



Core Health Messages: A Strategy to Improve Health and Well-Being of Rural, Low-Income Families¹

What we did...

Rural, low-income families face far greater health challenges than the nation as a whole due to factors such as limited availability and access to health services as well as inadequate health insurance coverage. *The goal of the Core Health Messages project was to create health messages that will ultimately improve the health outcomes of rural, low-income families.*

Researchers from the University of Massachusetts Amherst, the University of Maryland, and the University of Washington Vancouver partnered with a multi-state team from California, Hawaii, Illinois, Iowa, Kentucky, Louisiana, Maryland, Massachusetts, New Hampshire, North Carolina, South Dakota, Tennessee, and Washington to develop the health messages. The final messages focused on dental health, physical health, food security, and health insurance.

How we did it...

Individuals and families are more likely to make better health decisions and take appropriate actions if health information is timely, culturally-relevant, based on principles of health literacy, and disseminated in a culturally acceptable manner. A learner-focused approach directly involves the target audience in developing clearly understood and relevant messages.

The research team conducted learner-focused forums, focus groups, and individual interviews with rural, low-income mothers to develop, test, and refine the core health messages. The study was conducted in 13 states to determine if core health message acceptance varies by region.

What we found...

- Rural, low-income mothers have little control over their time due to their busy lives.
- Mothers have four salient concerns about health:
 - 1) Lack of sleep;
 - 2) Need for strategies to cope with stress and related negative consequences;
 - 3) Worry about obesity and other food-related issues, including access to healthy foods;
 - 4) High cost of healthy food, fluoridated toothpaste, and water.



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- Mothers would be more likely to act if the health message is of medium length, is in a mother's voice citing an authority, is empathetic about their busy lives, is emotionally resonant, makes them feel connected to the message, includes easy-to-follow steps, and conveys a positive tone.
- Mothers' most preferred method of message delivery was person-to-person. Electronic media, primarily Internet, were preferred slightly more than print materials.

What we are creating for professionals...

- Template for health care message development
- Final set of core health messages reflecting mothers' preferences
- Recommendations for professionals regarding message development and channels of delivery
- Refereed presentations and publications
- Project website <http://ruralfamiliespeak.org>



Implications for FCS educators...

Participants' knowledge and attitude changed based on what they learned from the experience.

Clicker technology can be used to collect data efficiently and provide participants with immediate group response feedback.

Empowerment theory and user engagement in creation of messages increase likelihood of acceptance of messages.

Where we go from here...

The research team has received additional funding from NIFA to test various electronic and non-electronic methods of disseminating core health messages to rural, low-income families in order to determine their effectiveness. Findings will be available in 2013.

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