

Risk Communication in the Early Stages of the H1N1 (Swine Flu) Alert

How Effective Were State and Local Public Health Departments?

Since 2001, the U.S. government has invested heavily to help state and local health departments improve their readiness for public health emergencies. A key component of emergency response is risk communication: providing accurate, credible, actionable, and timely information to the public to inform decision-making and reduce uncertainty before, during, and after a public health emergency. The recent H1N1 (also known as swine flu) episode in April 2009 provided a rare opportunity to test state and local public health department capabilities for risk communication. On April 26, 2009, the Secretary of the Department of Health and Human Services declared a public health emergency in response to the outbreak of H1N1. A team of RAND researchers assessed how effectively state and local health departments communicated information via the Web about this emergency to their constituents within 24 hours of the declaration. The researchers examined the Web sites of all 50 state public health departments and the District of Columbia. They also examined Web sites from 153 local jurisdictions. The assessment focused on three criteria:

- *Timeliness:* Was the information posted within 24 hours of the nationwide alert issued by the federal government?
- *Accessibility:* Was the information easy to locate and understand?
- *Thoroughness:* Did the information cover key topics, such as what was happening, how government was responding, how individuals could protect themselves and their families, when to seek medical care, and how to get additional information?

Overall, the results were mixed: Nearly all state health departments delivered timely, accessible information to their constituents, covering the requisite range of topics; far fewer local jurisdictions did so.

- Forty-seven state-level public health department sites provided at least some information specific to the H1N1 outbreak within 24 hours of the alert, and in nearly every case it was accessible with only a single Web page selection; 43 state-level sites informed individuals about how to protect themselves and their families; slightly fewer provided treatment-related information, such as when to seek treatment or take antiviral drugs.
- By contrast, only 34 percent of local public health department Web sites (52 out of 153) provided specific information about the H1N1 virus within 24 hours of the emergency alert. More than half of the 52 accomplished this by linking to the Centers for Disease Control and Prevention Web site or their respective state public health sites rather than providing information tailored to their local jurisdictions.
- One important limitation that many sites at both levels shared was a lack of information in multiple languages. (over)

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The researchers drew three implications for policy. First, the variability across local jurisdictions may be the result of lack of consensus about the role of public health departments. Public health departments must work with state and community agencies to clarify and institutionalize their respective roles. Second, public health departments need to ensure the ability to communicate with limited-English-proficiency populations, suggesting the need for standards dictating when multilingual information is called for. Finally, federal funding for public health emergency preparedness activities has declined in recent years. Coupled with the economic downturn, this reduction has led many public health departments to cut back their staffs and activities. These cuts threaten to erase much of the progress illustrated by the state health department responses to the H1N1 alert. Efforts to maintain these gains will be important in coming years.

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