Helping Those Who Are Dedicated To Helping Others: A Campaign For The IRHDR

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HELPING THOSE WHO ARE DEDICATED TO HELPING OTHERS: A CAMPAIGN FOR
THE IRHDR

A Capstone Experience/Thesis Project
Presented in Partial Fulfillment of the Requirements for the
Degree Bachelor of Arts with
Honors College Graduate Distinction at Western Kentucky University

By
Tracy Leigh Scherzer

Western Kentucky University
2011

CE/T Committee:
Professor Kenneth Payne, Advisor
Professor Vicki Bagwell
Professor Pitt Derryberry

Approved by

Advisor
School of Journalism & Broadcasting
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ABSTRACT

As part of my senior capstone course, Journalism 456, the class was divided into two groups of six people that were given different organizations to choose from to create a public relations campaign for during the Spring 2011 semester. My group and I devised and carried out a public relations campaign for the Institute for Rural Health Development and Research (IRHDR), a non-profit organization located in the Academic Complex on Western Kentucky University’s campus. The goal for this campaign was to increase the Institute’s opportunity to compete for grant opportunities as well as expand its research components by implementing a health literacy program. My group and I designed several strategies and various tactics to fulfill the stated goal. In addition, my group and I created four principal ways to evaluate the successfulness of our campaign upon completion and implementation. This campaign has prepared my fellow team members and me for a public relations career following graduation from Western Kentucky University.

Keywords: Institute for Rural Health Development and Research, Senior Public Relations Project, JOUR 454, JOUR 456, Health Literacy Campaign, Diabetes Public Relations Campaign
ACKNOWLEDGMENTS

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I would like to thank my fellow group members—Anna Agisilaou, McKenna Byerley, Sarah Franklin and Emily Heeb—for all of their hard work throughout this past year in JOUR 454 and JOUR 456. This project would not have been possible without my fellow group members’ help and devotion.

I would like to thank the Honors College for creating a supportive, intellectual community. Additionally, I would like to thank Ami Carter for her continual assistance throughout my CE/T process by coordinating several fun and informative workshops and events to provide assistance and helpful tips in completing the necessary requirements.
Finally, I would like to thank my friends and family. Their support and encouragement gave me the confidence and perseverance necessary to finish a project such as this.
VITA

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Scherzer, Tracy L. "White Castle: The Famous Tiny Burgers Help in a Big Way."


FIELDS OF STUDY

Major Fields: Public Relations, Spanish
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3.2  Illustration of the welcome/home page for the “Be A Healthy Me” micro site

(http://www.beahealthy.me)
CHAPTER 1

RESEARCH

The first step in our research was to learn more about the Institute for Rural Health Development and Research. The Institute is part of Western Kentucky University’s College of Health and Human Services, located in the Academic Complex. The Institute’s joint purposes of student and community education are served through two mobile health units. One mobile health unit tackles dental health issues while the second unit provides necessary medical screening for hearing, vision, and cholesterol and blood glucose levels. The units are deployed into the ten-county Barren River Area District Development (BRADD) rural communities that are without access to these valuable screening services. Many rural Kentucky communities due to their location or monetary restraints might not have access to these services. In addition, we found the Institute’s mission statement is to engage students and faculty in activities designed to improve the health status of the rural community while enhancing the learning experience of their nursing students. Following our first client meeting, my group and I put together a needs assessment, which identifies the top three requirements for the Institute’s continued success. The first need was to increase the potential to receive more grant monies. The
second identified need was to expand the Institute’s research component. The third and final recognized need was to update all of the Institute’s collateral with the most up-to-date correct information. From the needs assessment, my group and I devised our overall goal for this campaign: to increase the Institute’s opportunity to compete for grant opportunities as well as expand its research components. In order to solve the problem set before us, my group and I had to start researching. The four main areas of research my group and I identified were: grant writing, competitive landscape, current rural health trends and issues specific to Kentucky. These areas of research were identified after the initial client meeting where IRHDR expressed its perceived problems my group and I needed to address throughout implementation of our campaign. Our key questions in driving our research were:

1. What is the competitive landscape?
2. What is considered when applying for a grant?
3. What are current issues within rural health care?
4. What are some issues relating to rural health care unique to Kentucky?

**Competitive Landscape**

In order to identify and address the problem before us, my group and I looked at various other rural health institutes to see how they are expanding/fulfilling their research components. Although my group and I looked at various different organizations, we chose to include those institutes within proximity to Kentucky and that were exemplary to present to IRHDR in hopes they could serve as models. We first looked at Idaho State University’s Institute of Rural Health and found they have a main focus on suicide prevention. Next we looked at Texas Tech’s Institute
for Rural and Community Health and found that they have a strong focus on telemedicine. We moved onto University of North Dakota's Center for Rural Health and discovered their main focus is on Native Americans. My group and I inspected West Virginia's Center for Rural Health Development and determined its main focus is on immunizations. The Robert C. Byrd Center for Rural Health at Marshall University focuses on diabetes as well as Ohio University's Appalachian Rural Health Institute. Each of these institutes recognized a unique need in their community and aligned their research and outreach initiatives to address that need.

1.1 Figure 1.1 Idaho State University's Institute of Rural Health Current Projects web page. Source: http://www.isu.edu/irh/projects/
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1.4 Figure 1.4 West Virginia’s Center for Rural Health Development, INC. Home page. Source: [http://www.wvruralhealth.org/organizations/immunization_network/default.aspx](http://www.wvruralhealth.org/organizations/immunization_network/default.aspx)

1.5 Figure 1.5 Marshall University's Robert C. Byrd Center for Rural Health Home page. Source: [http://www.wvdiaabetes.org/Partners/ MarshallUniversityCenterforRuralHealth/tabid/963/Default.aspx](http://www.wvdiaabetes.org/Partners/ MarshallUniversityCenterforRuralHealth/tabid/963/Default.aspx)
Every successful rural healthcare institute my group and I examined had focused on a specific aspect of rural health care and developed a research component to bring awareness to that specific area and the institute’s programs. My group and I thus came to the conclusion that the Institute for Rural Health Development and Research needs to develop a specific focus within the rural community. Although The Institute for Rural Health Development and Research is currently servicing the local rural community with its two mobile health units, it has not developed a specialized focus within the rural healthcare field much like those institutes found within their competitive landscape. By developing a specialized focus, The Institute for Rural Health Development and Research will be able to become more competitive for scarce grant monies.
Grant Writing

In order to address the second key question, my team conducted primary research by meeting with Dr. Andrew McMichael, an assistant dean and a Ph.D., who is also a grant writer for the Potter College of Arts and Letters on Western Kentucky University’s campus. Dr. McMichael shared the importance of a well-written grant application as donors target the specific information provided to award monies. Additionally, Dr. McMichael said that grant donors do not take the time to look over an organization’s collaterals (website, brochures, fliers, media kits, etc...) when determining the allocation of grant money; grant donors place a higher importance on information included within the grant application. My team and I were able to deduce from this interview that the Institute needs to focus on developing more educational information (such as research efforts within the local rural community) to incorporate on grant applications.

Current Trends in Rural Healthcare

In order to better understand rural healthcare, my team and I needed to identify trends and current issues within rural healthcare. As the landscape of rural America changes, so must the programs and resources available to support access to quality health care. According to the National Rural Health Association, rural populations are often characterized as being less educated, having higher rates of poverty, suicide, chronic disease and having a limited economic diversity. In addition, my group and I found that nine out of ten adults have difficulty using everyday health information that is routinely available in health care facilities, retail
outlets, media, and communities in addition to understanding medical information given to them by physicians.

Specific Issues in Kentucky

In order to narrow down the focus, my team researched medical issues specific to Kentucky. We found that in 2009, the Kentucky rate for diagnosed diabetes was the 4th highest in the nation at 11.4% compared to the national median of 8.3%. In addition, according to the Kentucky Diabetes Network, Inc., an estimated 366,000 adults in Kentucky have already been diagnosed with some type of diabetes.


This graph, from the Centers for Disease Control and Prevention, shows the percentage of adults in the United States diagnosed with diabetes in 2003. Notice in Kentucky the percentage is 7.5%-8.9%, which is the second to worst category.
Figure 1.8 Age-adjusted Percentage of U.S. Adults Who Had Diagnosed Diabetes, 2006. Source: http://www.cdc.gov/diabetes/statistics

This graph shows the percentage in 2006. Notice in Kentucky the percentage has risen to above 9%.

Figure 1.9 Age-adjusted Percentage of U.S. Adults Who Had Diagnosed Diabetes, 2008. Source: http://www.cdc.gov/diabetes/statistics
This graph shows the percentage in 2008. Notice in Kentucky the percentage is still above 9% and those surrounding southern states, identified as in the Diabetes Belt, have also risen in percentage of diagnosed diabetes in adults.

![Map of percentage of adults with diabetes in Kentucky by area development district, 2007](image)

1.10

Figure 1.10 Adults Diabetes Prevalence, By Area Development District, 2007. Source: [http://www.cdc.gov/diabetes/statistics/](http://www.cdc.gov/diabetes/statistics/)

When Kentucky is broken down into districts to further identify problem areas within Kentucky, we notice in the Barren River area we are in the 10.6-12.4 percent range, the second to worst category, in 2007.
Kentucky has one of the highest prevalences for pediatric obesity in the nation. In 2003, around 20% of children ages 0-17 were considered obese and in 2007, that number rose. We can only expect this number to continue rising in future years.
Regional Kentucky data shows that rural counties had the highest prevalence of low income preschool aged obese children at 17.4% as compared to urban at 14.2%

From our research, my group was able to conclude the following regarding diabetes.

Diabetes is costly. In 2007, costs associated with diabetes cost America $174 billion.

Diabetes is controllable. If more people in rural Kentucky changed their eating habits by making healthier choices, this could change the future of our rural Kentucky children. Diabetes is preventable. If rural children learned the necessary tools such as eating right and getting adequate exercise, they could carry this into their adulthood and less adults and children would be diagnosed with diabetes.

Solution

![Diagram of diabetes, IRHDR, poor diet, and gum disease]

Figure 1.13 Illustration I created in Microsoft Office to show the correlation between diabetes, poor diet and gum disease in addition to the Institutes’ role in this cycle

Improving the diet of Kentuckians would decrease the number of adults and children developing diabetes and would also decrease their chances of developing gum disease. According to Community Dentistry and Oral Epidemiology, diabetes and periodontal gum disease are directly related to one another. In addition, according to the World Health Organization (WHO), gum disease and poor diet have
strong correlations to one another. Thus, my team and I came to the conclusion that diabetes, poor diet and gum disease are all linked together. By eating sugary foods and drinking sugary liquids, it increases the chances of developing diabetes and also developing gum disease by feeding the bacteria that leads to periodontal gum disease. In addition, people that have already been diagnosed with diabetes are more prone to also be diagnosed with gum disease. This is due to their insulin resistance and thus higher blood sugar levels that create an environment conducive to the growth of bacteria (Lightsey). The Institute for Rural Health Development and Research is a perfect candidate for breaking this vicious cycle as they already have mobile health units dedicated to providing dental services and blood glucose screening to rural communities.
CHAPTER TWO

CAMPAIGN

From our research phase, my team devised three main objectives for our campaign: expand focus, engage students and leverage existing resources.

Expand Focus

My group and I advised the Institute to expand their focus by developing a health literacy program aimed at rural children and their parents called “Be A Healthy Me.” We know that health literacy can be an intimidating concept, so we advised the Institute to develop a focus much like other organizations in their competitive landscape. From our research, we advised this focus to be on diabetes. To carry out this strategy, we devised three tactics: develop a cookbook through partnership with WKU nutrition students on campus, bring in “Mid-day Live”, which is a video segment on WBKO, the local ABC affiliate, to have “Be A Healthy Me” day and create education collateral such as fliers to be delivered to the children who visit the mobile health units.

The cookbook my group envisions will be pocket-sized so as to easily fit into a student’s backpack when the mobile health units visit the various school systems for children in grades K-5; we know how forgetful children are and we want to make
sure this item makes it home to their parents. In this cookbook will be kid-friendly recipes encouraging children to become active in food preparation and to learn more about healthy eating habits. This cookbook will also include fun facts regarding healthy eating habits and healthy exercise routines. The last page of the cookbook will send the children online to a micro site/website to complete a questionnaire in order to gain access to educational games. My team and I know that rural families may not have access to computers at home, so this questionnaire will be filled out on school grounds in the provided computer labs approximately three to four months after distribution. My group and I are counting on the cooperation of the school’s teachers to set aside time during the school day for the children to complete the questionnaire and play some of the games offered on the micro site/website. The questionnaire will consist of the following ten questions with the following responses:

1. Have your eating habits changed after making recipes in the cookbook? *(yes) (no)*

2. How many of the recipes in the cookbook have you made? *(1-4) (5-9) (10-14) (15-19) (20 or more)*

3. How often do you make recipes in the cookbook? *(1x a week or less) (2x a week) (3x a week) (more than 3x a week)*

4. How often do you eat fast food on a weekly basis? *(1x a week or less) (2x a week) (3x a week) (more than 3x a week)*

5. How many fruits and vegetables are in your house? *(1 or less) (2-4) (5-7) (more than 7)*
6. How many fruits and vegetables on average do you eat on a weekly basis? (1 or less) (2-4) (5-7) (more than 7)

7. How many sodas do you drink on a weekly basis? (1 or less) (2-4) (5-7) (more than 7)

8. How much exercise do you get on a weekly basis? (15 minutes or less) (15-30 minutes) (30-45 minutes) (more than 45 minutes) Have you tried any of the activities found in the cookbook? (yes) (no)

9. How many times do you floss a week? (1 or less) (2-4) (5-7) (more than 7) Do you brush daily? (yes) (no) If so, how many times do you brush a day? (1x) (2x) (more than 2x)

10. How likely are you to continue using the recipes in the cookbook? (not very likely) (not likely) (unsure) (likely) (very likely)

The Institute for Rural Health Development and Research will host “Be A Healthy Me” day at one of the schools it already services. “Mid-day Live” will be invited to cover this event that will resemble a field day. My group and I are assuming from their previous coverage within the local community (Hometown Heroes and weekly visits to Western Kentucky University’s campus), that “Mid-day Live” would be interested in covering this event that has ties within the educational field along with a unique human interest component with rural children. At “Be A Healthy Me” day, there will be games such as hopscotch, four square, parachute game, relay races, and an egg toss in addition to prizes such as jump ropes, hula hoops and various fruits. “Be A Healthy Me” day will also bring media attention to the Institute’s efforts to
improve rural healthcare in the surrounding community in addition to increasing awareness of the Institute itself.

Educational Collateral will include fliers and handouts that will be in fun shapes with bright colors and interesting pictures/graphics. These educational collateral will include information on how to brush, floss and wash hands correctly in addition to tips/advice on how to stay fit and active both during the summer and winter seasons. These materials will be placed inside the school so as to be readily available to the children should any materials be misplaced/lost.

**Engage Students**

We advised the Institute for Rural Health Development and Research to engage the nursing students already on the mobile units by educating the children with online and electronic technology.

The Institute for Rural Health Development and Research can achieve this by using the nursing students to educate the children by playing an online game (teaching healthy eating habits, good health practices, etc...). This game will collect demographical data on each student that plays in addition to his/her individual answers and scores in the game. These data can then be recorded with each visit, as the program will track the progress of each individual student to determine the successfullness of the program. This game has not already been created; realizing that the Institute would need to have funds to pay a company to design and create the online games, my group and I were hoping the Institute could find individuals willing to donate their time and energy in helping to devise these games. Many of the games my group and I envision will closely resemble those games found on the
“Nourish Interactive” website. These online games will explain difficult material (such as nutrition labels and common nutrition vocabulary) in an easy to understand way for children. The Institute could additionally enhance knowledge by showing an informative DVD while children are in the dental chair already receiving services or are in line waiting to receive services.

![Example of the online game](http://www.nourishinteractive.com)

2.1 Figure 2.1 Example of the online game. Source: [http://www.nourishinteractive.com](http://www.nourishinteractive.com)

Shown above is an example of a website with various types of games for children that teach healthy habits. This website is called “Nourish Interactive” and was created by nutrition and health care professionals to arm children and their families with the knowledge necessary to make healthy food choices on a daily basis. This web-based company is funded by private, public and non-profit organizations through sponsorships and advertisements allowed only on the adult pages. “Nourish Interactive” has several different partners, some of which include The Kids
Cook Monday, USDA-MyPyramid.gov, Healthy Kids Challenge and Every Child Healthy. After visiting the Visitor Comments Page, where many individuals left testimonials of their positive experiences with “Nourish Interactive,” my team and I deemed this website a good example for the Institute to use as a model for their online games. Different types of games available on this website include food pyramid games, nutrition vocabulary games, and balanced meal games. Examples of pyramid games are jigsaw puzzles where children put together pieces to make different food groups along with facts about each food group and matching meals card game where children must match foods that belong to the same group. Examples of nutrition vocabulary games include word searches in the areas of vegetables, fruits, meat, and milk, and a talking nutrition dictionary where children are provided with visuals to better understand complex terminology. Examples of balanced meal games include a talking food label that teaches children about what is contained therein, and a virtual meal planner with feedback. The games found on this website are what my team and I envision for the Institute’s micro site/website.

Leverage Existing Resources

Lastly, we advised the Institute to leverage existing resources by utilizing existing data. Not only will the Institute for Rural Health Development and Research be utilizing their nursing students already on the mobile units, but they could also be collecting valuable data while these children are playing the games. As the nursing students on the mobile health units are not able to perform any medical or dental services, my team and I suggested the Institute utilize the nursing students by instructing them to play the game with the children in the school and provide
educational feedback when/if a child answers a question incorrectly. This would provide a human element and interaction not possible through only playing a video game. In addition, the Institute could use the nursing students to conduct informal interviews with these children and serve as healthy role models. Questions could include: What do you eat for a snack?, What did you eat for breakfast?, What is your favorite food?, and What is your favorite drink?. This additional information will then allow for before and after conclusions during the evaluation stage of this campaign. The nursing students could ask the children the same questions towards the end of the campaign to determine any behavioral changes as a result of the implementation of the “Be A Healthy Me” campaign.

**Budget**

![Image: Psychology professor designs video game to help autistic children](http://www.wkuherald.com)

**Figure 2.2 Western Kentucky University’s College Heights Herald article. Source:**

My group and I contacted Professor Carrie Pritchard from the Psychology Department here on Western Kentucky University’s campus after learning she
received a grant to design a video game to help autistic children. My team
discovered that Professor Pritchard received $20,000, but it was not enough to fully
develop the game. It was only enough to create a pilot version. Additionally, we
received an estimate for 150 copies of a 10-page color cookbook at $600. My group
knows that we will need to make more than 150 copies and will likely develop a
cookbook that will have more than ten pages. Thus, our total projected budget to
carry out this health literacy campaign amounts to over $20,600.
CHAPTER THREE

CAMPAIGN IMPLEMENTATION

My team and I held a meeting with the client on Tuesday, April 12, in which the Institute for Rural Health Development and Research approved our proposed campaign along with all of the listed strategies and tactics included therein. After this approval from the client, the next step in this campaign would be the implementation section. If I were to implement this campaign, I would select the cookbook tactic in which I would additionally create a micro site/website in order to evaluate the successfulness of my efforts once the campaign came to a close. This chapter examines how I would implement this portion of the campaign if allowed more time to do so.

**Cookbook**

The first step in compiling the information for the cookbook would be to collaborate with the Institute for Rural Health Development and Research, graphic designers, exercise physiologists, dieticians and healthcare providers. I would need to keep in contact with personnel from the Institute in order to make sure the product is compliant with the organization’s goals and mission statement. The Institute’s approval on this cookbook is vital to its success, as it will be representative of the
organization to its consumers. Collaboration with graphic designers will be vital in ensuring the product is accepted and liked by the targeted audience: children. If the designs and layouts of this cookbook are not consistent with the wants and needs of the target audience, the desired effect will not be met and implementation of this part of the campaign will not be successful. In addition, it will be necessary to work with at least one dietician to develop recipes appropriate for the target audience. The main categories of recipes I would designate in the cookbook would be: breakfast, snacks, main meals, and desserts. I anticipate creating between six and eight recipes for each section along with room to include select exercises and fun facts. Additionally, I would work with a dietician to create a sort of nutritional facts section to be placed next to each recipe. I understand that the nutritional facts sections on many products may be hard to understand, so this section would be designed with the target audience in mind to ensure they understood the healthiness of each recipe. I envision this system working by designating numbers along with their meanings to be placed in the front of the cookbook to denote the healthiness of each recipe. In order to develop recipes, it will be necessary to meet with pediatricians and other doctoral staff to determine the dietary needs of the target audience. This collaboration will also include “filling in the gaps” of areas within an average child’s diet that are identified as malnourished. The information gathered from this collaboration would then be used when determining recipes with the dietician to ensure the recipes created are in accordance with the identified dietary needs. Meeting with a pediatrician will also identify guidelines for physical activity an average child needs on a daily/weekly basis. This information will be
vital in collaborating with an exercise physiologist, who has a specialty in working with children, when developing games/activities to be placed within the cookbook. When collaborating with an exercise physiologist, it will be necessary to develop fun and interesting games the children are not already aware of and that can be played throughout the year with props/toys that cost little to nothing. By doing this, I will enhance the children’s capability to actually perform and carry out the suggested activities.

In terms of marketing the cookbook, I would take the finished product directly to the consumer. I would pick the days the mobile health units are traveling to the schools and then, once there, I would distribute them to the children as they stand in line for services/exit the units to return to school. In addition, I would expect the local media in Bowling Green such as Bowling Green Daily News, the local ABC affiliate, WBKO 13, as well as WNKY 40, the local NBC affiliate, and WKYU PBS 24, Western Kentucky University’s Public Television, to cover the start and duration of this program as this is something happening in their local community and directly affecting their consumers. I would not however, alert the media to the start of this campaign/project; media attraction is not the main focus of this campaign but is an added bonus, as the Institute has not received much media in the past. The main focus of this strategy/tactic is to reach the rural children and get them to change their current behavior and attitudes in regard to diet and healthcare. In order to avoid violation of privacy rights of those children receiving services from the Institute, I would develop a photo release form to be distributed at each school for the duration of the “Be A Healthy Me” campaign. I would then separate the children
into two groups: those that have the photo release form signed and those that do not. Local media will then be informed of which group of children has filled out the appropriate paperwork to be featured on television.

The following is an illustration of the table of contents for the cookbook:

Figure 3.1

![Table of Contents]

Figure 3.1 Illustration of the table of contents for the “Be A Healthy Me” cookbook

**Micro site**

The micro site will be located at http://www.beahealthy.me in order to stay within the overall devised image for this health literacy campaign. I am well aware of the fascination in today’s world with video and online gaming for young people. In an
effort to maximize on this phenomenon, I would create an online game that would contain realistic elements so as to seem like non-educational games and thus carry more appeal for the target audience to participate. The players in this game would be very realistic and would resemble that of a Mii® found in the Wii® gaming system. In addition, the games would be equally realistic. This is an example of how I envision one type of game: children would be given choices for foods throughout the day (breakfast, lunch, snack, and dinner) and they would have a “life meter” in which it lists their energy level throughout the day. The point of the game would be to eat those foods that would provide them with sufficient energy to last throughout the day. If a student picks the wrong foods throughout the day, the game would record this and would keep track of their scores as they continue to play each game and level. Another example of a game would be: different types of food will fall from the sky and, in a Tetris® sort of fashion, the children will have to classify the specific type of food into the correct category. Wrong answers will be recorded and monitored for improvement as it is played multiple times and children advance to the different levels offered. Additionally, all wrong answers will be identified within the game so the children recognize their mistakes and are able to learn from these mistakes to earn a higher score.

In order for the children to gain access to the online games, children must first fill out the questionnaire found on the micro site; children must fill out the questionnaire to gain access to the online games. Each child’s name and information will be recorded at the start of the campaign and then each child’s progress/scores
will be assessed at the end of the campaign for evaluation purposes by filling out that same questionnaire a second time.

The following is an illustration of the welcome page for the micro site:

Figure 3.2

Figure 3.2 Illustration for the home/welcome page for the "Be A Healthy Me" website/micro site (http://www.beahealthy.me)
CHAPTER FOUR

EVALUATION

My team and I devised five main ways to measure the effectiveness of this campaign.

1. Cookbook questionnaire answers

Based upon the answers received from the online questionnaire, my team and I would be able to collect several different types of data. Answers to the questionnaire would identify if the children were actually using recipes found in the cookbook, how often they used these recipes, if they tried any of the activities mentioned in the cookbook and how accessible healthy foods such as fruit and vegetables are to them. These answers would also measure behavioral and attitudinal changes such as healthier eating habits, likeliness of future use of the recipes found in the cookbook, healthier hygiene practices and increased physical activity. Once my group and I compile and analyze the data, we would be able to determine if our healthy literacy campaign, “Be A Healthy Me,” was able to change behaviors or attitudes in rural children towards living a healthier lifestyle. These findings would then be reported back to IRHDR to identify any aspect(s) of the campaign that would need be to be altered in future implementation to experience more successful results.
2. Compare the data taken from initial visits with follow-up visits and note any changes

My group and I would analyze the data (cavities, blood pressure, etc...) collected on each student that visited the mobile health units before implementation of the “Be A Healthy Me” campaign. After the campaign, we would collect the same type of data to track any differences. These changes would help my group and I determine the effectiveness of our campaign by monitoring any noticeable behavioral improvements. For example, if a student had fewer cavities following the implementation of the “Be A Healthy Me” campaign, we could assume he/she ate less sugary foods and/or brushed and flossed his/her teeth on a regular basis.

Based on these behavioral changes, my group and I could report back to the Institute to tell the organization we were able to change rural children’s behaviors through implementation of our health literacy campaign.

3. Track changes in student knowledge

My group and I would analyze the data collected from the online games. We would compare the data collected from the first time the students played the games with the most recent data collected towards the end of the campaign. Any changes would be noted and analyzed to determine if overall student knowledge regarding healthy living practices improved or declined with the implementation of the “Be A Healthy Me” campaign. My group and I would then report back to the Institute with our findings to determine the effectiveness of our campaign in increasing student knowledge on vital health information. These findings will help determine the
future use of online games in educating rural children or any necessary changes to be established within these games in order to be more successful.

4. Amount of grants the Institute is eligible to receive

Based upon all of the components included in the “Be A Healthy Me” campaign, my group and I would draft up a list of all the grants the Institute is eligible to receive by implementing our designed health literacy campaign. If the Institute is eligible to receive more grant funding following the implementation of the “Be A Healthy Me” campaign, my group and I would assume the campaign was the cause for this effect. My group and I would then report back to the Institute that the campaign was successful in creating more grant opportunities for the organization.

5. Number of grants the Institute receives after implementation of the campaign

Based upon all of the components included in the “Be A Healthy Me” campaign, the Institute would be able to put more information, such as a research component, into its grant applications. By including more information about their efforts within the rural healthcare field focused on childhood obesity and diabetes awareness, the Institute will assumedly be able to receive more grant monies. Any additional grants the Institute receives following the implementation of the “Be A Healthy Me” campaign will be assumed by my group and I as a direct effect of the campaign. If the Institute receives more grants than they currently have, my group and I would be able to report back to the Institute that the campaign was successful in generating more grant funding for the organization.
Included in the appendix is a copy of the workbook created for the Journalism 456 course. This workbook is a compilation of the work done throughout the two courses: Journalism 454 and Journalism 456 and served as the final exam for the latter course.
BIBLIOGRAPHY


  


  

  


APPENDIX

Institute for Rural Health Development & Research

Helping Those Who Are Dedicated to Helping Others

Be A Healthy Me

Institute for Rural Health Development & Research
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The Institute for Rural Health Development & Research is a non-profit organization located on Western Kentucky University’s campus in the Human and Health Services Building. Since 2007, the Institute has provided the ten-county Barren River Area District Development (BRADD) rural communities with health screenings and dental hygiene services through its two mobile health units. Additionally, the Institute provides a hands-on learning experience for WKU nursing students by allowing them to accompany the organization on its mobile health unit trips to various rural areas.

During the initial client meeting, the Institute indicated its predicament of not fulfilling its designated research component and not being able to receive sufficient funding. Following this meeting, our group began the research phase in which we analyzed other rural health institutes to determine their research focuses, the grant writing process, current trends in rural health care and issues specific to Kentucky. Through this research, our group designed a public relations campaign centralized on rural health care with a focus on childhood diabetes.

Our public relations campaign for the Institute is called “Be A Healthy Me” and includes tactics such as developing a cookbook along with a micro site, hosting “Be A Healthy Me” day, developing educational collateral and creating an educational online game for rural children. By incorporating the “Be A Healthy Me” campaign, the Institute will expand its research components, which will allow the organization to apply for and ultimately receive more grant funding. In addition, the Institute will receive more attention from the media in the local community regarding its efforts and will become more recognized.
Defining IRHDR
Needs Assessment and Goal
Competitive Landscape
Grant Writing
Rural Health Trends
Issues Specific to Kentucky
The first step in our research was to learn more about the Institute for Rural Health Development & Research. We found that the Institute is part of Western Kentucky University’s College of Health and Human Services, located in the Academic Complex. We also found out the Institute has two mobile health units (one for dental and the other for health screening services such as hearing, visual, cholesterol, etc..) they take out into the rural community to perform services rural residents might not otherwise receive (due to monetary and/or location restrictions). In addition, we found the Institute’s mission statement is to engage students and faculty in activities designed to improve the health status of the rural community while enhancing the learning experience of its students.

Following our first client meeting, our group put together a needs assessment. This needs assessment identified the top three requirements we gathered that will be addressed throughout implementation of our campaign. The first need is to increase the potential to receive more grant monies. The second need is to expand the Institute’s research component. The third need is to update all of the Institute’s collateral with the most up-to-date and correct information. From the needs assessment, our group devised the overall goal for this campaign: to increase the Institute’s opportunity to compete for grant opportunities as well as expand its research components. In order to solve the problem set before us, we had to start researching. The four main areas of research our group identified were: competitive landscape, grant writing, current rural health trends, and issues specific to Kentucky. Our key questions in driving our research were:

1. What is the competitive landscape?
2. What is considered when applying for a grant?
3. What are current issues within rural health care?
4. What are some issues relating to rural health care unique to Kentucky?
In order to identify and address the Institute's problem, our group looked at other rural health institutes to see how they are expanding/fulfilling their research components. We first looked at Idaho State University’s Institute of Rural Health and found they have a main focus on suicide prevention. Next we looked at Texas Tech’s Institute for Rural and Community Health and found that they have a strong focus on telemedicine.

We then moved onto University of North Dakota’s Center for Rural Health and discovered their main focus is on Native Americans. West Virginia’s Center for Rural Health Development has a main focus on immunizations.
The Robert C. Byrd Center for Rural Health at Marshall University focuses on diabetes as well as Ohio University’s Appalachian Rural Health Institute.

Every single rural healthcare institute our group examined had a focus on some aspect of rural health care. We thus came to the conclusion that the Institute needs to develop a specific focus within rural health care much like those institutes found within its competitive landscape in order to stay competitive.
Rural Health Trends

Our group wanted to better understand rural health on a national scale, so we researched current issues in rural health throughout the U.S. We discovered the landscape of rural America is changing, and as it changes, so must the programs and resources that provide health care to those in rural areas. We discovered rural populations are often characterized as being less educated, having higher rates of poverty, chronic disease, suicide, and having limited economic diversity. According to the National Rural Health Association, nine out of ten adults have difficulty using everyday health information routinely available to them in health care facilities, retail outlets, media, and communities.

Grant Writing

The next step in our research phase was to conduct primary research and interview a grant writer. We chose to interview Dr. Andrew McMichael, a grant writer for the Potter College of Arts and Letters at Western Kentucky University. Dr. McMichael has extensive experience with applying for, as well as, receiving grant monies for WKU.

During the interview, we asked Dr. McMichael what would help enhance a grant application to be more likely to lead to funding. Dr. McMichael informed us the most important factor when applying for a grant is not outside collateral (such as a website), as we had originally thought. In order to receive grants, Dr. McMichael informed us that the Institute needs to be sure to qualify for the specific criteria listed within the grant application. Dr. McMichael suggested that in order to be more grant-competitive, the Institute needs to find grants that are applicable to the organization and extensively explain how the grant money would be used if it were awarded those particular funds.
According to the regional Kentucky map (Figure 2.3 on page 10), the Barren River area is 10.6-12.4%. As we were thinking of ways the Institute could serve the community and help the rising issue of diabetes, our group looked at whom the Institute is already serving: children. There is obviously a link between childhood obesity and remaining obese when children become adults as adults are generally who develop Type II diabetes. Additionally, our group found that Kentucky has one of the highest prevalences for pediatric obesity in the nation.

Research

As our group was researching rural health in Kentucky, we were astonished at the information we found on Kentucky health. The largest health concern we found was diabetes. In 2009, Kentucky’s rate for diagnosed diabetes was the fourth highest in the nation at 11.4%, compared to a national median of 8.3%. In addition, an estimated 366,000 adults in Kentucky have been diagnosed with diabetes. Our group further discovered that diabetes is the number one cause of disability for Kentuckians and the fifth leading cause of death by disease.

According to Figure 2.1 (on page 10), Kentucky in 2003 was in the 7.5-8.9% for the percentage of U.S. adults who had been diagnosed with diabetes. In 2008, it dramatically increased to the above 9.0% range. Looking at Figure 2.3 (on page 10), and even deeper into the area the Institute serves, the Barren River area is one of the highest regional areas of Kentucky with adult diabetes prevalence.
According to the American Diabetes Association, diabetes is a costly disease. In 2007, diabetes cost America $174 billion. We know that diabetes is controllable if the people in rural Kentucky changed their eating habits by making healthier choices. By eating more fruits, vegetables and foods low in fat, we could change the future of our rural Kentucky children. Our group also knows that if children learned to eat healthier, then they could take that lifestyle into their adulthood and Kentucky would have less adults being diagnosed with Type II Diabetes.
Campaign

Expand Focus
Engage Students
Leverage Existing Resources
If the Institute implements “Be A Healthy Me,” there is nearly 20 million dollars in the form of grant money that would support such a health literacy program. There is an abundance of money in support of a program that educates children on healthy lifestyles and eating habits in addition to acquiring research on the topic and analyzing it. It just takes digging through databases for the grant the Institute best qualifies to receive. The money is out there, the Institute just has to implement a program that is worthy of the money and “Be A Healthy Me” is that program.
The cookbook our team envisions will be pocket-sized so as to easily fit into a student's backpack; we know how forgetful children are and we want to make sure this item makes it home to their parents. In this cookbook will be kid-friendly recipes encouraging children to become active in food preparation and to learn more about healthy eating habits. This cookbook will also include fun facts regarding healthy eating habits and healthy exercise routines. The last page of the cookbook will send the children online to a micro site to complete a questionnaire in order to gain access to educational games. Our team knows that rural families may not have access to computers at home, so this questionnaire will be filled out on school grounds in the provided computer labs. The questionnaire will consist of the following ten questions:

1. Have your eating habits changed after making recipes in the cookbook?
2. How often do you make recipes in the cookbook?
3. How many of the recipes in the cookbook have you made?
4. How often do you eat fast food on a weekly basis?
5. How many fruits and vegetables are in your house?
6. How many fruits and vegetables on average do you eat on a weekly basis?
7. How many sodas do you drink on a weekly basis?
8. How much exercise do you get on a weekly basis? Have you tried any of the activities in the cookbook?
9. How many times do you floss a week? Do you brush daily? If so, how many times do you brush a day?
10. How likely are you to continue to use the recipes in the cookbook?

Our group advised the Institute for Rural Health Development & Research to expand its focus by developing a health literacy program aimed at rural children and their parents called “Be A Healthy Me.” We know that health literacy can be an intimidating concept, so we advised the Institute to develop a focus much like other organizations in its competitive landscape. From our research, we advised this focus to be on diabetes. To carry out this strategy, we created three tactics: develop a cookbook through partnership with WKU nutrition students on campus, bring in Mid-day Live to have a “Be A Healthy Me” day and create educational collateral.

 Expand Focus
Expand Focus

The Institute for Rural Health Development & Research will host "Be A Healthy Me" day at one of the schools it already serves. Mid-day Live, a video segment of WBKO, the local ABC affiliate, will be invited to cover this event that will resemble a field day. There will be games such as hopscotch, four square, parachute game, relay races along with an egg toss, in addition to prizes such as jump ropes, hula hoops, and various fruits. "Be A Healthy Me" day will also bring media attention to the Institute's efforts to improve rural healthcare in the surrounding community as well as increase awareness of the Institute itself. Educational collateral will include flyers and handouts that will be in fun shapes and colors with interesting pictures/graphics. These educational collateral will include information on how to brush/floss and wash hands correctly as well as tips/advice on how to stay fit and active during the summer and winter seasons. These materials will be placed inside the school so as to be readily available to the children should any materials be misplaced/lost.
After thoroughly researching, another suggestion our group proposed was to utilize online components. By doing this, our group believes the Institute will benefit in educating rural children through modern technology and teaching them skills as well as making it fun for them to learn at the same time. We advised the Institute to come up with and/or find a video game that will help the children learn by educating them on exercise, healthy eating habits, diabetes, and how to stay healthy. We thought that this gaming system would initially engage kids K-5 and then college students as well. We expressed to the Institute there are plenty of games and activities from the internet to use as a model. We believe this will work and have a positive outcome as many schools have done programs similar to this proposed game. An idea resembling this online component was recently done at Western Kentucky University. A psychology professor received a $20,000 grant for designing a video game for autistic children. However, this video game taught social skills, problem solving, and interaction for autistic children.

Our team also recommended the Institute come up with an informative DVD the children could watch while they receive dental services. This DVD will teach healthy eating habits and how to properly take care of their body. This video’s goal is to be informative for children, as well as fun and get them excited to watch it.
Leverage Existing Resources

Another objective of our campaign is to leverage the Institute’s existing resources. The Institute has already collected a plethora of data from the past, the organization just needs to collect that data and develop a focus. As well as existing data, the Institute also already has programs available that can be expanded to integrate “Be a Healthy Me.” Leveraging the existing resources of the Institute will help secure potential opportunities for publications and presentations. In order to collect new data regarding diabetes, there will be a survey children will need to fill out before they play the online games. After the campaign has been implemented, these children will fill out the same survey. This will give us before and after results to determine how much we have educated the children. Another way we will collect data will be through informal interviews with the children, where we ask them what they know before “Be a Healthy Me” and then interview them after the campaign has come to an end.
Grants
Budget
Evaluation

Evaluation
Grants

By instituting a program like “Be A Healthy Me,” the Institute will qualify for more grants. According to The U.S. Department of Health and Human Services, there are many grants available in support of a program that promotes healthy lifestyles and diabetes awareness to children and adults, as well as a program that can acquire research on this topic and publish articles in scholarly journals. Finding these grants requires digging through databases for the grant that the Institute is best qualified to receive. Once the Institute locates grants that best align with the program “Be A Healthy Me,” it just takes filling out the grant application exactly as instructed. The money is out there, the Institute just has to implement a program that is worthy of the money and “Be A Healthy Me” is that program.

Budget

Our group estimated the budget for our proposed health literacy campaign to cost close to $20,600. That price includes $600 for a cookbook with ten pages in color at 150 copies and $20,000 for the video game. Carrie Pritchard, a psychology professor at WKU, received the grant from the Kentucky Engineering and Science Foundation. Pritchard created the game herself and then handed it off to a company in Nashville, Tennessee to do a pilot version. Pritchard’s future plan is to ask for additional funding after the pilot version and complete research on its usefulness in generalizing behaviors to the real world.

Evaluation

We are going to evaluate the campaign by using the cookbook to direct students to the micro site where the students will take the questionnaire about their experiences after cooking healthy meals from the cookbook. This will help the Institute to track the student’s knowledge and overall health improvements. The Institute will be able to use the data taken from past visits to compare with future visits. When the students play the online game in their classroom, the game will be collecting data. The Institute can use this data to compare what the children knew before we implemented the campaign and what they have learned since implementation. The Institute will ultimately be able to evaluate the successfullness of this campaign by the number of grants it receives.
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McKenna Byerley
Sarah Franklin
Hannah Groves
Emily Heeb
Tracy Scherzer

Special thanks to Leslie Hill for designing the parachute logo
McKenna Byerley is a Public Relations major with a minor in Business Administration. Upon graduation in May, McKenna plans to move to Louisville and find a job with a Public Relations firm.

Andrianna Agisilaou is a senior at Western Kentucky University and plans to graduate in 2011 with a major in Public Relations and a minor in Design, Merchandising, and Textiles. In the near future, she hopes to land an opportunity that will intertwine these two subjects and further her career in both of these areas. With high hopes and great leadership skills, Andrianna will use no less than 100% of her knowledge to understand her fields of interests and reach her future goals.

Tracy Scherzer is from Louisville, Kentucky and will be graduating as an Honors College Graduate in December 2011 with a Bachelor of Arts and Letters in Public Relations and Spanish. During her undergraduate career, Tracy was involved in the Western Kentucky University Honors College, Golden Key International Honour Society, Phi Eta Sigma, Spanish Club, and the local Public Relations Student Society of America (PRSSA) chapter in addition to being a Resident Assistant (RA) her sophomore and junior years. Before she graduates, Tracy will be spending the Fall 2011 semester abroad in Seville, Spain with International Studies Abroad to complete her Spanish degree requirements. Tracy’s dream job is to work in the Public Affairs Department of the Federal Bureau of Investigation.
Emily Heeb is a PR major and Marketing Sales minor from Florence, Kentucky. She is a member of Alpha Omicron Pi, a national collegiate sorority, where she held the position of Vice President of Communications during her time as an active member. She graduates from Western Kentucky University in May, 2011 and will be pursuing a PR career in Cincinnati, Ohio.

Hannah Groves is a PR major with a minor in Performing Arts Administration at Western Kentucky University. After taking a semester off to travel around Europe, Hannah finished her Bachelor of Arts and Letters degree and plans to move to Nashville. With a strong background in the arts, Hannah hopes to plan events for non-profit organizations in order to bring her two concentrations together. While at WKU, Hannah was involved with the Baptist Campus Ministries where she planned the weekly worship services, which helped her decide to change her major from Musical Theater to Public Relations. She hopes that one day her degree will take her from Nashville to Chicago and continue to work with and for non-profit organizations.

Sarah Franklin declined to provide any biographical information.