

Cedar Rapids Family Practice Residency,
Cedar Rapids, Iowa

COMMUNITY HEALTH EDUCATION OUTSIDE OF THE OFFICE

by Richard M. Hodge, M.D.

Encouraging patients to adopt healthier life styles—including proper exercise and nutrition, stress reduction, accident prevention, and elimination of cigarette smoking and alcohol and drug abuse—can contribute more to the general health and well-being of patients than the most advanced technologies and therapies. Cigarette and alcohol abuse alone are known to be primary contributing factors in the deaths of nearly 500,000 persons annually, and result in billions of dollars in medical fees, lost wages, and decreased productivity. Current interest in im-

proved physical fitness and personal well-being has led to increased public concern and questioning about health; what is now especially needed are community education programs that can provide answers to these public-health questions.

Family physicians are in a key position to practice preventive medicine. Currently, most patient education takes place in physicians' offices, and only in response to specific patient complaints. Although this one-to-one education is valuable and necessary, it often leaves larger community health needs

Participants gather for the start of the Family Fun and Fitness Run.



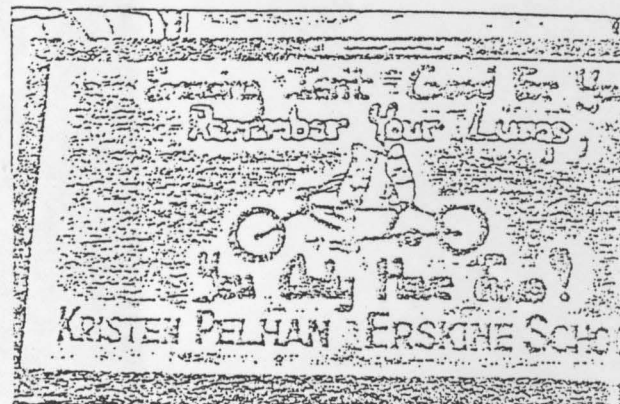
unanswered. A more effective way to increase awareness and to emphasize the need for patients to practice preventive medicine is for physicians to work more closely with the community and to share their expertise with as many people as possible.

The Cedar Rapids Family Practice Residency program is currently attempting to meet these increased community health needs by participating in the nationwide organization Doctors Ought to Care (known as DOC). The residency, established in 1971, is the only program serving the metropolitan area of Cedar Rapids, which has a population of approximately 150,000 persons. The residency program is being sponsored by two private hospitals, and operates independently of a university.

OBJECTIVES

Doctors Ought to Care was started in 1977 by Dr. Alan Blum, when he was a family practice resident in Miami. Perceiving the need to promote healthier life styles through better community-wide education, he organized a series of educational activities, which included youth and adult slide presentations, advertising against bad health habits, and efforts to promote increased involvement in community health events. Doctors Ought to Care was soon incorporated as a nonprofit organization with two main objectives: to educate the public, particularly young children and adolescents, about the major causes of preventable diseases; and to increase dialogue within the medical community about causes and prevention of poor health and high medical costs.

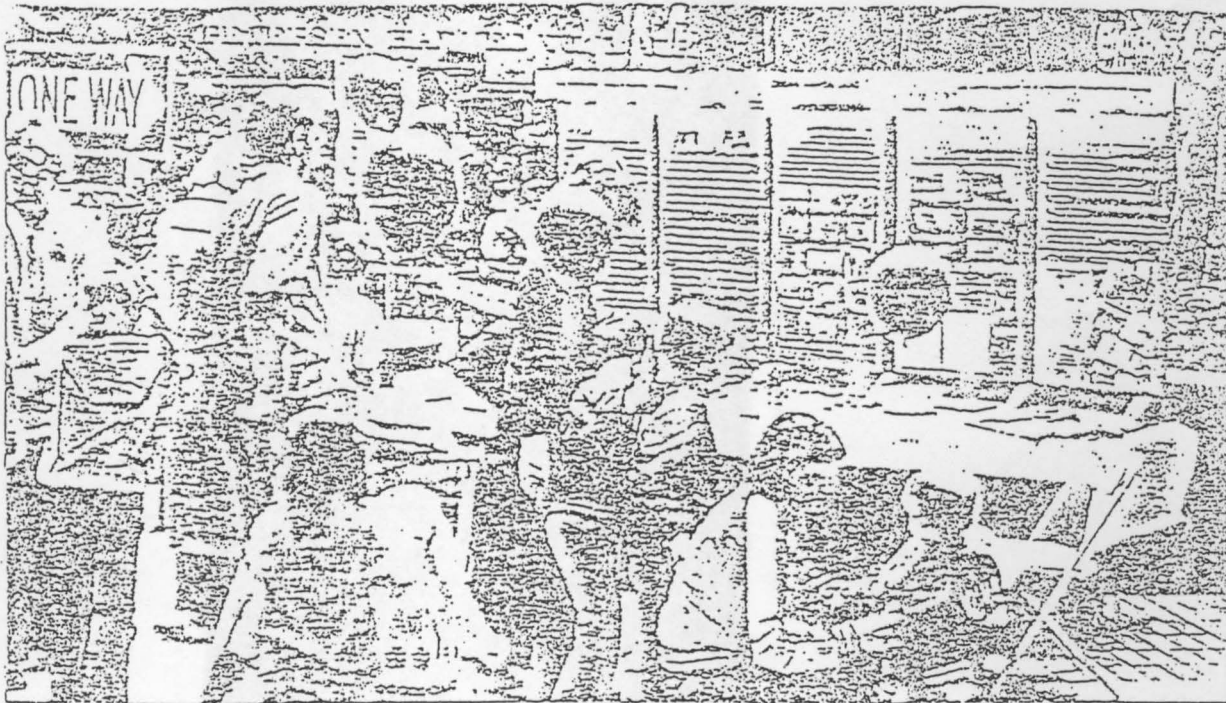
A local chapter of Doctors Ought to Care was organized in Cedar Rapids in the fall of 1979, and the program was then introduced into the curriculum as a part of the family medicine rotation. First-year residents are on the rotation for one month, and second-



Grand prize winner from an elementary school health poster contest

year and third-year residents are on the rotation for two months each year. During the rotation, residents maintain a practice in a model office and attend to hospitalized patients; they also learn behavioral science concepts and family practice skills such as practice management, preventive medicine, utilizing research techniques, and promoting patient and community education.

Interest in Doctors Ought to Care quickly grew, bringing many more residents and physicians into the program. Regular meetings were established, officers were elected, and group activities were planned. Residents now must spend a minimum number of hours participating in Doctors Ought to Care activities—up to three two-hour sessions during the family medicine rotation. These sessions can be spent researching or preparing for community health talks or in any other Doctors Ought to Care activity or project. Residents who want to spend more time in community medicine have a chance to become involved voluntarily outside of the rotation. Residents also plan and organize projects, but they are instructed to limit their participation in the program so that it will not distract them from other aspects of their residency, or from their own family commitments.



Doctors' Ought to Care display at a local health fair

ACTIVITIES

Of the many activities that have become annual features of the Doctors Ought to Care program, physician presentations, or talks (TABLE, page 32) are considered particularly important. Since 1981, more than 120 of these talks have been given to more than 12,000 persons of all ages. Problems of drug and alcohol abuse, smoking, health maintenance, and venereal disease are explored through slide presentations that are geared toward specific age groups.

These talks also serve to exemplify one of the most vital concepts of the Doctors Ought to Care program: bringing physicians into the community and encouraging individuals to participate by asking questions and by contributing ideas. The talks are relaxed, open, humorous, and upbeat. Along with discussions on the basic facts of a health issue, the talks also explore the roles of peer pressure and advertising in a person's decisions

about health. Through these discussions, another important message of the program is brought out: personal choice. People are taught to understand that good health habits are a choice—for example, to not smoke, or to not eat "fast food"—and that they can feel good about these choices.

The Doctors' Ought to Care program also sponsors elementary school poster contests to illustrate basic health messages. Four years ago after one of the residents gave a presentation on good health and safety habits to fifth and sixth graders at three public schools, students were asked to make posters depicting good or bad health habits. The posters were judged by a panel of community leaders as the neatest, the most original, the funniest, the most colorful, and the one with the best health message. A grand prize winner was selected, and that poster was displayed on a billboard for one month. In four years, the project has grown to include 12

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TABLE 2 Doctors Ought to Care talks

ADULT

Overview of Doctors Ought to Care activities

Summarize development of the program
Review past activities and present goals for the future

Nutrition

Review basic nutrition. Identify poor eating habits and explore ways to improve them.

TV monster

Identify problems associated with excessive television viewing. Suggest ways to discriminate, and ways to limit children's television viewing.

Medical quackery

Review history of quackery and illustrate with present-day examples.

Health maintenance

Discuss health screening, preventive medicine, and routine medical care.

Medical aspects of smoking

Identify health effects of smoking and emphasize alternatives to smoking.

Medical aspects of alcohol

Demonstrate common problems of excessive alcohol use. Illustrate the harmful effects.

Medical aspects of drug abuse

Classify various drugs (legal and illegal) and physiological effects.

Provide suggestions to parents who suspect their children are abusing drugs.

HIGH SCHOOL

Nutrition

Review basic nutrition. Identify poor eating habits and explore ways to improve them.

Sex and contraception

Provide an overview of contraceptive methods. Stress individual decision-making about sexual activity.

Veneraal disease

Review the various forms of sexually transmitted diseases and medical and hygienic implications.

Alcohol-omics

Demonstrate common problems of excessive alcohol use. Illustrate the harmful effects.

JUNIOR HIGH SCHOOL

AND GRADE SCHOOL

Nutrition

Review basic nutrition. Identify poor eating habits and explore ways to improve them.

Helping one another stay healthy

Discuss harmful health habits and promote development of good health habits.

Medical aspects of smoking

Identify health effects of smoking and examine influences that cause people to start smoking. Introduce exercises to counteract peer pressure.

Alcohol-omics

(For older grade school and junior high students)

Demonstrate common problems of excessive alcohol use. Illustrate the harmful effects.

Medical aspects of drug abuse

(For older grade school and junior high students)

Classify and identify effects of drug abuse. Provide examples on how to avoid abuse.

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schools and 1,500 students. Several winning posters of all four years have been made into bumper stickers and buttons. The budget for the contest this year is estimated to be approximately \$10,000—allowing for the selection of one grand prize billboard from each school, and the purchase of four half-page newspaper advertisements. A research project is now underway to study the effects these billboards and advertisements have had on public health awareness.

Another annual activity of the Doctors Ought to Care program is a 5 km to 10 km run. Families are encouraged to participate in the run, and awards are offered in each of the age categories. The modest profits from this event are used to fund additional Doctors Ought to Care activities. Recently, these activities have included participation in local health fairs, completion of physical examinations for Special Olympics participants, increased involvement with parents' groups organized around issues such as drug abuse or drunk driving, and promotion of Iowa's automobile child-restraint law.

About 40 residents have graduated from the Cedar Rapids Residency program since the Doctors Ought to Care program began. Many of these physicians have chosen to remain in the Cedar Rapids' community and maintain their involvement with the Doctors Ought to Care program. Physicians in the program believe that although the public's behavioral changes have not been measured, their knowledge of health issues has increased, and their attitudes about their own health and physical fitness have improved. §

FPR will consider for publication similar reports on innovative teaching activities in family practice departments and residency programs. Please address all correspondence to Teaching Activities, Family Practice Recertification, 2 Park Avenue, New York, NY 10016.

CALENDAR

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Harvard Medical School, Department of Continuing Education, Boston, MA 02115. Method: TBD. Fee: \$525. Credit hours: TBD.

April 22-25

Comprehensive Review of Cardiology. Contact: Harvard Medical School, Department of Continuing Education, Boston, MA 02115. Method: TBD. Fee: \$450. Credit hours: TBD.

April 24-25

An International Conference on New Concepts in Cardiovascular Disease. Birmingham, AL. Contact: Division of Continuing Medical Education, University of Alabama School of Medicine, 127 Community Health Services Bldg., University Station, Birmingham, AL 35294. Method: TBD. Fee: TBD. Credit hours: TBD.

April 25-26

Therapeutic Drug Monitoring. Contact: Harvard Medical School, Department of Continuing Education, Boston, MA 02115. Method: TBD. Fee: \$215 (physicians); \$100 (residents). Credit hours: TBD.

April 25-27

The Twentieth Annual Pediatric Spring Mt. Williamsburg, VA. Contact: Beth Winn, Medical College of Virginia, Office of Continuing Medical Education, Box 48, MCV Station, Richmond, VA 23298. Method: AV, D, L, SB. Fee: \$235. Credit hours: 12 AMA, AAFP.

April 25-27

Pediatric Electrocardiography, Electrophysiology and Pacing. Bethesda, MD. Contact: American College of Cardiology, Learning Center Registrar, 9111 Old Georgetown Rd., Bethesda, MD 20814. Method: TBD. Fee: \$300. Credit hours: TBD.

April 26-23

Electrocardiogram Interpretation and Arrhythmia Management. Hilton Head, SC. Contact: International Medical Education Corporation, Division of Postgraduate and Continuing Medical Education, 64 Inverness Dr., E., Englewood, CO 80112. Method: Sem. Fee: \$295 to \$360. Credit hours: 13 AMA.

April 26-28

Noninvasive Diagnostic Methods for Cardiovascular Disease. San Francisco. Contact: International Medical Education Corporation, Division of Postgraduate and Continuing Medical Education, 64 Inverness Dr., E., Englewood, CO 80112. Method: Sem. Fee: \$295. Credit hours: 13 AMA.

April 26-28

Update in Cardiac Catheterization and Invasive Cardiology: 1985—A Weekend Review. Boston. Contact: Registration Secretary, Extramural Programs De-

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