



KEEPING HEALTHY AFTER 60 BY 2-WAY RADIO

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To determine whether the presentation of public health information to older adults or "senior citizens" via two-way radio is feasible, this study was conducted. The decision to address a series of two-way radio conferences to this group was partially based on demographic data available from the Albany (N.Y.) Regional Medical Program (ARMP), which is funded

by the Health Services and Mental Health Administration. ARMP data indicated that approximately 11 percent of the total population in the Albany region was 65 years old or over and that this group needed health information and access to health services.

Other studies showed that this age group was, for the most part, still functioning in the community



and that only a small percentage was institutionalized (1). An important question was whether this group was mobile enough and could be motivated sufficiently to participate in such conferences.

Two-way radio conferences have been used successfully for many years by the Albany Medical College's department of post-graduate medicine and the ARMP to conduct continuing education programs for physicians and allied health professionals. Certain advantages accrue from using the two-way radio conference as a didactic mode of presentation. In addition to transferring information, this medium provides for on-the-spot communication between the "presenter" and the participant. A unique feature of the two-way radio conferences conducted in this study was the employment of a network of community-based

broadcast locations rather than the usual hospital-based locations.

Procedure and Method

Planning, promoting, and implementing this project were directed by three members of the ARMP program staff: the coordinator of instructional communications, the director of public relations, and the coordinator for community health education. Action was initiated in May 1971 by selecting the target population (older adults) from the general public sector, and they helped in the initial stages of planning and developing the project.

Members of the group were surveyed to determine their educational preferences. A questionnaire containing 14 selected health topics was distributed to 300 older adults in seven counties—Albany, Berkshire, Columbia, Greene, Rensselaer, Sche-

nectady, and Schoharie. Each respondent was asked to choose the four health topics that he or she thought would be most beneficial if information about these topics was presented via a two-way radio network.

The results of this survey were used to select and give priority to the conference topics. The four topics most frequently chosen were Medicare, heart, arthritis, and stroke. The four conference titles were:

- How to get the most from Medicare
- Living with your heart
- Arthritis: Facts and fiction
- What you should know about strokes

The group surveyed also indicated that presentation every other week was preferred. This schedule was adopted, and the first conference was scheduled for November 5, 1971.

Three criteria were used in selecting the localities to be included in the public education network: (a) technical feasibility, (b) population density, and (c) projected subregional cooperation. Twelve conference locations were chosen that would be accessible and acceptable to not only the surveyed adults but also to other segments of the public who could be target groups for future programs. The 12 community facilities chosen consisted of church halls, YMCA's, community colleges, and community centers.

Because of budget limitations, the presenters were selected from local candidates who would volunteer their time without financial reimbursement. Two presenters were selected for each of the four conferences. Two officials from the Albany office of the Social Security Administration served as presenters for the Medicare conference, and local physicians served each of the remaining three conferences. For the heart conference, a former heart patient also supplied valuable insights and information. A retired U.S. Congressman, who had represented the Albany area, was program moderator. It was thought that the older adults would readily identify with him and that his participation would promote the project.

Local moderators for each conference included representatives from community agencies, health paraprofessionals, and other health volunteers. Each moderator was invited to attend one of two workshops for a briefing on his duties. Moderators for the locations not represented at these workshops received an individual briefing from ARMP program staff members.

The conferences were publi-

cized by press releases, posters, flyers, and bookmarks—each advertising the series of programs in the community. ARMP program staff members also addressed senior citizen groups and clubs, and public service announcements were broadcast on radio and television.

All participants were encouraged to assemble before 1:30 p.m. Friday, the starting time for each broadcast. Before the broadcast, each participant received material concerning the specific conference topic, a brief attendance questionnaire, a promotional flyer that served as a conference program, and a referral sheet directing the participant to additional sources of information. The questionnaire included items on age and sex of the participant, senior citizen affiliation if any, how the participant learned about the program, who accompanied the participant to the program, and the novelty and utility of the information presented.

Each program had the following format: (a) orientation and

announcements by the studio moderator, (b) introduction of the two presenters, (c) an initial presentation that usually lasted 10 minutes and was followed by a question-and-answer period, and (d) a second presentation lasting 10 minutes that was followed by a question-and-answer period. Sufficient time was allowed for the question-and-answer period because it was so important to participatory learning.

After the broadcast portion of each conference, a group discussion was held to pursue additional questions. Selected specialists (ARMP program staff personnel, registered physical therapists, and representatives from the Albany office of the Social Security Administration) led these discussions. Questions that were unanswered at the close of each conference were answered by mail from the ARMP office to the participant who had asked the question.

A questionnaire also was submitted in a quasi-random fashion

Distribution of attendance figures, by conference and location

Location ¹	Conference ²				Total
	Medicare	Heart	Arthritis	Stroke	
Adult Learning Center, Albany.....	26	28	53	29	136
Arbor Hill Community Center, Albany.....	12	15	15	10	52
Jewish Community Center, Albany..	75	65	140
Saint Patrick's Church, Catskill.....	12	6	13	3	34
Cohoes Community Center, Cohoes.	16	20	24	16	76
First Presbyterian Church, Glens Falls.....	32	28	36	20	116
First Reformed Church, Hudson....	41	20	18	16	95
Fulton-Montgomery Community College, Johnstown.....	31	15	21	22	89
State University of New York, Cobleskill.....	19	23	27	6	75
Pittsfield (Mass.) YMCA.....	68	13	40	13	134
Schenectady YMCA, Schenectady...	10	11	29	12	62
Hudson Valley Community College, Troy.....	16	32	31	18	97
Total.....	358	276	307	165	1,106

¹ All but Pittsfield are located in New York State.

² Includes other than senior citizens in attendance, namely, ARMP program staff personnel, public health personnel, health paraprofessionals, and others.

to conference participants and to all invited observers. This participant - observer questionnaire, which was devised to assess the overall management of each conference, included items concerning the cooperation of participants, the appropriateness of facilities, and the nature and quality of the presentation.

Results and Discussion

A total of 1,106 persons attended the four conferences at 12 community locations. Attendance figures at each location, for each type of conference, are given in the table. Attendance patterns at each location apparently depended on local conditions. For example, attendance at the Schenectady YMCA was lower than expected, partly because of inadequate public transportation and partly because of the limited parking facilities. The Catskill location consistently had poor attendance because another organized group of senior citizens was meeting at the same time in

another part of the county. Attempts to resolve the conflict in schedules, once identified, met with little success.

Attendance figures for the first two conferences at the Albany Jewish Community Center were buoyed by a regularly scheduled meeting of older adults on the premises during the conference days. A fire at the center damaged the meeting facilities, however, and the two remaining conferences there had to be canceled. Attendance at the Pittsfield, Mass., location was increased by a jointly sponsored meeting of senior citizens on the premises during the conference days.

Attendance at the last conference was lower than for the first three conferences (see table). The last conference was scheduled near the Christmas holidays, and many potential participants probably were engaged in holiday preparation and gift shopping.

The following percent distri-

bution of older adults, by age and sex, attending the four conferences is based on returns of the attendance questionnaire distributed at each conference.

<i>Age group (years)</i>	<i>Percent distribution</i>	
	<i>Men</i>	<i>Women</i>
55-60.....	14	86
61-65.....	19	81
66-70.....	25	75
71-75.....	21	79
Over 75.....	30	70
Total.....	23	77

In each age group many more women than men attended the conferences. In the preretirement age groups (55-60 and 61-65) this pattern of attendance may be attributed to the fact that most men are still actively engaged in full-time employment. For the post-retirement groups (66-70, 71-75, and over 75), the predominant attendance by women may be due to the fact that women outnumber men—this discrepancy increasing sharply with age.

Further responses to the attendance questionnaire indicated the following characteristics: 70.8 percent of those attending stated that they came with other people (relative or friends), 25.9 percent said they had learned of the conference through printed announcements, 25.9 percent through newspaper publicity, 6.1 percent by radio, and 42.1 percent through other means (club meetings or word of mouth, and so on). Replies to the participant-observer questionnaire indicated that, except for some minor technical difficulties, the management of the two-way radio conferences was conducive to the assimilation of information.

The question-and-answer format of the program was received enthusiastically. An average of 40 questions per conference were





answered on the air. Many additional questions, as noted before, were answered either through discussions held after the formal presentations or through followup by mail.

Conclusion

Based on the results and positive reviews from participants and observers attending each conference, the major objective of our study apparently was met. The use of a two-way radio conference proved to be successful in providing public health information to these older adults.

The immediate feedback to questions asked by the participants was especially well received, and significantly improved the presentation process. The large number of questions asked as a result of the presentations indicated an active interest in ob-

taining information about health matters. In addition, certain technical irregularities were exposed and resolved, which contributed to the insured success of future programs of this kind.

The primary question — whether older adults would participate in a series of two-way radio conferences — was answered. This subgroup clearly indicated a desire to participate by their willingness to travel away from home and away from established centers for educational and recreational activities. The results obtained in this study suggest that such conferences should be held at established meeting places for senior citizens. As noted earlier, however, the selection of conference locations was influenced by their potential use in replications of this project with different subgroups.

The results of this study show that a two-way radio conference is a successful means of promoting public health information in the community. The limited nature of the health topics treated in this study and the singular choice of older adults as the target population limit the generalizability of the reported results. The experience gained from this study, however, has provided valuable insights into the use of the two-way radio conference as a viable learning medium and has paved the way for similarly structured programs on health information.

REFERENCE:

- (1) Brotman, H. B.: The older population: Some facts we should know. Social and Rehabilitation Service Publication No. SRS-AoA-164-1971. U.S. Government Printing Office, Washington, D.C., April 1970.