



# Creating Emergency Preparedness Messages for African American Communities

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## Project Design

### *Project Goals:*

*To better understand how African American communities receive and understand public health and emergency messages by evaluating risk perceptions of public health threats.*

*To provide insight addressing the communication barriers communities face to mitigate those threats.*

- We conducted 3 focus groups with Massachusetts African American residents to provide insight regarding the exposure, processing, and utilization of communication about public health threats
- Health marketing principles were combined with focus group insights to provide practical guidance to Office of Multicultural Health (OMH) at the Massachusetts Department of Public Health (MDPH) to inform strategies addressing communication inequities

## Research Questions

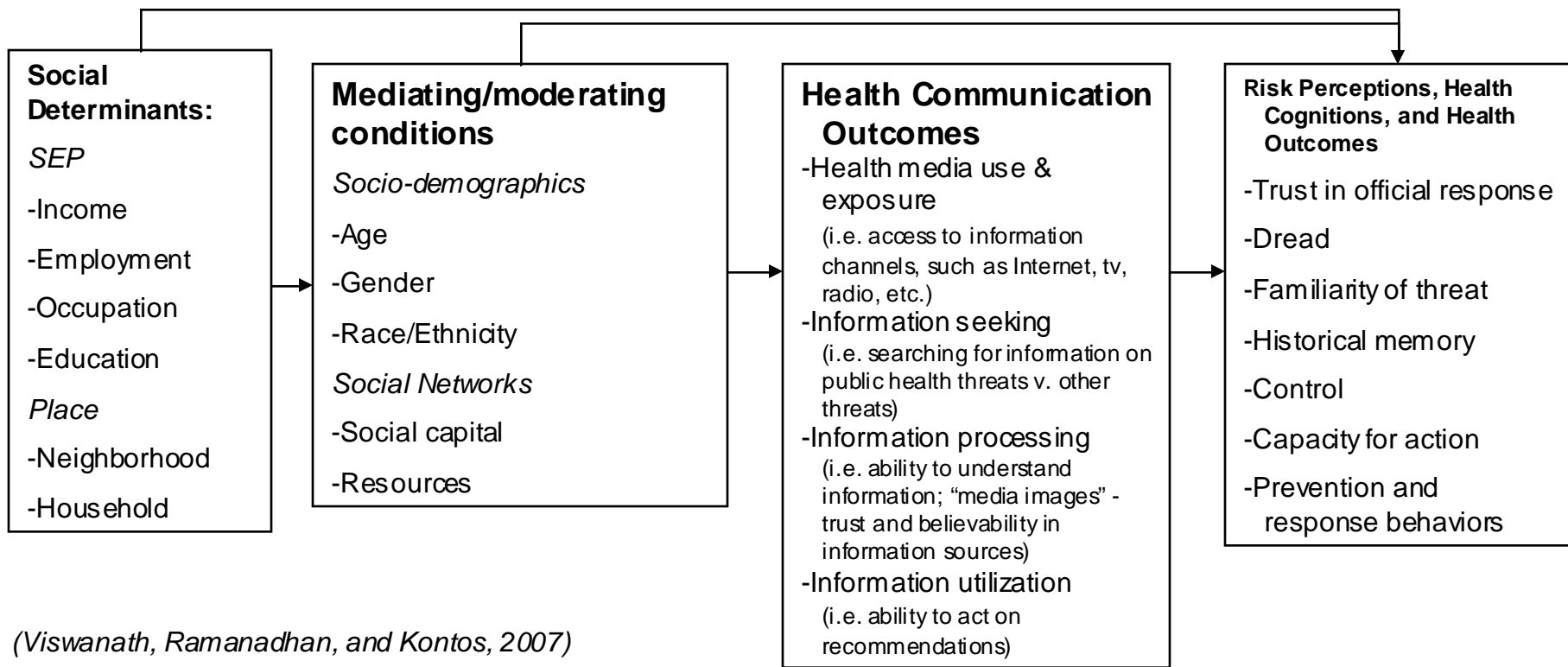
- What is the current state of public knowledge and beliefs about major public health threats?
- How do communities weigh the risk of different public health threats in assessing their susceptibility?
- What are the information sources and channels that African American communities in Massachusetts (would) use when they want to learn about public health threats, preparedness and response recommendations?
- What are the communication (marketing) strategies that should be developed to communicate risk effectively in these communities?

# Why communicate with African American communities differently about public health threats?

- Public opinion data demonstrates differences in beliefs, experiences, and risk perceptions among African Americans about public health threats.
- Communication research suggests that these differences impact health communication outcomes.
- These differences may negatively impact African American communities' ability to prepare for and respond to public health and emergency threats.

# Theoretical Framework

**FIGURE 1 – Structural Influence Model of Communication Inequality  
And Public Health Threats**



(Viswanath, Ramanadhan, and Kontos, 2007)



# Public Opinion Data

## Public Opinion on Public Health Threats

When compared to White Americans,  
Black Americans

- May have lower awareness of public health threats
- Report higher concern about public health threats, but
  - Have lower trust in information sources
- Report different values in priorities for official response
- Report concerns about their ability to respond

## Knowledge and Concern

- **How familiar are you with the term ‘pandemic flu’?**  
22% Blacks 46% Whites % ‘know what term means’
- **“How concerned are you about the spread of bird flu in the US?”**  
70% Blacks 54% Whites % saying very/somewhat concerned
- **“How concerned are you about getting an infectious disease caused by a biological agents?”**  
75% Blacks 60% Whites % saying very/somewhat concerned
- **“How concerned are you about getting...SARS?”**  
22% Blacks 46% Whites % saying very/somewhat concerned

*Harvard School of Public Health, Pandemic Flu Survey, September 28-October 5, 2006.*



## Trusted Information Sources

Who do Americans trust as a reliable source of information during a local outbreak of disease caused by bioterrorism?

Blacks	Whites	% saying would trust a great deal or quite a lot
67%	79%	Your own doctor
50%	63%	Director of your local fire department
47 %	55%	Director of your local hospital
34 %	57%	Director of your state or local police
38 %	55%	Director of your state of local health department
24 %	51%	The governor of your state
40 %	49 %	A local religious leader

*HSPH/RWJF Survey Project on American's Response to Biological Terrorism, October 23-28, 2001*

## Official Response

Which should be the most important priority for public health officials?

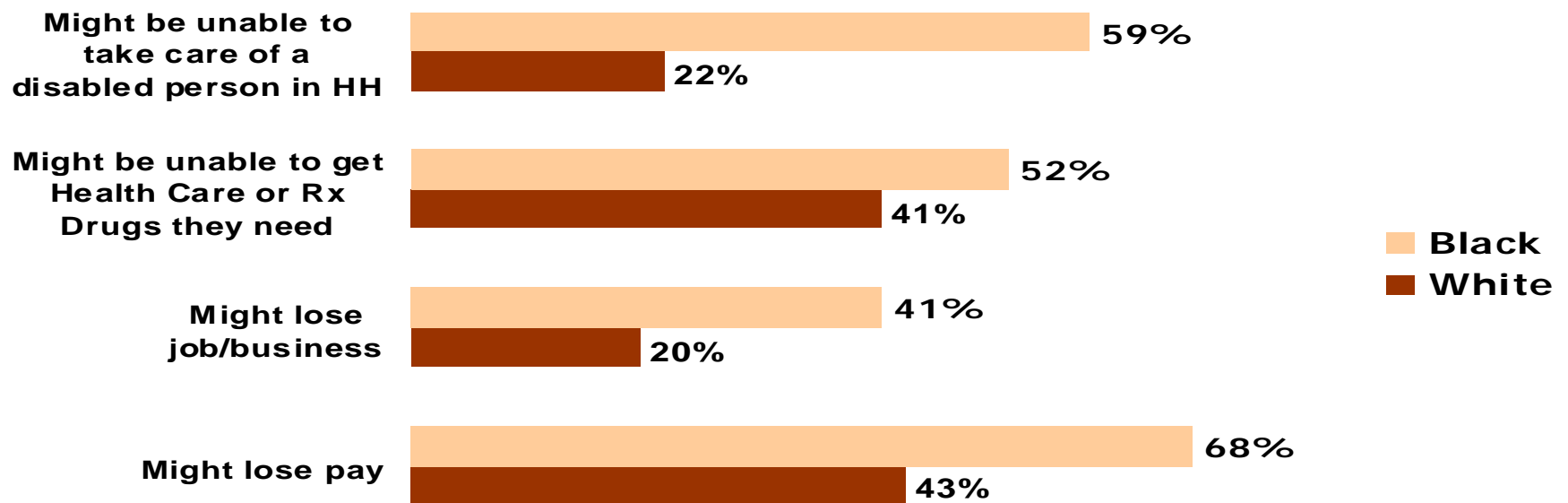
Blacks	Whites	
42%	30%	Treat everyone as equally as possible
14%	30%	Protect the greatest number of people

*Harvard School of Public Health, Pandemic Flu Survey, September 28-October 5, 2006.*

## Behavioral Response

**“If you’re asked to stay at home for 7-10 days and avoid contact with anyone outside your household, how likely do you think this would happen to someone in your household?”**

*(% saying 'Very/Somewhat likely')*



*Harvard School of Public Health, Pandemic Flu Survey, September 28-October 5, 2006.*



# Focus Group Results

## Focus Group Participant Demographics

- 23 participants - majority of the participants were women
- Over half (n=13) made less than \$26,500 per year
- Over half (n=16) of the participants had some college
- The majority (n=16) of participants had health insurance through work, Mass Health, or Veteran coverage
- A little more than half (n=13) participants were employed full or part-time. The remainder reported that they were uninsured, receiving free care, or other
- Twenty one participants rented the property where they lived.
- Only one of the participants was currently married
- Three participants did not have children. And, about half of the participants were caring for other relatives

## Knowledge of Public Health Threats

When asked “what comes to mind” when thinking about public health threats, participants stated **eviction** and **access to health care** first.

Participants were aware of traditional public health threats such as:

***Health care diseases, disasters, hepatitis, bacteria and bio-chemicals, germs, pneumonia, and HIV/AIDS***

### **Worst Public Health Threats**

***Drugs, violence, HIV/AIDS, lack of health insurance and lack of economics***

### **Comprehension of Community Impact**

**Participant: *(It's a) situation that's threatening everybody.***

## Information Seeking

Most participants never actively searched for information on public health threats

### Information Channels

- Almost all cited the **Internet** as a source of information, even if they did not own a computer.
- Other specific channels mentioned included the *post office, door hangers, library, radio stations, channel 40*, and the local periodicals e.g. *Springfield Republican paper*

## Risk Perceptions

Participants reported higher concern about things like ***neighborhood safety***, ***access to health care***, and ***access to funds*** than traditional emergency preparedness threats.

**Participant:** *Gun violence is going to overtake worrying about HIV, AIDS, worrying about hurricanes, biochemical attacks...*

**Participant:** *I don't have much concern for those. In my daily life I am so concerned with access to health and violence, gun violence, drugs. I've lived through hurricanes and all that. That's a piece of cake compared to all this violence...So I don't even think about those disasters. When they come up I'll likely just pray to God on those.*

**Participant:** *Lack of health care in general I think. Getting access to services for whatever it is. That's a threat for everyone who lives here. You have something going on, you don't get help then everyone suffers.*



## Risk Perceptions

The majority of participants believed they were at risk for public health threats, but perceived a **lower** threat of **bioterrorism** terrorism in their neighborhoods.

**Participant:** *I don't think they're (suicide bombers) gonna come to the Black neighborhood...they are going to go down to the rich building because they think we're nothing.*

**Participant:** *...it (terrorism) really doesn't have a color scheme...it's really about where the money comes from...Madison Park Village is not where the money's at...so if you work at City Hall, and you're Black then you might be in jeopardy...but not here.*

**Participant:** *...I don't think they are going to come to the black neighborhoods...They gonna go for the white people neighborhoods... I know it's silly but in someway I don't think they are going to come and get us...They aren't going to take us, cause they think we are nothing in other worlds...*

## Trusted Sources of Information

Many participants stated that they would go to the ***department of public health*** or ***mayor's office*** for information.

Almost all agreed that they would *not trust the police* to give them information, but would trust ***firemen***.

**Participant:** *Not police...they can't even find a stolen bike.*

**Participant:** *I would trust them (firemen) because they are, what you call the front line people. They are going to get the information first, they would get better information first...*

Almost all agreed that they would *not trust ministers in their community* to give them information during a public health emergency.

**Participant:** *I ain't gonna trust the minister...he ain't no doctor...he's an expert with the Lord, I can't go with the minister on that...*

## Beliefs about Official Response

Most participants believed that they would be **treated and/or affected** differently than others in the case of a public health emergency

**Participant:** *They are going to take care of their own first.*

**Participant:** *When we talk about classes of people...some people just have more money...they make a phone call for a pothole and it's done...here we don't know who to call.*

**Participant:** *They have those (evacuation) signs on Tremont Street, but I haven't seen any 'round here...they don't want us to get out??!!*

One participant suggested offering a choice to residents would ensure that people would be treated more equitably.

**Participant:** *...We would want to know where everybody's going so that we have a CHOICE!*

## Beliefs about Hospital and Health Department Preparedness

Most participants did not think that local hospitals or health departments would be prepared.

**Participant:** *I would hope so. I don't know. I live within walking distance of two hospitals, but I don't know what services they provide...*

Moreover, several said that wealthier hospitals will be more prepared than poorer hospitals.

**Participant:** *Maybe New England Medical Center (will be prepared), but not Boston Medical!*

# Capacity to Prepare and Respond to Public Health Threats

Participants expressed concerns about **lack of knowledge** and **limited resources**, but also expressed interest in becoming more prepared for public health emergencies.

**Participant:** *We, the community...I mean how many African or Latino lifeguards or professional rescuers or people that are familiar with the American Red Cross process...We need to get involved more in that regard.*

**Participant:** *I'm thinking they should have a place where people can be informed with more volunteer help and each community should have something like that just in case anything like that happens. A lot of us would be informed and know what to do.*

# Public Health Threat and Risk Perceptions in African American communities in MA

## Exposure

- Traditional emergency preparedness issues are not “Top of Mind.” They are second to concerns about housing, violence, substance use, health insurance

## Processing

- Have experiences with differential treatment in health care and other public services
- Most concerned about disease or natural disaster threat
- Least concerned about bioterrorist threats
- Believe that their communities will be affected and treated differently

## Utilization

- Believe that their communities lack resources and information about many threats
- Believe that they may not have the resources to prepare or respond to threats appropriately
- Offered solutions and suggestions for communities to organize and seek information differently



# Health Communication and Marketing Insights

# Communication Strategies Addressing African American Audiences

## **Risk and Crisis Communication**

- Largely relies on government officials and mass media as spokespersons
- May not have time/resources to create specific and targeted messages
- May utilize state powers to influence behavior
- Message (product) remains largely undifferentiated

## **Health Communication**

- Modify casting, colors, and tone of materials
- Use a racially concordant spokesperson to appeal to an African American audience
- May deliver information (product) in different media outlet as appropriate
- However, the message (product) remains essentially the same, but leverages that race or ethnicity is associated with increased risk

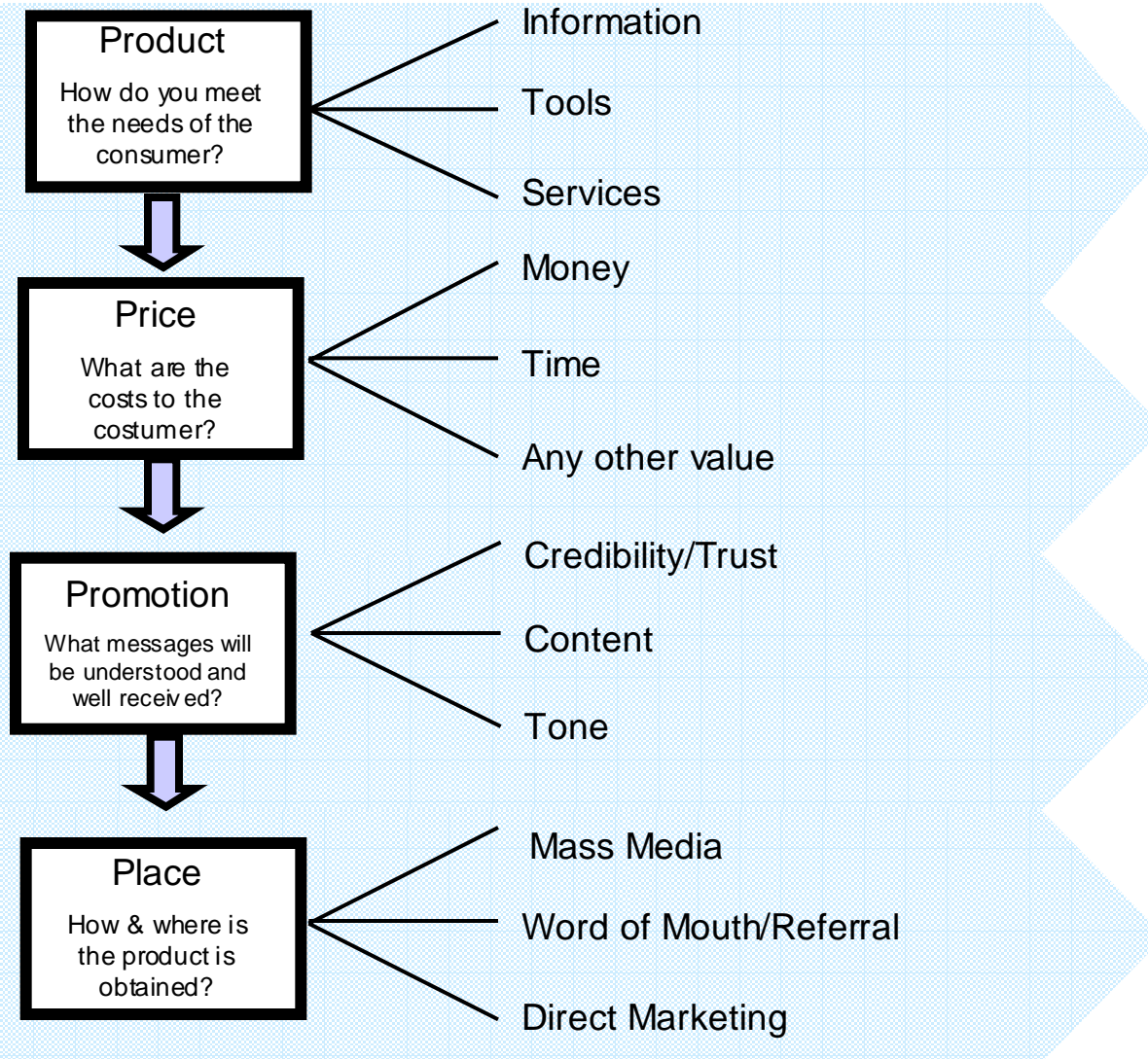
## **Marketing**

- May employ similar strategies as health communication
- Leverages the strength of a brand to influence behavior
- Develops **new products** to meet the needs of a particular audience



# Creating Emergency Preparedness Messages for African American Communities

## Traditional Marketing Mix



## Health Communication Strategy



## Implications for Practice

### Exposure

- Messages should direct people to seek information prior a crisis event
- Messages should be connected to higher priority public health threats
- Internet can be used as an information channel
- Direct marketing efforts had best recall

### Processing

- Messages about bioterrorism should include community specific information
- Messages should convey balancing equity with protecting the greatest number of people
- Selection of trusted sources should be local and specific to the threat
- Past and current experiences with hospitals, health care, and public services impact trust

### Utilization

- Messages, services, and interventions should address differing resource levels
- Offer choice of location and services when possible
- Consider creating different product for needs of different communities

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