

IMPROVING THE AIM OF RISK COMMUNICATION MESSAGES:

Targeting Ethnic Audiences

Sharon F. Grigsby, MBA

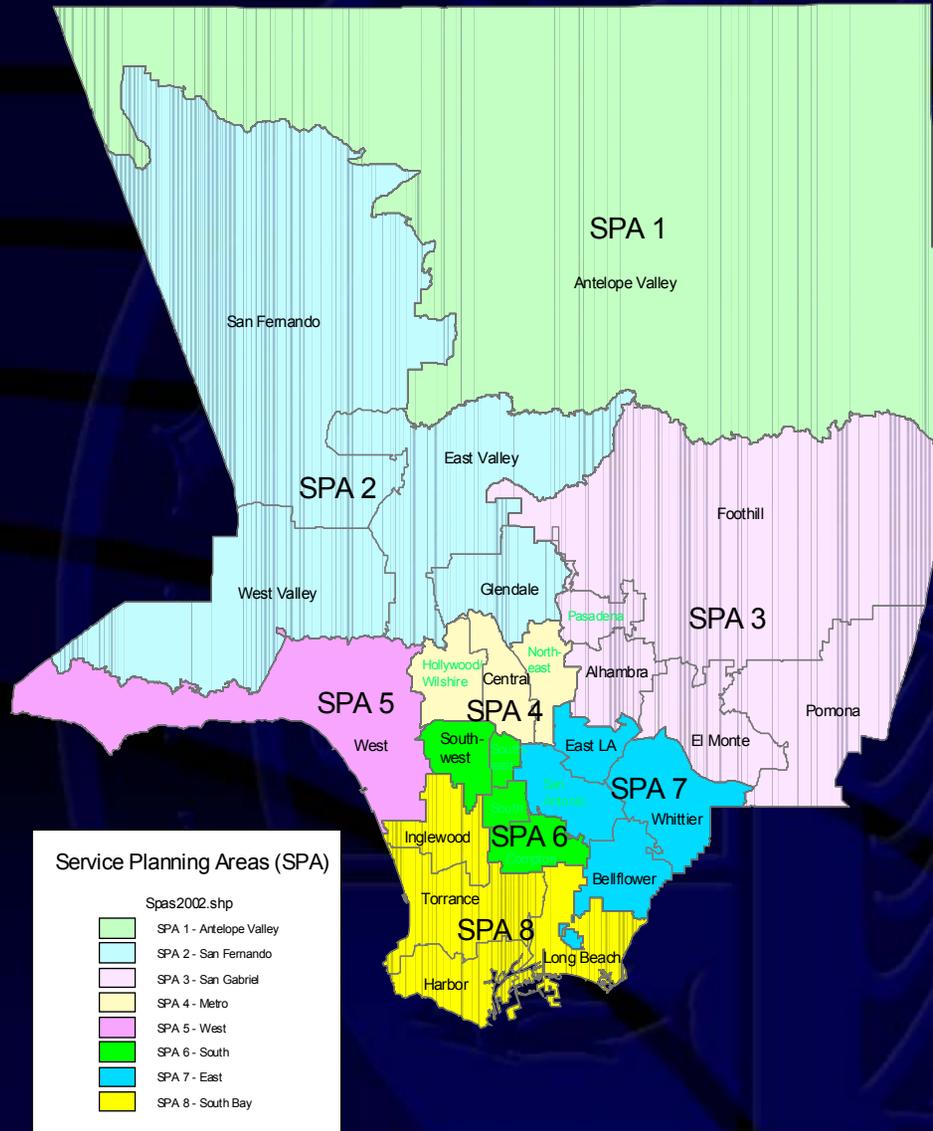
Executive Director, Bioterrorism Preparedness

County of Los Angeles Public Health

February 24, 2005



Service Planning Areas and Health Districts



A Diverse Population Will Have a Multitude of Concerns

- Bioterrorism Response Plans
 - Must account for diversity of concerns, fears and responses of general public
 - requires trust and cooperation of the general public

Success Requires Trust

- Difficult or controversial control and response measures
 - Isolation/Quarantine
 - Travel restrictions
 - Targeted or widespread distribution of medications or vaccines
 - Distribution of scarce resources

Bioterrorism Subsamples: Aims and Goals

- Preparation
 - What people have done
- Perceptions of Preparedness
 - Confidence and trust in Public Health
 - Who should communicate to the public?
- Perceptions of Risks
 - Exposure and health related problems
 - Where would the public go?

Reliability of various sources of health information?

- 85% - CDC is a reliable source of information
- 84% - your local hospital
- 81%-83% - local/state health department
- 80% - your own doctor

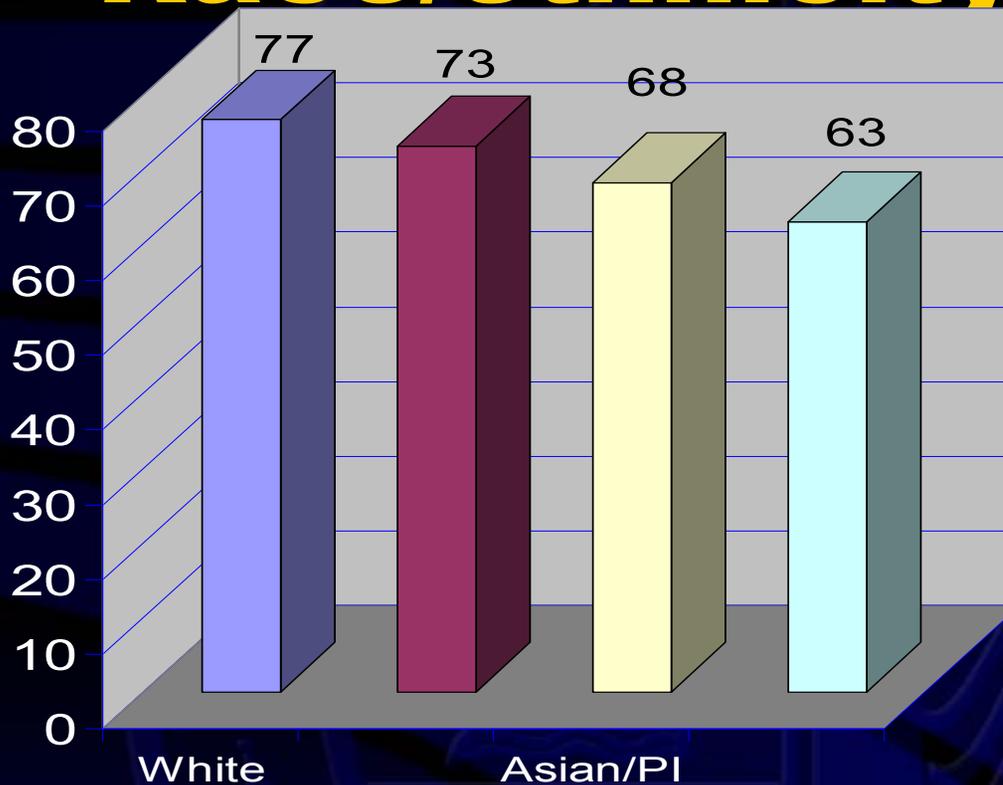
The good news

- High level of support for funding BT preparedness – political will – creates opportunities to educate and inform.

Bioterrorism Trust Question

Will the public health system respond fairly to [your] health needs, and without regard to race, ethnicity, income, or other personal characteristics?

Trust Varied by Race/ethnicity



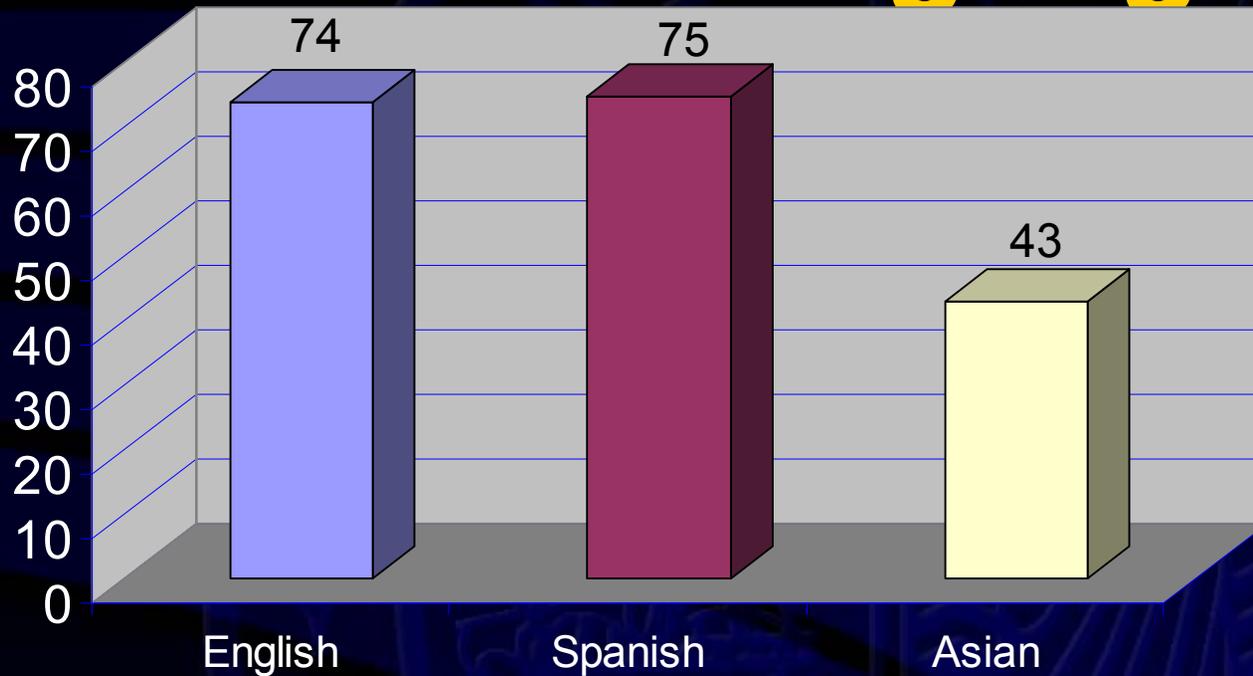
Race/Ethnicity

Trust Varied by Neighborhood Safety



Neighborhood Safety

Trust Varied by Interview Language



Interview Language

Differences Within Groups

Less Likely to Trust:

- African Americans
 - Younger less likely to trust
- Asian/Pacific Islanders who spoke Asian language
- Persons who reported unsafe neighborhood less likely to trust
- Latinos
 - Persons who spoke Spanish language more likely to trust

Digging Deeper

- Goal: Better understand African-American attitudes re bioterrorism preparedness & public health
- Approach:
 - 8 focus groups of African-American adults stratified by age and SES
 - June through July, 2004

Future Directions

- Complete analysis of African-American focus groups
- Initiate API focus groups
- Additional data will be available in 2005 from the 2004 Public Health Response to Emergent Health Threats Survey (PHRETS)

Implications

- Perceptions of bias will limit effectiveness in implementing:
 - Mass vaccinations
 - Mandatory registration and tracking
 - Quarantine and Isolation Compliance
 - Travel Restrictions

CONCLUSIONS

- **Public relies upon and places confidence in hospitals and doctors.**

CONCLUSIONS

Information should be communicated by highly trusted sources and targeted appropriately to subpopulations.

CONCLUSIONS

- **Lack of confidence, mistrust and skepticism should be understood by officials communicating or directing the public.**

**For additional information, call the
Office of Health Assessment and Epidemiology
at (213) 240-7785**

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