

Lessons Learned

Communicating Health Information to Special Populations

J. Christie Holmgren

The terrible disasters in Indonesia and New Orleans in 2005 raise serious questions about ways to relay critical information to the people who need it during a disaster. Oregon is unlikely to face a hurricane, but violent storms and other emergencies do happen everywhere. Are public health staffs prepared to communicate with the many different kinds of people who live in Oregon? What do they need to do to get prepared?

Oregon studies its communication plan

The Oregon Department of Human Services (DHS) Public Health Preparedness program conducted two research projects to identify potential barriers and effective communication methods and channels for a dozen special audiences. These populations include Native Americans, Hispanic Americans, Asian Americans, African Americans, non-English speaking people, rural populations, seniors, children, those with physical or mental disabilities, the homeless, and migrant farm workers.

In the first study, we contracted with a research firm to conduct interviews with 24 caseworkers and other professionals who routinely work with these populations. The firm also reviewed available census data and other research and literature on health communication and emergency preparedness for each identified group.

In its second study, DHS contracted with a research firm to conduct a statewide random telephone survey of 1,000 Oregonians to determine current knowledge, perceptions, and information needs related to bioterrorism and other public health emergencies. The results of these two studies were not particularly surprising. One key finding, for example, was the importance of including special communities in public health preparedness planning efforts. Although this is an obvious point, having the research to back it up helps to make the case for special communications efforts to local health departments whose resources and staff are already overstretched.

Another finding, for example, was that Spanish-speaking households in Oregon were generally less knowledgeable about, and less prepared for, public health emergencies than other Oregon households, despite reporting greater concerns about public health threats.

In conjunction with local health departments in Oregon, DHS is using the results of the two research projects to develop emergency communication plans and local planning guides and templates for populations that cannot be reached through mainstream channels.

Key actions to improve communications

Identify communities with special information needs and establish continued relationships with community leaders in advance of an emergency. Local health departments should build a database of key contacts who are able and willing to pass information along during an emergency, and plan to partner with local organizations that serve targeted populations when delivering health or emergency messages. Ideal spokespersons for delivering risk messages are generally local community leaders of the targeted audience, who can help validate public health messages. These may include religious clergy, health care professionals, or caseworkers. Be aware that police, fire, and other uniformed officers may cause alarm to some populations.

Conduct outreach to churches, schools, and social service groups to reach populations with special communication needs. Many of these groups have phone trees or member directories and can assist in disseminating culturally appropriate risk messages in native languages.

Establish relationships with organizations that provide services for people living in poverty, who may have more pressing issues that prevent them from receiving or acting upon public health messages. We can advise the public, for example, to stock up on food and water in case of an influenza pandemic, but what advice should we give to people who are already hard pressed to find their next meal?

Conduct a campaign to emphasize personal preparedness especially targeting elderly shut-ins or those with physical disabilities. For example, people who might have difficulty receiving or responding to crucial health messages during an emergency can be encouraged to arrange beforehand with a neighbor or nearby relative to assist them in an emergency.

Conduct outreach in other languages. Distribute information through alternative language media, where available, to reach audiences whose first language is not English. Translate essential informational materials into the most common languages and dialects spoken in each county or region. Use interpreters for public meetings and telephone hotlines in areas where people do not speak English. And include low-literacy materials and pictographs. Literacy, as well as language, may be a barrier.

Most importantly, understand the beliefs and practices of the target audiences. Working consciously with the cultural expectations and understandings of target audiences is the key step to successful planning for emergency communications. ■

Author

J. Christie Holmgren, APR, is public health emergency preparedness public information coordinator at Oregon Department of Human Services.