

Emergency Preparedness and Response Program Risk Communication Efforts

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Los Angeles County



- Total population ~
 - Over 10 million
 - 4,000 square miles
 - 88 cities
- Ethnically and linguistically diverse
 - 45% Latino; 31% White; 12% Asian/Pacific Islander; 10% African American; <1% American Indian²
 - 50% speak a language other than English at home
 - Over 200 different languages spoken
- 15% living in poverty
- 26% of adults and 10% of children have no health insurance.
- 23% are non-citizens



Formative Research

Informing Our Educational Efforts

- LA Health Survey 2002-2003 sub-samples
 - (2 sub-samples each with N= 1,041)
 - *2004: Bioterrorism... Are you prepared?*
- PHRETS: Public Health Response To Emergent Threat Survey
 - (N=2,588)
 - Focus Groups (African Americans)
 - 8 groups (N=75)
 - *2005: Just Be Ready. Prepare Together (emergency communications plan)*
- 2005 post-campaign survey
 - (N=1,005)
 - 14 focus groups
 - 10 ethnic groups (7 in language) (N=168)
 - *2006: Just Be Ready. Prepare Together (emergency supplies)*



PHRETS: Public Health Response To Emergent Threat Survey

- Household Disaster Preparedness
 - A lower proportion of non-white racial/ethnic groups have all 5 emergency preparedness items in their homes than do Whites.
 - Only 47% of African Americans, 42% of Latinos and 23-48% of Asian Pacific Islander subgroups have all 5 items compared to 56% of Whites.
 - Only 23% of Koreans have all 5 items. This remains true after controlling for demographic differences.
 - Non-English speakers are less prepared.
 - Only 18% of Korean speakers, 34% of Cantonese speakers, 36% of Vietnamese speakers, 37% of Spanish speakers, and 41% of Mandarin speakers have all 5 items compared to 51% of persons who speak primarily English.
 - Only 15% of Korean speakers, 8% of Cantonese speakers, 38% of Mandarin speakers, and 33% of Spanish speakers have an emergency communication plan compared to 43% of English speakers.



PHRETS: Public Health Response To Emergent Threat Survey






- Workplace Preparedness
 - More Latinos and Asian Pacific Islanders report their workplaces are not prepared than Whites.
 - 21% of Latinos and 24% of Asian Pacific Islanders report their workplace as unprepared compared to only 16% of Whites.
 - Non-English speakers report their workplaces are less prepared.
 - Most Koreans(58%), more than 30% of Cantonese and Mandarin speakers, and 25% of Spanish speakers report their workplace as unprepared compared to only 17% of English speakers.
- Community Preparedness
 - 44% of Latinos, 39% of African Americans, and 37% of Asian-Pacific Islanders described their communities as not prepared compared to 26% of Whites.



2004 Awareness Campaign



- Focus
 - Increase awareness of need for preparedness
 - Personalize the need for preparedness
- Billboards, transit ads and radio PSAs
- Desired behavior – go to hotline or website to get more information

Bioterrorism.... Are you prepared?



learn more @ lapublichealth.org or (800) 427-8700

"Keeping You Safe and Healthy is Our Full-Time Job"



University of California
Department of Public Health
Public Health

¿Bioterrorismo....Está usted preparado?

Aprenda más @ lapublichealth.org o al (800) 427-8700

"Manteniéndolo Sano y Seguro es Nuestro Trabajo"


DEPARTMENT OF HEALTH AND HUMAN SERVICES
Salud Pública



BIO-TERRORISM AWARENESS

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES

1. The best indicator of terrorism is violence and the consequences. What are these?
 - The individuals and/or objects are released that can injure people causing harm to the community. This can be done in many ways, such as:
 - Biological agents
 - Chemical agents
 - Explosives
 - Radiological agents
2. What is terrorism?
 - Terrorism is the use of violence or the threat of violence to achieve political, religious, or other ideological objectives, to spread fear, intimidate individuals, or to cause harm to the community.
3. What is bioterrorism?
 - Bioterrorism is the use of biological agents to cause harm to individuals or to the community.
4. How can bioterrorism be prevented?
 - The best way to prevent bioterrorism is to have a good understanding of bioterrorism and to be able to recognize the signs and symptoms of bioterrorism. This can be done by:
 - Educating the public about bioterrorism.
 - Educating the community about bioterrorism.
 - Educating the media about bioterrorism.
 - Educating the law enforcement about bioterrorism.
 - Educating the health care providers about bioterrorism.
5. How can bioterrorism be detected?
 - The best way to detect bioterrorism is to have a good understanding of bioterrorism and to be able to recognize the signs and symptoms of bioterrorism. This can be done by:
 - Educating the public about bioterrorism.
 - Educating the community about bioterrorism.
 - Educating the media about bioterrorism.
 - Educating the law enforcement about bioterrorism.
 - Educating the health care providers about bioterrorism.
6. How can bioterrorism be treated?
 - The best way to treat bioterrorism is to have a good understanding of bioterrorism and to be able to recognize the signs and symptoms of bioterrorism. This can be done by:
 - Educating the public about bioterrorism.
 - Educating the community about bioterrorism.
 - Educating the media about bioterrorism.
 - Educating the law enforcement about bioterrorism.
 - Educating the health care providers about bioterrorism.
7. How can bioterrorism be prevented, detected, and treated?
 - The best way to prevent, detect, and treat bioterrorism is to have a good understanding of bioterrorism and to be able to recognize the signs and symptoms of bioterrorism. This can be done by:
 - Educating the public about bioterrorism.
 - Educating the community about bioterrorism.
 - Educating the media about bioterrorism.
 - Educating the law enforcement about bioterrorism.
 - Educating the health care providers about bioterrorism.

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Just Be Ready. Prepare Together.

- Approach
 - Ethnic Populations Specific PSAs
 - Formative data and literature ☞ multi-cultural approach
 - Engage population specific agencies to develop and test message presentation
 - Market message through cultural specific media outlets
 - Maximize exposure – transit shelters, flyers, pamphlets and wallet cards at community events, area health offices, schools
 - Use of health education items related to emergency preparedness:
 - wallet cards, Salvation Army prep guides, flyers, ESP brochures and calendar, Red Cross brochures, and other outreach materials.









“Just Be Ready. Prepare Together.”

School Outreach

- Mobil educational unit at school events
- Educational curriculum
- Outreach to school nursing staff with emergency information forms for children with special needs.

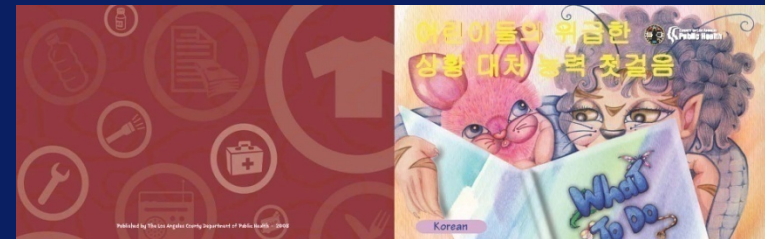
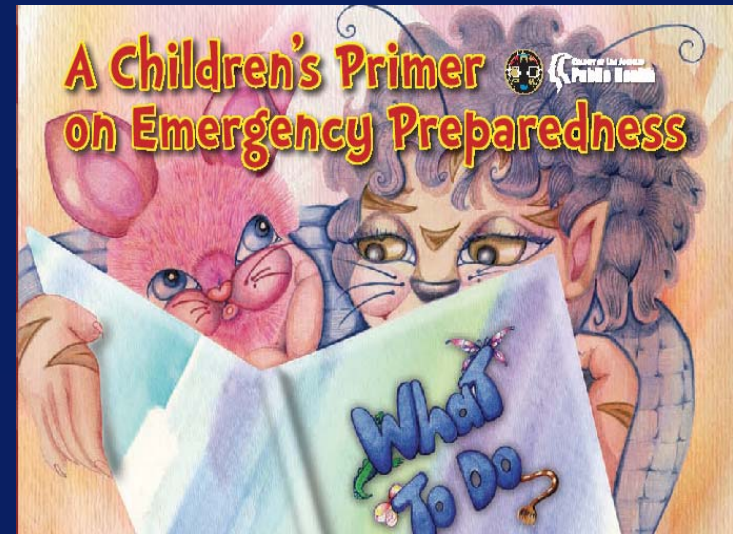


Emergency Information Form for People with Special Needs	Formulario para Emergencias Para Personas con Necesidades Especiales
<p>Name / Nombre: _____</p> <p>Address / Dirección: _____</p> <p>Phone / Teléfono: _____</p> <p>Emergency Contact / Contacto de Emergencia: _____</p> <p>Special Needs / Necesidades Especiales: _____</p> <p>Other Information / Otra Información: _____</p>	
<p>Emergency Services / Servicios de Emergencia</p> <p>Fire Department / Departamento de Bomberos: _____</p> <p>Police Department / Departamento de Policía: _____</p> <p>Medical Services / Servicios Médicos: _____</p> <p>Other Services / Otros Servicios: _____</p>	
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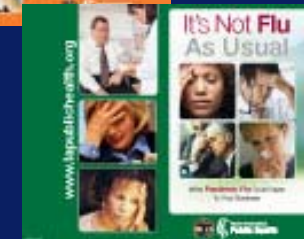
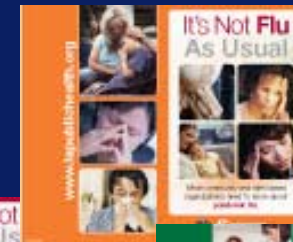
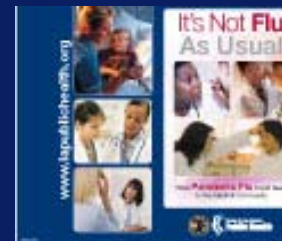
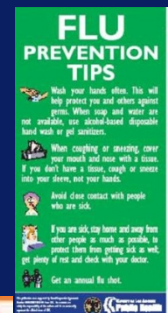
Maternal, Child and Adolescent Health Collaboration

- Trained PHNs in MCAH on Emergency Preparedness for home visitation program
- Developed preparedness program for at risk mothers with to build a emergency kit and complete a family communications plan.
- Collaborated on Children's Primer on Emergency Preparedness book to reach families with young children.
 - Available in 11 languages



Pandemic Flu Preparedness Educational Materials

- Educational materials in 12 languages:
 - English, Spanish, Arabic, Armenian, Chinese, Farsi, Khmer, Korean, Russian, Thai, Tagalog, and Vietnamese.
- Targeted audiences: Individuals & families, Businesses, CBOs & Faith based organization, and healthcare professionals.
- A multicultural, grass-roots campaign was needed in order for the message to be heard and to change the public's behavior.
 - The campaign targeted 13 different markets throughout the county, including Hispanic, Asian, Russian, Armenian, Arabic, African American, GLBT (Gay Lesbian, Bisexual, and Transgender) and people with disabilities.



Department of Public Health

Online Resources

- LA County Public Health
 - <http://publichealth.lacounty.gov/index.htm>
- Emergency Preparedness and Response Program
 - <http://publichealth.lacounty.gov/eprp/index.htm>
- Materials and media:
 - <http://publichealth.lacounty.gov/eprp/media/index.htm>

