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Pandemic Influenza Communication Strategies for Vulnerable Populations

Presented by


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Overview

- Introduction to Culturally Tailored Risk Communication
- Pandemic Influenza and Community Mitigation
- Formative Research Participants and Methods
- Findings and Recommendations



Objectives

- Describe social and cultural factors that affect adherence to pandemic influenza mitigation strategies;
- Describe the importance of cultural tailoring for pandemic influenza risk communication messages; and
- Discuss implications of our formative research on recommended strategies and pandemic influenza planning with vulnerable populations.



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Background: Pandemic Flu and Vulnerable Populations

- The course of a pandemic will be determined in some part by the public's willingness to adopt and adhere to community mitigation strategies
- Economically, socially, and politically vulnerable populations tend to be hit hardest by natural disasters
- Culturally-tailored health messages may increase the probability that key messages will be acted upon during a disaster

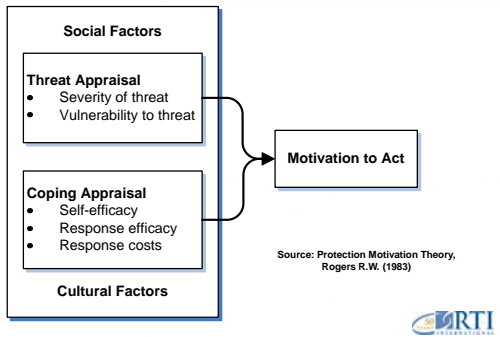


Vulnerable Populations Selected

Population Groups	Risk Factors				
	Parents	Public Housing Residents	Migrant/Day Laborers	Limited English Proficiency	Socially Isolated Elderly
Lower-SES African Americans	●	●			●
Lower-SES Hispanic Americans (English speaking)	●				●
Lower SES Southeast Asian	●	●	●	●	●
Lower-SES Rural Whites	●				●
Lower-SES Native Americans	●	●	●		●
Hispanic Immigrants (non-English speaking)	●		●	●	
Homeless Persons		●			●



Theoretical Framework



Community Mitigation Strategies for Pandemic Influenza

1. Store a 2 weeks' supply of medicines for preexisting health conditions.
 2. Store a 2 weeks' supply of food and water in the home for use in the event of a pandemic.
 3. Wash hands frequently with soap and water, and teach children to do the same.
 4. Cover coughs and sneezes, and teach children to do the same.
 5. Practice social distancing by avoiding public transportation and other social gatherings such as church or community meetings.
 6. Schools may be dismissed for as long as 3 months. Plan to care for and continue learning activities and exercises for children in the home.
 7. Set up social support systems with others to provide for various needs and services.
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Data Collection Methods

- Interviews with organizations that serve vulnerable populations/communities selected
 - ◆ Telephone interviews
 - Individual in-depth interviews with members of selected vulnerable populations
 - ◆ Face-to-face
 - ◆ Mock news broadcasts (videos) of an evolving influenza pandemic
 - Town hall meetings with members of selected vulnerable populations
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Locations

- Rural and Metropolitan areas in:
 - California
 - Georgia
 - Kentucky
 - Maryland
 - North Carolina



Key Concepts from Discussion Guide

- Threat Appraisal
 - General Knowledge of Pan Flu
 - ◆ Vulnerability to pandemic influenza
 - ◆ Magnitude of pandemic influenza
- Coping Appraisal
 - Self efficacy, Response Efficacy and Response Costs of:
 - ◆ Storing medicines, food, and water
 - ◆ Hand washing
 - ◆ Covering coughs/sneezes
 - ◆ Social distancing
 - ◆ Home schooling
 - ◆ Establishing social support networks



Study Participants

	Organizational Leaders	Community Members
African Americans	4	21
Hispanics (English-speaking)	4	38
Southeast Asians	9	39
Rural European Americans	4	39
Native Americans	6	36
Hispanic Immigrants (non-English speaking)	4	16
Homeless	6	29



Findings: Threat Appraisal

Threat Appraisal

- Knowledge of Pandemic Influenza
 - Overall low levels of knowledge of pan flu
 - Southeast Asian immigrants were most likely to describe a difference between pandemic and seasonal influenza
- Perceived Vulnerability to Pandemic Influenza
 - Most people had low personal risk beliefs
 - Older, immune-compromised, or chronically ill participants in all populations were more likely to describe themselves as vulnerable to infection
- Perceived Magnitude of Pandemic Influenza
 - Older rural residents were more likely to have higher perceived magnitude

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Findings: Coping Appraisal

Preparing for a Pandemic

- Widespread belief that government had the resources to protect the public.
- Generally high levels of self- and response efficacy related to stockpiling medications, food, and water.
- High Self-Efficacy: Asian, Native American, acculturated Hispanic, and rural white American participants
 - Capability and tradition of "setting things by"
- Low Self-Efficacy: Latino Immigrants, African Americans, and Homeless participants
 - Low levels of trust in equitable distribution of governmental services in the event of an influenza pandemic

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Findings: Coping Appraisal

Preventing Infection During a Pandemic

- All groups had high self- and response efficacy for hand washing, covering coughs and sneezes.
- There were differences in efficacy for Social Distancing
 - *Lower Self Efficacy:* African American, rural European American, urban Native American participants expressed need for church services.
 - *Higher Self-Efficacy:* Asians, homeless
- Southeast Asian, Hispanic, and Native American participants expressed fatalistic beliefs

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Findings: Response Appraisal

Responding to Pandemic

- Participants from most groups believed that closing schools would reduce the risk of infection.
- Rural white American and African American participants had the highest levels of self-efficacy related to continuing children's education in the home.
- Hispanic and Southeast Asian immigrant participants had the lowest self-efficacy for continuing education in the home when schools are closed.

"I don't have the resources to help my son with his studies. He has books in English; he speaks it a lot now; but I don't know English."

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Findings: Coping Appraisal

Community Factors Affecting Response

- African American, Hispanic immigrant, Southeast Asian, and rural white American participants reported high levels of social support in their respective communities.
- Urban Native Americans, acculturated Hispanics, and homeless participants reported less social cohesion and felt more socially isolated.

"For the Native community [in cities], the ongoing issue is the lack of community cohesion. The community does come together when it needs to come together."

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Conclusions

- Economic, infrastructural, and sociocultural constraints and facilitators varied by participant groups
- Risk communications should include:
 - an assessment of the social conditions likely to arise during a pandemic,
 - a description of governmental efforts to prepare and respond, and
 - an honest assessment of the likelihood of these efforts to prevent the pandemic from occurring domestically.
- Materials promoting the various mitigation strategies should be tailored to the needs of specific populations.



Small Group Discussions

- Select the Finding & Recommendation Group you would like to join
- Select a spokesperson for the group
- 25 minutes
- Reconvene for a large group discussion



Questions to consider

- How difficult would it be to address this recommendation?
- Are there vulnerable groups in your community that would have difficulty with this recommendation?
- What challenges would you face in implementing this recommendation?
- What solutions or resources could you bring to address these challenges?



Finding and Recommendation Group 1

- Many members of the populations interviewed stressed that word-of-mouth and face-to-face communication was the way their communities pass important information. This form of communication was viewed as particularly important for those with very low literacy who will want to speak with someone directly to address questions and concerns.
- **Recommendation:** State and local health authorities need to develop pre-pandemic strategies that incorporate face-to-face communication (e.g. door-to-door notifications, drop-in hours at local health centers), and leverage word-of-mouth networks (e.g. community/neighborhood telephone trees).



Finding and Recommendation Group 2

- Many participants understood and accepted the necessity of stockpiling food and water but cost and physical space pose major challenges to carrying out these recommendations. Further, many members of vulnerable populations live week-to-week and rely heavily on community based organizations for supplemental meals or food donations.
- **Recommendation:** State and local health authorities need to provide assistance, guidance, and foster partnerships with community organizations that could serve as supplemental food banks or emergency storage facilities for vulnerable populations.



Finding and Recommendation Group 3

- Many participants across audience segments said they would not curtail attendance at religious gatherings as worship services would be a source of leadership and comfort during times of crisis. Further, many participants described spiritual leaders as trusted sources of information. Public responses at subsequent town hall meetings indicated that, in order to be successful, directives that encouraged people to avoid worship services must come from the religious leaders themselves.
- **Recommendation:** State and local public health authorities need to partner with networks of spiritual leaders to ensure that communication guidelines that encourage community members to avoid important gatherings are communicated by community or spiritual leaders.



Finding and Recommendation Group 4

- Many participants indicated that they would be unlikely to follow the recommendation to avoid public transportation because it was their only means of getting to work. Unless public transportation is shut down, many people who rely on mass transit for their livelihood will continue to use it.
- **Recommendation:** State and local health authorities will need to consider alternative communication guidelines for protecting oneself on public transportation, such as use of masks, gloves, or improved hygiene practices.



Finding and Recommendation Group 5

- Across many of the audience segments, parents felt they did not have adequate resources or knowledge to continue learning activities at home. In some cases, parents do not speak English and may have never been in a classroom themselves.
- **Recommendation:** Communication materials that refer to dismissal of students should include detailed instructions (in multiple languages) for providing in-home schooling, as well as describe community resources available for those who require assistance.