



Developing Health Education Materials

Depending on resources and budgets, designing your own health education materials may be a more desired route than purchasing existing materials. This may be an option because materials on the specific topic you are addressing may not be available, the reading level of the materials does not meet your needs, the information is not geared toward your target population or the information is needed in a different format.

Visual Design

Generally, when designing any health education materials the following design aspects should be considered:

- Keep the materials SIMPLE. Try to limit the amount of information contained in one publication.
- The font size of the inside text should be at least 12-point, if not larger. Fonts with serifs are generally easier to read for the text. Times New Roman, Palatino, and Century Schoolbook are some examples of fonts with serifs. Any titles or subheadings should be larger than the text and clearly visible. Titles in upper and lower cases are easier to read than all UPPER CAPS.
- Use unjustified right margins. This allows the reader's eye to flow more easily through the text and eliminates blank spaces caused by justification.
- Literacy levels should be kept to about 5th or 6th grade (see SMOG test later in this section).
- The material should not be cluttered. A well-proportioned amount of white space is beneficial to the appearance of the document.
- The material should be visually appealing. If possible, try to include a mix of graphics and pictures with text. Any graphics or pictures should correspond directly to the content of the material. If using any photographs, the photos should reflect the culture and ethnicity of the target audience. People in the photographs should be conducting realistic activities.



Developing Health Education Materials

Substance Abuse Prevention Materials

The Centers for Substance Abuse Prevention has developed some public health principles and other hints to be used when designing health education materials related to alcohol and substance abuse.

Public Health Principles

- Make it clear that illegal and unwise drug use is unhealthy and harmful for all.
- Give a clear message that “risk” is associated with using any form or amount of alcohol, tobacco and other drugs.
- When targeting persons under 21 years of age, pregnant women, recovering alcoholics or persons taking prescription or nonprescription drugs, give a clear message of no alcohol use.
- Do not unintentionally glamorize or glorify the use of alcohol, tobacco or other drugs.
- Do not include illustrations or dramatizations that could teach people ways to prepare, obtain or ingest illegal drugs.
- Do not “blame the victim.”
- State that abstinence is a viable choice.
- Check for cultural and ethnic biases and sensitivity.



Developing Health Education Materials

How the Public Perceives Health Messages

- excerpted from *Making Health Communication Programs Work: A Planner's Guide*, NIH Publication #92-1493, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, Office of Career Communications, National Cancer Institute.

Thinking about how the public perceives health messages prior to message development can help assure that the public will hear and heed the information you want to convey. These factors can be applied to designing health education materials and health education campaign messages.

Factors affecting public acceptance of health messages include:

“Health Risk” is an intangible concept

Many people do not understand the concept of relative risk, and so personal decisions may be based on faulty reasoning. For example, the public tends to overestimate their risk of car and airplane accidents, homicides and other events that most frequently make the news, and underestimate their risk of less newsworthy, but more common health problems such as strokes and diabetes.

The public responds to easy solutions

The ability to act to reduce or eliminate an identified risk not only can lessen actual risk, but can abate the fear, denial or mistrust that may result from new health information. The public is more likely to respond to a call for action if the action is relatively simple (e.g. get a blood test to check for cholesterol) and less likely to act if the “price” of an action is higher, or the action is complicated (e.g., quitting smoking to reduce cancer risk).

Therefore, when addressing a complex issue, there may be an intermediate action to recommend (calling for information, preparing to quit).



Developing Health Education Materials

How the Public Perceives Health Messages continued...

People want absolute answers

Some people don't understand probabilities; they want concrete information upon which they can make certain decisions. In the absence of firm answers from a scientist, the media will sometimes draw an inappropriate conclusion, providing the public with faulty but conclusive-sounding information that the public finds easier to accept and deal with. Therefore, you must carefully and clearly present your information to both the public and the media.

The public may react unfavorably to fear

Frightening information, which sometimes cannot be avoided, may result in personal denial, disproportionate levels of hysteria, anxiety and feelings of helplessness. Worry and fear may be accentuated by faulty logic and misinterpretation, and compounded if there are no immediate actions an individual can take to ameliorate the risk.

The public doubts the verity of science

The public knows that scientists can be wrong and recalls incidents such as the predicted swine flu epidemic. They may hesitate to believe a scientist's prediction.

The public has other priorities

New health information may not be integrated as one of an individual's priorities. When the National Cancer Institute conducted focus groups with retired shipyard workers, they found that a future threat of cancer from a long-ago exposure to asbestos paled in importance in comparison with their daily infirmities. Conversely, teenagers, many of whom, may never have experienced poor health, may find it inconceivable that they will be susceptible to future illness. For many people, intangible health information cannot compete with more tangible daily problems.



Developing Health Education Materials

How the Public Perceives Health Messages continued...

Individuals do not feel personally susceptible

The public has a strong tendency to underestimate personal risk. An NCI survey found that 54% of respondents believed that a serious illness “couldn’t happen to them” and considered their risk as less than that of the general public, regardless of their actual risk.

The public holds contradictory beliefs

Even though an individual may believe that “it can’t happen to me”, he or she can still believe that “everything causes cancer,” and, therefore, there is no way to avoid cancer “when your time comes,” and no need to alter personal behavior.

The public lacks a future orientation

The majority of Americans say that it is better to live for the present than to worry about tomorrow. The public, especially lower socioeconomic groups, has trouble relating to the future concept, and many health risk messages foretell of outcomes far in the future. Focus group participants who were convened to help plan a cancer prevention program agreed that it would take an actual health scare, or seeing a health problem in a friend or loved one, to make them alter their own behavior.

The public personalizes new information

New risk information is frequently described in terms of its effect on society (such as predicted morbidity and mortality rates). The individual needs to translate that information into personal risk to understand it; translation of information offers an opportunity for misinterpretation and misjudgment, especially because technical analyses may be incomprehensible to the public.

The public does not understand science

Technical and medical terminology, the variables involved in calculating risk, and the fact that science is not static, but evolves and changes over time, are all poorly understood by the public. Therefore, individuals lack the basic tools required to understand and interpret some health information.



Developing Health Education Materials

The SMOG Readability Formula

Health education materials generally should be written at a 5th grade reading level, or lower. The SMOG test is a way to determine the reading level of the material that has been designed. There are other reading-level tests available, however, the SMOG test is one commonly used with health education materials. Start with the completed written material and follow the four steps below.

- excerpted from *Making Health Communication Programs Work*, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health. Office of Cancer Communications, National Cancer Institute. NIH Publication No. 92-1493. April 1992.

1. Count off 10 consecutive sentences near the beginning, in the middle and near the end of the text.
2. From this sample of 30 sentences, circle all of the words containing three or more syllables (polysyllabic), including repetitions of the same word and total the number of words circled.
3. Estimate the square root of the total number of polysyllabic words counted.
4. Add a constant of three to the square root. This number gives the SMOG grade, or the reading grade level that a person must have reached if he or she is to fully understand the text.

A few additional guidelines will help to clarify these directions:

- A sentence is defined as a string of words punctuated with a period (.), an exclamation point (!) or a question mark (?).
- Hyphenated words are considered as one word.
- Numbers which are written out should also be considered, and if in numeric form in the text, they should be pronounced to determine if they are polysyllabic.
- Proper nouns, if polysyllabic, should be counted, too.
- Abbreviations should be read as unabbreviated to determine if they are polysyllabic.



Developing Health Education Materials

The SMOG Readability Test continued...

Not all pamphlets, fact sheets or other printed materials contain 30 sentences. To test a text that has fewer than 30 sentences:

1. Count all of the polysyllabic words in the text.
2. Count the number of sentences.
3. Find the average number of polysyllabic words per sentence as follows:
average = $\frac{\text{Total \# of polysyllabic words}}{\text{Total \# of sentences}}$
4. Multiply that average by the number of sentences *short of 30*.
5. Add that figure on to the total number of polysyllabic words.
6. Find the square root and add the constant of 3.

Concept Development

The Center for Substance Abuse Prevention has developed 10 questions for Concept Development. These questions can assist in determining the target population, developing the health education message, the purpose of the material and more.

1. Who wants this product?

Sometimes there may be a specific group who has requested information. For example, a day care center may want a brochure on proper nutrition for 3-5 year olds. If existing information cannot be located, a brochure may need to be designed.

2. Who needs this information?

This is your target population. In the example above, the day care center may have a majority of Hispanic-American parents. The materials need to be developed so that they are attractive, relevant and persuasive for the target audience.



Developing Health Education Materials

Concept Development continued...

3. Who are the specific audiences?

Now that the target population has been defined, outline known and unknown information about the target population. Focus groups, interviews or surveys may need to be conducted to find out more about the target population.

4. How will this information be used?

In the above example, determine how the brochure will be distributed to parents? If the brochure is distributed as parents are picking up their children, is this the best method of delivery? Could the brochure be mailed to their house? The content of the brochure should also be considered. For example, if most of the families have both parents working full-time, some quick and easy healthy recipes might be the most beneficial way to educate them about nutrition.

5. What format should it have?

Brochures, pamphlets and flyers are not the only means of communicating a message. Try to be innovative and determine the most effective way of reaching the target audience. For example, pass out a recipe book to parents of the children in the day care center and provide them with a new recipe every two weeks to place in the recipe book.

6. What reinforcement is needed?

Depending on the type of material being developed, an introduction, discussion guide or letter may need to accompany the material. This assists users to determine exactly how and why to use the material.



Developing Health Education Materials

Concept Development continued...

7. What's the overall purpose?

What is the goal of the material being developed? The message contained in the material should be consistent with the concept originally defined.

Outline some specific outcomes which will help in the evaluation of your product. General outcomes can include raising awareness, increasing knowledge or changing attitudes. From this, specific outcomes can be developed. Outcomes can include: raising awareness by having at least five public service announcements on local radio stations; or decrease the amount of cigarette billboard advertisements in the community by 20%.

8. How long will it be current?

Put a date on the material so that the printed date is known to readers. This will help the readers of the material in knowing if the information is current and will help you recognize when the material needs to be updated. Try to anticipate external factors, such as new research, politics or fashion styles when designing the materials. Determine a timeline for your material when it is developed and determine a date when you would like to update the information.

9. How will it be promoted and disseminated?

Collaboration can be the key to promotion and dissemination of materials.

Talk with different organizations and see if they can pass along the information to the people they work with. Advertise the material in association newsletters, local newspapers, journals, etc. People have to know your material exists.



Developing Health Education Materials

Concept Development continued...

10. How will the material be evaluated?

Evaluation of the material should be considered during the planning stages, not after the material has been developed. Before finalizing the material, pretest the information with some members of the target population. Determine whether your message comes across as intended and that the materials accomplish what they were designed to accomplish. After the materials have been finalized and distributed, the evaluation process can continued. Sending a survey to those who have used the materials or conducting a focus group to determine the usefulness of the materials are a couple of methods of evaluating the information.

Sources:

Technical Assistance Bulletin: Careful Concept Development Paves the Way to Effective Prevention Materials Center for Substance Abuse Prevention. September, 1994.

Technical Assistance Bulletin: You Can Avoid Common Errors As You Develop Prevention Materials Center for Substance Abuse Prevention. September, 1994.

Making Health Communication Programs Work: A Planner's Guide NIH Publication #92-1493, U.S. Department of Health and Human Services, Public Health Service, National Institutes of Health, Office of Career Communications, National Cancer Institute



Planning a Health Fair

Health fairs are an excellent method of reaching a large number of people to communicate health messages and educate the community about health issues. For community members it is an opportunity to discover many community-based organizations that can provide them with assistance in maintaining their health and is an opportunity to obtain health information on a wide range of issues in one location. For exhibitors and organizations participating in the health fair, it is an opportunity to reach out to the community and tell them about their services, programs and materials. A health fair is a win-win situation for everyone involved.

Health fairs, depending on the size, require a great deal of planning and organization. Collaboration and planning are the keys to success. As with most community health promotion activities, involving the community in the planning process is critical.

Health fairs are a good health education activity for AmeriCorps Members to conduct. Organizing a health fair puts Members in touch with the community and allows them to be creative. This is a good public health opportunity that allows Members to use organizational skills, event planning skills and is the chance to serve their community.

Planning Committee

Gathering a committee of interested individuals is usually recommended when planning a health fair. Involving community members in the initial planning stages is critical. Community members are most familiar with the citizens of their neighborhood and can identify the most appropriate method to approach the community. Involving the community also ensures ownership of the project. Between 10-12 people to serve on the planning committee is typically a good number. The planning phase can vary in length, but should be between four-six months.

When selecting community members for the planning committee, select



Planning a Health Fair continued...

community leaders and non-formal community leaders, such as residents interested in the health of their community.

Some recommended individuals to serve on a committee include:

- practicing health professionals
- representatives from civic associations
- neighborhood association representatives
- church/synagogue/mosque leaders
- community foundation representatives
- community organizations (Red Cross, American Cancer Society, American Heart Association, American Lung Association, etc.)
- local service clubs (Rotary, Lions, etc.)
- teachers
- local government officials (police, city council, librarians, etc.)
- business owners

The members of the planning committee should be provided with a description of the purpose of their role in planning the health fair and a list of their specific responsibilities. This will help them to have a clear understanding of what is expected of them and will help you define the role of the committee. The committee can then work on planning the health fair and determine a timeline to outline the needed activities. The committee members should be able to commit to the project for the entire planning phase.

Focus of the Health Fair

Typically, a health fair contains information on multiple topics. However, this is usually determined by the target population. Who should come to the health fair? Do you want to focus on minority senior citizens in your neighborhood, parents of young children, adolescents, etc. Know the demographics of your target population. This will help in determining the type of health fair and the types of exhibitors that should be invited. If the planning committee decides more research needs to be conducted to



Planning a Health Fair continued...

determine the target population, a needs assessment may need to be implemented. Ask community members what they want; look at statistics in the community to see the highest rates of death and disease; talk with the local hospitals and health professionals. Find out what health issues are affecting the community and determine who needs the most assistance. Once the target population has been determined, the theme of the health fair should be decided upon. If there is one serious health issue facing the community, the health fair could focus on that issue. For example, a health fair could focus on Heart Health, which could cover issues such as nutrition, exercise, body fat analysis, blood pressure screening, heart health risk assessment, CPR information and more. It can be helpful to define a theme for the health fair to focus your efforts. A theme can also assist in marketing the health fair.

Discussing the focus of the health fair goes hand-in-hand with setting goals and objectives. As with any program, goals and objectives should be determined to assist in outlining the purpose of the program and evaluating its effectiveness.

In addition to developing a theme for the health fair, you should decide on the methods of educating the public at the health fair. Usually this is done through health education, screening, counseling and referral and follow-up. These methods determine if the health fair should be community-focused, with the primary goal is to bring community members together; information-focused, where the purpose is to provide the community with information about health issues or health service/screening focused, allowing community members to discover information about their personal health.



Planning a Health Fair continued..

Health Education

Health education can be conducted through distributing pamphlets, brochures, stickers, bookmarks, charts, pens and other educational materials. Health education can be conducted by having different community health organizations attend and provide exhibits at the health fair. Methods of health education can include exhibits, mini-workshops, role-playing exercises, etc.

Screening

Screenings are often found at health fairs because of their value in attracting people to attend the health fair and for their role in early detection and an assessment of risk. Some screenings may be offered free of charge, whereas others may be offered for a small fee. Screenings should be geared to the risks and conditions associated with the target population. Screenings are extremely popular because people often want specific information about their individual health. Screenings that are simple to arrange include height/weight, blood pressure, anemia, vision, body fat analysis (with skinfolds). More complicated screenings include cholesterol, cancer, glaucoma, diabetes (or high blood sugar) and more.

Organizations providing screenings must be reputable and organizers should check the public health laws in their communities. Discuss with the organizations providing screenings how they plan to follow-up with participants and how they plan to approach both negative and positive results.

Counseling and Referral

As mentioned above, counseling and referral is an important part of screenings and health education. If a person has interest in seeing a health care provider about a health issue, referrals should be available. Health educators and/or persons at exhibit tables may be able to counsel people on health issues; however, diagnoses should not be made. Health educators typically provide suggestions for nutrition, stress, exercise and smoking.



Planning a Health Fair continued...

Follow-up

This issue must be considered during the planning phase of the health fair. In order to follow-up with participants of the health fair, a mailing address and/or telephone number are necessary. There are multiple ways to obtain this information? A registration desk can be established where participants are asked to “sign in.” Raffle tickets can ask for a name and address. If screenings require a follow-up notification, an address can be obtained for those individuals. Follow-up mailings and/or telephone calls can be made to thank individuals for attending the health fair or to remind them about specific health issues.

Location of the Health Fair/Space Needed

This can be determined, once the planning committee can speculate as to how many people could potentially attend the health fair. The number of exhibitors is also a factor in determining where the health fair should be held. Some examples of where to hold the health fair include churches, schools, hospitals, malls and fire/police stations. Sketch a layout of how you want the room to look before the location is selected.

Exhibitors

Exhibitors will provide the educational information to the attendees of the health fair. A letter needs to be sent to the exhibitors, inviting them to participate in the health fair and providing them some background information (who, what, when, why, etc.). They need to be given a date to respond by and a contact name and phone number.



Planning a Health Fair continued...

Some examples of exhibitors include:

- volunteer organizations (American Heart Association, American Lung Association, etc.)
- local fitness consulting organizations
- local health clubs
- community-based organizations (domestic violence organizations and shelters, HIV/AIDS organizations, substance abuse prevention organizations, local Boys/Girls clubs)
- government organizations (local health department, police department, Head Start programs, Women Infant and Children - WIC programs, etc.)
- the local cooperative extension organization
- the local university, the public health department or health professional schools

After the exhibitors have been finalized, ask what types of equipment they will need (such as an electrical outlet, table, chairs, etc.) and what equipment they will be bring with them. The planning committee may want to require that the exhibit booths be staffed at all times during the health fair.

Another sketch of the room should be made and each exhibitor should be given this layout so that they will know where to set up their booth on the day of the event.

Volunteers

Recruiting volunteers is important to a successful health fair. Job descriptions need to be set for each volunteer position before the recruitment begins. For example, how many volunteers are needed to setup the health fair and what will the setup responsibilities be? How many volunteers will be needed for the registration desk and what will they be responsible for doing? This will help determine how many volunteers are needed and will give volunteers an opportunity to choose their tasks.



Planning a Health Fair continued...

Marketing

This is the most important aspect of the planning phase. People have to know about the health fair in order to attend. A special committee designated for marketing may be helpful. Posters can be expensive depending on the number of colors, paper, etc. Flyers are generally an inexpensive form of marketing and can be distributed at local churches, grocery stores, community centers, etc. A mass mailing may be a consideration as well. A postcard is more economical method of marketing if conducting a mass mailing. Press releases can be designed and sent to local newspapers and radio stations. If your newspaper has an “Activities” section, the Health Fair should be listed in the section. All marketing materials should have the necessary information - who, what, why and where.

Registration

Registration of participants of the health fair is important for the evaluation plan. Some health fairs require participants to write their name and address as part of the registration. This allows the planning committee to send follow-up mailings and thank you's. Some sort of registration needs to be planned, however, so that attendees can be notified as to the booth locations, any special events, etc. A company may be generous and donate bags for the health fair attendees to carry the information they collect. This is a good marketing technique and a way to attract a corporate sponsor. The registration needs to be well orchestrated and planned in order to eliminate confusion.



Planning a Health Fair continued...

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Foley, Christina A (1995). *The Big Red How-To Guide: Planning a Health Fair for Children and Families* Washington, D.C.: National Health and Education Consortium, 1995.



Designing an Immunization Campaign

Many AmeriCorps programs focus on maternal and child health. Immunization is an important aspect of child health, adolescent health and adult health. Immunization rates are improving around the country, but many areas still have a lot of work to meet the goals of the nation.

The Healthy People 2000 goals for immunization and infectious disease include:

- to eliminate measles
- to reduce epidemic-related pneumonia and influenza deaths to no more than 7.3 per 100,000 people aged 65 and older
- to increase childhood immunization levels to at least 90% of 2 year-olds.

Many states have reached this goal of 90% of children under two immunized, but other states still remain short of this goal. Most states have an immunization coalition to work with community organizations to increase immunization rates. The Centers for Disease Control's National Immunization Program (NIP) coordinators for each state are listed in this resource guide. The NIP coordinators should be aware of immunization strategies and coalitions in your state.

The theme of the 1997 National Immunization Conference, sponsored by the Centers for Disease Control's National Immunization Program, was Partnerships: Working Together to Sustain Success. Recognizing that immunization campaigns are generally based on community collaborations, this conference presented multiple approaches to developing community immunization programs. Community collaborations are a common theme in health education today and this certainly applies to immunization campaigns.



Designing an Immunization Campaign continued...

Immunization campaigns are an excellent public health activity for AmeriCorps members. Members can be involved in most of the planning and implementation aspects of an immunization campaign. Below are some steps to follow in planning a childhood immunization campaign.

Childhood Immunization Campaign

Needs Assessment

Before starting an immunization campaign in your community, some research needs to be conducted to learn about the immunization status of a specific community. An assessment can help discover current services and strategies being implemented by the community, gaps in services and barriers to service utilization. In addition a needs assessment can generate community interest and define the magnitude and depth of immunization problems in the community.

The Arizona Partnership for Infant Immunization has developed some necessary items for a needs assessment. This information can generally be found through the city or county health department, the U.S. Census Bureau or the Bureau of Vital Statistics. This list is a suggestion of information to locate for the planning of a campaign.

Part I: Identify the Problem

Basic Demographic Information

- Population of your county, community, neighborhood, etc.
- Number of 0-2 year olds?
- current immunization rate?
- Number of 0-2 year olds not age-appropriately immunized?



Designing an Immunization Campaign continued...

Part I: Identifying the Problem continued...

New Birth Questions

- How many births per year are there in your community?
- What percentage is age-appropriately immunized? How many children is that?
- What percentage is not age-appropriately immunized? How many children is that?
- How many new babies need to be immunized and put into a tracking system each day to reach the 90% goal?

Questions about Target Audiences?

- What is the racial composition on your county/state? Where do they live?
- Who is not getting immunized? (Geographically? Demographically? Other factors, i.e. type of clinic or provider?)
- What percent of immunizations are given by public health? By private providers?
- How are immunizations tracked in your county/state?
- If they are not tracked, are there plans to set up a tracking system?

Part II: Assess Your County/State

Who gives immunizations and what number of 0-2 year olds do they see?

Private providers
Community health clinics
Private clinics
IHS/tribal clinics
Private hospitals
Birth centers

Public health clinics
Migrant health clinics
WIC clinics
Military base clinics
Public hospitals
HMOs



Designing an Immunization Campaign continued...

Part II: Assess Your County/State continued...

What are the health professionals in your community?

- County/state health administrator
- County/state Immunization Action Program coordinator
- County/state health educator
- County/state immunization coalition leadership
- WIC administrator
- Aid to Families with Dependent Children administrator
- Medical association leadership
- Health Maintenance Organization association leadership

Who are the community opinion leaders in your community?

- Who are the major employers in your community?
- What are the most active service groups in your community and their leaders (Kiwanis, Rotary, etc.)
- How do people in your community get the news?
 - Print media
 - Television
 - Radio
 - Newsletters
 - Others

Focus groups are another method of conducting a needs assessment. Invite families to focus groups and ask what can be done to improve immunization rates in the community.

Target Audience

Based on the research conducted, decide on a target audience for the campaign. The target audience is the specific group of people you want to reach with the campaign. List important aspects about your target audience, such as beliefs and values, literacy level, language, media preference, etc.



Designing an Immunization Campaign continued...

Develop Goals and Objectives

What do you want to accomplish in your campaign? A campaign needs broad goals and specific objectives that explain how to meet the goals.

Identifying Partners

Generally, immunization campaigns involve many different community organizations and individuals. Developing public/private partnerships can be beneficial to immunization campaigns. Partners can include local hospitals, service organizations (Kiwanis, Rotary, etc.), neighborhood organizations, local businesses (McDonalds has an interest in immunization issues), etc.

Working with the media

The attached Communication Strategy Outline, developed by HMA Associates can be used to help determine the message you want to communicate to the media and can assist in your preparation before talking with any representatives of the media.

Community Health Advocates

Many immunization campaigns are using community health advocates, through grass-root efforts, to educate the public about immunization. Community health advocates are generally members of the community who work directly with families to provide information about immunization. Community health advocates can be called many different things, such as health mentors, health liaisons, community liaisons, etc.



Designing an Immunization Campaign continued...

Community health advocates usually provide one-on-one education. This allows the advocate to get to know families on a more personal basis. This time spent with a family can also provide an opportunity to discuss other health-related topics and the family's community health needs. Community Health Advocates can be very successful because people generally feel more comfortable learning about something from someone who is from their same surroundings and culture. Community Health Advocates can also attend health fairs, attend childbirth education programs, parent groups, etc. to educate the community.

Community Health Advocates need to be trained on many issues before starting their work in the community. They need to be familiar with immunization schedules for both children and adults, local community resources, what to expect when working with community members, how to approach the topic, etc.

Things AmeriCorps members can do:

- Form community coalitions
- Recruit community volunteers
- Conduct presentations at local civic organizations and parent groups on immunization
- Staff tables/exhibits at health fairs
- Produce public radio public service announcements
- Paint a WIC clinic
- Work and network with community groups
- Send postcard reminders to parents who missed an immunization
- Call parents about immunizations
- Provide a video on immunization for local clinics

— list developed by Tom and Betty Darland, AmeriCorps VISTAs, Oregon Health Division, Oregon Health Plan



Designing an Immunization Campaign continued...

References

Healthy People 2000: National Health Promotion and Disease Prevention Objectives
Department of Health and Human Services. DHHS Publication No. (PHS)
91-50213.

*Your Message Counts: A Guide for Community Leaders, How to Plan Your
Communications Strategy for Breast and Cervical Cancer.* HMA Associates and
the National Center for Farmworker Health, 1995.



Designing an Immunization Campaign continued...

Communication Strategy Outline

Developed by HMA Associates, Inc. and the National Center for Farmworker Health. This worksheet can be used to help prepare your message to present to the media. This can be adapted for any health education campaign or message.

I. Message Development

GOAL:

OBJECTIVES:

TARGET AUDIENCE:

STRATEGY:

SUPPORT POINTS:



Designing an Immunization Campaign continued...

Communication Strategy Outline continued...

I. Message Development continued....

KEY PROMISE:

CALL TO ACTION:

MESSAGE TONALITY:

II. Campaign Development

PROMOTIONAL MATERIALS:

PSA PRODUCTION:



Designing an Immunization Campaign continued...

Communication Strategy Outline continued...

II. Campaign Development continued...

DISTRIBUTION OF CAMPAIGN MATERIALS:

ESTIMATED BUDGET:

RESOURCES REQUIRED:

POTENTIAL PROBLEMS:

METHOD OF EVALUATION:

START DATE:

END DATE:

CONTACT PERSON: