriate campaign tactics and messaging techniques, health promoters must identify community needs. Community needs can be identified through pretesting and outreach. Once needs are identified, health campaign materials can be designed and created. Messaging styles and campaign aesthetics can be carefully chosen to convey messages. Program designers have the opportunity to create materials that increase health knowledge, access to services and lower risk of negative health outcomes.

Pretesting Materials

Based on the literature review and guidance from Sarah Thach, we chose materials for the pretesting process. These materials incorporate a variety of communication techniques. They were chosen because they represented a specific aspect of the healthy heart initiative.
Figures 3 and 4 include pretest materials #1. The material was previously created by MAHEC and is intended to address the American Heart Associations recommendations for heart health focused on modifiable factors, such as physical inactivity and nutrition.

Figure 3: MAHEC Healthy Heart Buncombe Screening- page one of pretest materials #1

MAHEC Healthy Heart Buncombe Screening

AMERICAN HEART ASSOCIATION RECOMMENDATIONS FOR PHYSICAL ACTIVITY

For Heart Health:

• Do at least 30 minutes of moderate activity at least 5 days a week, adding up to 150 minutes in a week. Or at least 25 minutes of vigorous activity at least 3 days a week adding up to 75 minutes in a week. Or do some moderate and vigorous activity AND moderate muscle-strengthening activity at least 2 days a week for added health benefits.

The talk test is a simple way to measure activity. If you’re doing moderate activity you can talk, but not sing, during the activity. If you’re doing vigorous activity, you will not be able to say more than a few words without taking a breath.

• Moderate activities include: walking briskly (3 miles/hour or faster; not speed-walking); water aerobics; bicycling slower than 10 miles an hour; tennis (doubles); ballroom dancing; general gardening.

• Vigorous activities include: racetracking, jogging, or running; swimming laps; tennis (singles); aerobic dancing; bicycling 10 miles an hour or faster; jumping rope; heavy gardening (continuous digging or hoeing where heart rate goes up); hiking uphill or with a heavy backpack.

• Muscle strengthening activities include weight training; working with stretchy bands; push-ups; pull-ups; sit-ups; carrying heavy loads; heavy gardening.

TALK TO YOUR DOCTOR BEFORE BEGINNING A NEW ACTIVITY PROGRAM

Tips to add more activity to your life:

• Park farther away
• Take the stairs
• Swing your arms when you walk
• Have fun playing with children or grandchildren
  at the park or in the pool
• Clean house
• Walk, run, or bike with a friend
• Walk-the-dog

Source: Mountain Area Health Education Center (MAHEC)
Figure 4: MAHEC Healthy Heart Buncombe Screening- page two of pretest materials #1

<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Number of servings for 1600-3100 caloric diets</th>
<th>Servings on a 2000 caloric diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grains and grain products (eat at least 3 whole grain foods each day)</td>
<td>6 - 12</td>
<td>7 - 8</td>
</tr>
<tr>
<td>Fruits</td>
<td>4 - 6</td>
<td>4 - 5</td>
</tr>
<tr>
<td>Vegetables</td>
<td>4 - 6</td>
<td>4 - 5</td>
</tr>
<tr>
<td>Low fat or non fat dairy foods</td>
<td>2 - 4</td>
<td>2 - 3</td>
</tr>
<tr>
<td>Lean meats, fish, poultry</td>
<td>1.5 - 2.5</td>
<td>2 or less</td>
</tr>
<tr>
<td>Nuts, seeds, and legumes</td>
<td>3 - 6 per week</td>
<td>4 - 5 per week</td>
</tr>
<tr>
<td>Fats and sweets</td>
<td>2 - 4</td>
<td>limited</td>
</tr>
</tbody>
</table>


The Secret to Portion Size is in Your Hand!

A fist or cupped hand = 1 cup
One serving = 1 cup broccoli, cauliflower, or beans
OR 1 cup rice, pasta, or cereal
OR 1 cup baked or cooked potato

A thumb = 1 oz. cheese
Low-fat dairy products are the best choice.

Handful = 1 to 2 oz. snack food
Smoking can affect health: limit or stop.

1 tennis ball = 1 serving of fruit
Healthy them include fruit every day.

Source: Mountain Area Health Education Center (MAHEC)

Figure 5 is pretest material #2 and Figure 6 is pretest material #3. Both of the materials are the products of an existing campaign in New Ulm, Minnesota. The Heart of New Ulm Project is a project that aims to establish a Culture of Health throughout the New Ulm community. They target nutrition and physical activity in order to provide individuals and families with resources and research in order to make informed decisions regarding their health. The Heart of New Ulm Project serves as inspiration for MAHEC’s Healthy Heart Initiative campaign. If the
“hearts beat back” campaign in New Ulm was to act as a foundation for best program practices and development for the Woodfin community, it was really important that their materials were included in the pretesting process.

Figure 5: Managing your Numbers: Lowering your Blood Pressure - pretest material #2

Managing Your Numbers:
Lowering Your Blood Pressure

High Blood Pressure is often called “the silent killer” because there are often no symptoms and your numbers are your only warning.

If you have high blood pressure, it makes your heart work harder and can lead to plaque buildup in your arteries and, eventually, a heart attack or heart failure.

High blood pressure defined:

• For most adults: equal or greater than 140/90 mmHg
• For adults with diabetes: equal or greater than 130/80 mmHg

What to do if your blood pressure is high

Healthful eating and physical activity are first-line steps you can take to achieve your blood pressure goals. However, many people need medications (most often, more than one) to manage it.

A blood pressure reading consists of two numbers, both measure in millimeters of mercury (mmHg).

Systolic pressure is the force of blood against the artery walls as the heart beats

120/80 mmHg

Diastolic pressure is the blood pressure between heart beats

The first, or top, number is most important for people battling high blood pressure.

Source: Hearts Beat Back: The Heart of New Ulm Project
Figure 6: “What’s the Big Deal with Blood Pressure?”- pretest material #3

WHAT’S THE BIG DEAL WITH BLOOD PRESSURE?

By Theresa Bunkers, Registered Nurse for the Heart of New Ulm Project

I recently had the opportunity to attend Allina’s Cardiovascular Nursing conference and was reminded about the importance of controlling blood pressure. It can be confusing to see the recommended targets change, as they have over the past years. I thought it might be helpful to address some of these questions.

Is high blood pressure really that dangerous?

Yes. It is sometimes called “the silent killer” because high blood pressure has no symptoms. This means you may not be aware that it’s damaging your eyes, heart, kidneys, brain and other organs. Research shows that even a 10-15 point drop can help substantially. For every 20/10 increment over 115/75, your risk for a heart attack doubles. That means if your blood pressure runs about 135/85, your risk for a heart attack is significant. Talk with your provider about what your goal blood pressure should be based on your unique health circumstances.

What about “white coat syndrome”?

“White coat syndrome” refers to instances where blood pressure is high only in the doctor’s office. This is tricky, as some believe it represents blood pressure when a person is anxious and away from their relaxed home setting, which occurs more often than just going to the doctor’s office. If you’ve experienced high blood pressure in your doctor’s office, it may be helpful to consider purchasing a portable “home” monitor. Portable monitors allow you to check your blood pressure in a variety of settings, such as at home, at work, etc. This can help you determine if your high blood pressure occurs only in the doctor’s office, or if it’s a persistent condition that needs treatment.

What can you do to lower your blood pressure?

Healthy eating and regular exercise are the cornerstones to lowering blood pressure. Reducing salt (sodium) can help a lot. Remember, salt is an acquired taste — we were not born to crave it. If you cut back on salt, your taste buds will adapt over a period of about four to six weeks to where your body doesn’t miss it.

Exercise releases positive hormones (endorphins) that do wonderful things for your body, including lowering blood pressure.

Medication may be needed to lower your blood pressure. Don’t be surprised if your doctor puts you on two to four different kinds of blood pressure pills. A number of different parts of your body help regulate blood pressure. Similarly, there are different groups of medicines that act on these different parts of your body. It can be more effective to take lower doses of different medications that all target different parts, rather than taking a high dose of a single medication that targets only one part.

Source: Hearts Beat Back: The Heart of New Ulm Project
Pretesting Process

Given our understanding of chronic disease and its impact in our Buncombe County community, MAHEC is responding with a health campaign tailored to a specific community within the county. In preparation for designing a program specific to this population, I developed a pretesting plan, which entailed the use of three pretesting materials. The materials chosen for the pretesting process all represented different areas of health communication. While some were colorful and utilized charts and pictures, others were informative and contained a thought-provoking title.

The pretesting for this service project was conducted in the Woodfin community, specifically in the 28804 zip code. The Woodfin YMCA was the site chosen for pre-testing. Rather than asking a set of questions, the health communication team asked two open-ended questions regarding each material. They asked the following information during the pretesting interviews.

1. What message do you think this material conveys?
2. Do you find this material to be effective? Why/why not?

Closed-ended questions were not the appropriate for this type of pretesting. Because we wanted this community’s feedback on effective messages and materials, it was important that the interview questions were designed to facilitate conversation. Since the health campaign is being implemented in the Woodfin community, it was crucial to receive feedback on communication and messaging styles that not only convey health information, but also capture their attention.

To better assess the needs of the Woodfin community, pre-testing materials were chosen because of their components and communication techniques. Population, demographic, geographic area and target audience are all components considered in the creation of the health communication materials chosen.

We successfully interviewed 15 individuals in the Woodfin community regarding our three materials. The materials shared one commonality during the pretesting process. All interviewees were able to describe the intent the material was attempting to convey, yielding the importance of a clear and simple title. Moving forward, I compiled the feedback received into tables for each material. The tables are organized by perceived strengths and weaknesses. The tables also include the same language and phrasing used by interviewees, in order to better convey their feedback.

Table 1: Strengths and Weaknesses of Pretesting Material 1

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention-grabbing</td>
<td>Doesn’t target or attract people who already know about particular health issues</td>
</tr>
<tr>
<td>Portion sizes are helpful</td>
<td>Isn’t inclusive of vegans and other lifestyles</td>
</tr>
<tr>
<td>MyPlate picture is useful</td>
<td>Title is too small</td>
</tr>
<tr>
<td>Good layout</td>
<td>Too many words</td>
</tr>
</tbody>
</table>
Table 2: Strengths and Weaknesses of Pretesting Material 2

*Managing Your Numbers: Lowering Your Blood Pressure*

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conveys the importance of blood pressure</td>
<td>Too “wordy”</td>
</tr>
<tr>
<td>Looks professional</td>
<td>Not appealing</td>
</tr>
<tr>
<td>Provides accurate information</td>
<td>Could use an “attention-grabber”</td>
</tr>
<tr>
<td>Looks organized</td>
<td>Limited to one issue</td>
</tr>
<tr>
<td>Bold title is good</td>
<td>Too complicated</td>
</tr>
<tr>
<td>Chart is good</td>
<td>Needs a slogan</td>
</tr>
<tr>
<td>Good formatting</td>
<td>Needs more pictures</td>
</tr>
<tr>
<td>Gives appropriate ranges- tells you what’s</td>
<td>Needs more examples</td>
</tr>
<tr>
<td>good blood pressure</td>
<td>Too much wasted space</td>
</tr>
</tbody>
</table>

Table 3: Strengths and Weaknesses of Pretesting Material 3

*What’s the Big Deal with Blood Pressure?*

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>The title is good- has blood pressure in the</td>
<td>Small print</td>
</tr>
<tr>
<td>and it grabs your attention</td>
<td></td>
</tr>
<tr>
<td>Lots of good information</td>
<td>Takes too much time to read</td>
</tr>
<tr>
<td>Title makes you WANT to know your blood</td>
<td>Not interesting</td>
</tr>
<tr>
<td>pressure</td>
<td></td>
</tr>
<tr>
<td>Consequences are effective</td>
<td>Too much text</td>
</tr>
<tr>
<td></td>
<td>Information dense</td>
</tr>
<tr>
<td></td>
<td>Needs more colorful font</td>
</tr>
<tr>
<td></td>
<td>Way too long</td>
</tr>
</tbody>
</table>

Based on the information received, no material pretested during this process received completely positive feedback. That being said, health communicators and promoters are able to use information such as this to guide the development of other materials. Finding commonalities
among feedback is also beneficial during this process. Noting negative feedback pertaining to materials that have “too many words” or “not enough diagrams or pictures” will be useful for this group moving forward. Pretesting feedback such as this could also be used to create a design guide for health communication materials and campaigns in the future.

Ties to Academia

My service project with MAHEC and the Woodfin community has provided me with the opportunity to implement the skills I have studied throughout my interdisciplinary education with UNC Asheville. Throughout my major coursework, I have studied a multifaceted orientation to address health and wellness barriers and improving access in the community. My service learning experience through my Introduction to Health Promotion course exposed me to the importance of needs assessment. Communities are complex and are comprised of individuals with varying degrees of health literacy and access to information and services. While my Introduction to Health Promotion course aided me in community needs assessment, my Health Parity course taught me to identify disparities within my community. These health disparities in our communities are created through wealth gaps, inadequate access to information and services, and lack of outreach. Through identifying the health disparities, we are also able to identify the sources that are responsible for the community affliction. This requires careful evaluation and analysis of services and access. As I progressed through my undergraduate career, I was able to assess populations and recognize health disparities. Upon taking the Health Promotion: Theory and Practice course, I was provided with the tools to address the populations and disparities. This allowed me to provide information, make suggestions and create programming specific population needs.

The Health Communication course offered through the health and wellness department, I was better able to tailor my communication style and messaging to my audience. In health communication we discuss health literacy and comprehension level. By utilizing this knowledge, I’m better able to communicate health information to communities with varying degrees of health literacy. Through increased communication, we are better able to assess access to health related services.

The public service project being performed with MAHEC addresses a great deal of health promotion practice demonstrated throughout the curriculum. In reviewing research and the chronic disease prevalence MAHEC has identified a community need for health promotion campaigns in the Woodfin area. Through pretesting and feedback acquisition, I have been able to identify specific campaign messaging and techniques to better address the disparities surrounding heart health. By developing campaigns specific to this community, we will have the opportunity to directly address and alleviate the disparities through increased access to knowledge of modifiable factors and care.

Challenges Faced and Responses to those Challenges

One of the most difficult aspects of health campaigns such as this is the pretesting process. It is
difficult to elicit community members’ feedback on materials. During the pretesting, we found it extremely difficult to entice bystanders to share their thoughts about existing materials. There feedback is crucial. This campaign will be designed around their needs and messaging preferences, so not receiving feedback was not an option.

The best way to address lack of interest among a group is to reframe and tailor the way we approach the situation. Rather than approaching communities and asking, “do you have a few moments to give me feedback on this health information?” I rephrased and reframed my request so that it would reach individuals on a personal level. As the pretesting process continued, I found it was best to elicit their feedback by asking questions such as, “have you heard about the upcoming changes in health communication in your community?” and “would you like to play a valuable role in reducing chronic disease in Woodfin?” There were still individuals who didn’t want to participate in our pretesting interview, but we began seeing increase interest in our process. By relating the campaign to these individuals, they were much more likely to listen to the rest of our project pitch and answer questions about the existing materials.

It was also challenging to work with different health promoters. I partnered with three health communication students for this research. They participated in the pretesting interview and have been tasked with the responsibility to create materials for the campaign based on the feedback from the pretesting process. It’s challenging to work on a campaign with multiple communication stakeholders. The health communication students serve a crucial role in the process. They have varying degrees of health promotion related experience and exposure. Because we have different orientations to the campaign itself, different communication backgrounds, it’s difficult to create products. I approached this by first understanding their experience related to communication development, then tailoring their tasks around their skill set. I also provided examples and offered to provide feedback throughout the process. Though this is a challenge, it’s indicative of public health projects. They often include a multitude of challenges, barriers and reevaluation. Health communication and promotion specialist must be equipped with the knowledge and adaptability to address these challenges and continue to see through campaign goals and objectives.

**Results**

Throughout my coursework within the Health and Wellness Promotion department at UNC Asheville, I have learned to recognize and implement the strong components of campaign messaging. The pretesting process provided me with the opportunity to implement this knowledge. When I selected the materials for the process, I chose ones that possessed positive and negative qualities. As a health promoter, it’s beneficial to know health communication standards. That being said, it’s more valuable to speak with community members and have them identify the positive and negative aspects of communication materials. This provides a solid foundation for the communication development process. For example, we know that the Woodfin community members interviewed appreciate diagrams, charts and images rather than wordy paragraphs. They also found that the short, informative pieces were more effective.
This knowledge can be used throughout the Healthy Heart Initiative throughout their campaign. By tailoring communication to the Woodfin community, they are likely to elicit more interest, therefore identifying more of the individuals who may be at risk for heart disease and stroke. Through this process, this campaign becomes a personalized community approach to reducing risk factors and chronic disease. This model will allow them to then implement communication and health campaigns in other communities throughout Buncombe County.

Above all, the Woodfin community will benefit from this project. The Healthy Heart Initiative is not a standard set of processes. It will be a compilation of research, pretesting, communication, screenings and access. They will know that the materials designed were not only specific to their needs, but also continually designed around their feedback and reevaluated to ensure their success. The Healthy Heart Initiative is a health campaign for the community, by the community.

**Sustainability**

The information gathered through pretesting for this public service project is sustainable because it provides a foundation for campaign practices moving forward. By receiving feedback from the target community, MAHEC and other health promotion professionals will have the opportunity to created tailored and appropriate health literacy and communication materials for their campaigns. This not only involves the community in the campaign process, it also creates a standard for development. The foundation of the Healthy Heart Initiative is rooted in the needs and feedback of the Woodfin community. Therefore, it is a product for the community, by the community, facilitating long-term success.

Sarah Thach, director of MAHEC’s Healthy Aging Initiative and a leader in the Healthy Heart Initiative, has recently lead a discussion in a health promotion course. The relationship between MAHEC, the Healthy Heart Initiative and UNC Asheville will lay the foundation for a future of successful health communication, promotion and intervention. The involvement with the Woodfin community with MAHEC and the Health and Wellness Promotion department at the University of North Carolina at Asheville sets a precedent for health promotion in the future. The established relationship between the organizations will better serve the community and ensure continual improvement and evolvement of the campaign based on Woodfin’s needs. Overall, this relationship will continue to benefit and enable success in the Buncombe County community.

**Conclusion**

Through this project I had the unique opportunity to apply my health promotion coursework in partnership with MAHEC to benefit the local community. As health promoters, we are often given the opportunity to identify barriers to care, health disparities and potential solutions. Through the Healthy Heart Initiative, we have been given the chance to directly reach a particular community. Not only do we have the opportunity to receive feedback about health through pretesting, we then have the knowledge and ability to create tailored, Woodfin-focused
health communication materials. A community-focused approach will yield increased access to care and information, while also facilitating long-lasting relationships. All citizens have vested interest in the health of individuals and communities. Through the alleviation of health disparities and the elimination of chronic disease in the Woodfin community, we are making impactful change for the future of Buncombe County and the western North Carolina region. We are setting a precedent of health, empowering the community to make informed, health conscious decisions. Furthermore, we are addressing chronic disease at a community level, therein affecting our population health. Increased knowledge, access and quality of care are all valuable components for the healthy community we aim to cultivate.

Bibliography


