

West Nile Virus Knowledge among Hispanics, San Diego County, California, 2006; and Pandemic (H1N1) 2009 Surveillance in Marginalized Populations, Tijuana, Mexico

[Announcer] This podcast is presented by the Centers for Disease Control and Prevention. CDC – safer, healthier people.

[Ted Pectorius] Hello. I'm Ted Pectorius. With me today is Dr. Marian McDonald, Associate Director of Health Disparities at the National Center for Emerging and Zoonotic Infectious Diseases at the Centers for Disease Control and Prevention. We're talking about two papers in the August 2010 issue of CDC's journal, Emerging Infectious Diseases. The first paper covers 2009 H1N1 surveillance in marginalized populations in Tijuana and the second paper covers West Nile virus knowledge among Hispanics in San Diego County. Welcome, Dr. McDonald.

[Marian McDonald] Thanks, Ted. It's great to be here.

[Ted Pectorius] These papers focus on two very different diseases, influenza and West Nile virus. I'm curious. What do the articles have in common?

[Marian McDonald]. You're right, Ted. The pandemic H1N1 influenza virus of 2009 and West Nile virus are very different pathogens that are transmitted in different ways. Influenza is an airborne illness spread from person-to-person, while West Nile is vector-borne and carried by mosquitoes.

But the papers aren't just about the diseases. They describe research done in communities that are geographically quite close. Tijuana, Mexico, shares a border with San Diego County. Both studies look at public health efforts involving groups of people that are often described as 'hard to reach' due to factors, such as language barriers or homelessness. I've often said, though, that 'hard to reach' can be a misleading phrase.

[Ted Pectorius] What do you mean?

[Marian McDonald] Public health professionals say 'hard to reach,' which implies the problem lies with the population being targeted, when the actual problem may be that we are hardly reaching the people who need our help, because we're using ineffective or inappropriate methods or technologies. One thing I really liked about the West Nile virus study is the authors used a door-to-door survey and in-person interviews. The researchers not only identified how much knowledge about West Nile virus people in the community had, but how they had obtained that information to begin with. The researchers mention, for example, that the county health department had a website and was using social networking sites to provide information about West Nile virus. However, and not surprisingly, most people interviewed said that television or radio was their major source of information, not the Internet.

[Ted Pectorius] Why do you say that isn't a surprise?

[Marian McDonald] The West Nile virus awareness study focused on Hispanics, and traditional media, particularly radio, is extremely important in Spanish-speaking communities. This paper is a good reminder that we in the public health profession have an obligation to communicate with people on their own terms and to use the media people have the widest access to.

[Ted Pistorius] That's very interesting, Dr. McDonald. Was there anything else that stood out in these papers?

[Marian McDonald] The West Nile virus study found that more women than men were adopting personal preventive behaviors, such as using insect repellent or making sure window screens were in place. I found that intriguing, and would have liked to have seen more. It's good to know, as the authors state, that women might be the appropriate audience for intervention strategies, but we also need to find out why women are apparently getting the message about West Nile virus and men aren't.

[Ted Pistorius] What would you say is the overall public health significance of these two studies?

[Marian McDonald] There is 'no one size fits all' when it comes to public health communication. There's often a temptation to think we have to use the latest, newest technology or media, and to forget that the people we need to reach may not have access to or be comfortable with that particular medium. The truth is that varied approaches are always going to be necessary. We need to remember to be both flexible and willing to use an older, less high-tech medium if it's the one that's likely to be most effective.

[Ted Pistorius] Thank you, Dr. McDonald. I've been talking with CDC's Dr. Marian McDonald about two papers appearing in the August 2010 issue of CDC's journal, Emerging Infectious Diseases. You can see both articles online at www.cdc.gov/EID. If you'd like to comment on this podcast, send an email to eideditor@cdc.gov. That's eideditor – one word - at cdc.gov. I'm Ted Pistorius, for Emerging Infectious Diseases.

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