

**Pre-Event Message Development Project**

**Year 1 Summary Report on Results of  
Focus Groups Conducted With African Americans**

Prepared by

Ricardo Wray, PhD  
Keri Jupka, MPH  
Heather Jacobsen, MPH  
Tony Russo

Health Communication Research Laboratory  
Saint Louis University School of Public Health

For the Office of Communication  
Centers for Disease Control and Prevention  
March 15, 2004

**Table of Contents**

I.	Introduction	3
II.	Demographics	4
III.	Findings	8
	A. Pre-Event Knowledge	8
	B. Hypothetical Attack	10
	C. Material Pre-Test	20
IV.	Discussion	29
	A. Pre-Event Knowledge	29
	B. Hypothetical Scenario	30
	C. Materials Pre-Test	31
V.	Limitations	31
VI.	Implications	32
	A. Implications for Materials Development	32
	B. Implications for Dissemination	32
VII.	Appendices	34
	Appendix A	34
	Appendix B	45
	Appendix C	58

## I. Introduction

The threat of terrorist action requires the design and development of technically accurate information about how people may best protect themselves and their communities. The Centers for Disease Control and Prevention and the Association of Schools of Public Health responded to this need by funding the “Pre-Event Message Development Project” (PEMD). The project provides funding to four primary schools of public health (University of Alabama-Birmingham (UAB), Saint Louis University (SLU), University of California at Los Angeles (UCLA), and the University of Oklahoma (UOK)), and includes Principal Investigators from a number of disciplines. The goal of the project is to develop and evaluate through audience testing pre-event message content appropriate to a variety of formats. The areas of primary focus include chemical, biological and radiological events. A total of 55 focus groups were completed across a variety of audience segments. This report presents the results of the formative research in the 11 African American groups.

### A. Sample and Process

African American participants from the Midwest, East, and Southeast regions within the United States were asked to participate in agent-specific focus groups on VX gas, nuclear explosion, botulism or a plague outbreak. Focus Groups were held in both rural and urban areas. Focus groups assessed participant perceptions about the four different agents. All participating institutions utilized standardized moderator’s guides to carry out the research. The basic structure of the focus group guide for the general public included the following sections:

1. Formative research to assess current knowledge and perceptions about bioterrorism.
2. Formative research to assess current response, information-seeking, and readiness perception in the event of a hypothetical bioterrorism scenario.
3. Pretesting to assess available materials on radiological, chemical (VX), or biological (plague or botulism) agents.

Focus group transcripts were analyzed using a designated coding protocol developed by the collaborating partners derived from the discussion guides. Coding proceeded from macro domains to smaller units of coded material. Coding and recoding were completed on all transcripts by the school that held the group. Final group-specific reports were used as source material to create the following summary of findings for the African American focus groups.

## II. Demographics

Overall, the 90 participants ranged from 18 to 82 years of age, with an average age of 46 (SD = 16). Sixty females participated (67%), there were 29 males (33%), and 1(1%) did not report one gender. Twenty participants (26%) had less than a high-school diploma, twenty-two (28%) had at least a high school diploma or GED, 28 (35%) had some college, 7 (9%) had a college degree, and 2 (2%) held a graduate degree. Most (87; 99%) reported that their main language spoken at home was English, while 1 (1%) reported another language (not specified), and 2 (2%) did not report on language spoken at home. Thirty-three (43%) were single, 20 (26%) were married or living with a partner, 8 (10%) were divorced or separated, 8 (10%) were widowed, and 4 (4%) did not report a marital status. Most (60, 79%) had children, while 16 (21%) did not, and 14 (16%) did not respond to the question. Most (41; 54%) were not employed, 35 (56%) were employed, and 14 (16%) did not respond to the question. The median family income was in the \$10,000 - \$29,000 range (19; 20% did not respond).

**Table 1: Overall focus group demographic characteristics (N = 90)**

Characteristic	Category	N (%)	Mean/SD
Age	Missing		46 (16)
Sex	Male	29 (33%)	
	Female	60 (67%)	
	Missing	1 (1.1%)	
Education	Less than high school	7 (9%)	
	Some high school	13 (17%)	
	High school diploma or GED	22 (28%)	
	Some college	28 (35%)	
	College degree	7 (9%)	
	Graduate degree	2 (2%)	
	Missing	2 (2%)	
Agent	Plague	26 (29%)	
	Botulism	17 (19%)	
	VX	24 (27%)	
	Radiology	23 (26%)	
Language in home	English	87 (99%)	
	Other	1 (1%)	
	Missing	2 (2%)	
Marital status	Single	33 (43%)	
	Married or living with partner	20 (26%)	
	Divorced or separated	16 (21%)	
	Widowed	8 (10%)	
	Missing	4 (4%)	
Children	Yes	60 (79%)	
	No	16 (21%)	
	Missing	14 (16%)	
Employment	Yes	35 (46%)	
	No	41 (54%)	
	Missing	14 (16%)	
Family income	Less than \$10,000	19 (27%)	*
	\$10,000-\$19,999	23 (32%)	*
	\$20,000-\$29,999	16 (22%)	
	\$30,000-\$39,999	3 (4%)	
	\$40,000-\$49,999	6 (8%)	
	\$50,000-\$59,999	0	
	\$60,000-\$69,999	1 (1%)	
	\$70,000-\$79,999	1 (1%)	
	\$80,000-\$89,999	0	
	\$90,000-\$99,999	0	
	\$100,000 or more	2 (3%)	
	Missing	19 (20%)	
Population	Urban	50 (56%)	
	Rural	40 (44%)	

\* = median

**Table 2: Individual African American Focus Group Demographics**

Focus Group #	1	2	3	4	5	6
Agent	Plague	Plague	Bot	Rad	Rad	Chem
University	SLU	Tulane	SLU	SLU	UAB	SLU
Population:	Urban	Urban	Urban	Urban	Urban	Urban
Age						
Minimum	63		27	24		30
Maximum	75		69	44		48
Mean	71		48	35		41
Standard Deviation	4.04		13.48	8.02		6.67
Gender						
% Female	78%		60%	88%		-
% Male	11%		40%	12%		100%
Education						
No high school	22%		30%	-		-
Some High School	44%		50%	12%		22%
HS Diploma	11%		10%	-		67%
Some College	11%		10%	88%		11%
College Degree	11%		-	-		-
Some Graduate	-		-	-		-
Graduate Degree	-		-	-		-
Marital Status						
Single	33%		30%	62%		44%
Married	-		20%	12%		22%
Divorced	11%		30%	-		22%
Widowed	33%		10%	25%		-
Income						
Below \$10,000	22%		40%	-		22%
\$10,000 - \$19,999	22%		20%	50%		11%
\$20,000 - \$29,999	22%		10%	12%		33%
\$30,000 - \$39,999	-		-	-		-
\$40,000 - \$49,999	-		-	25%		-
\$50,000 - \$59,999	-		-	-		-
\$60,000 - \$69,999	-		-	-		-
\$70,000 - \$79,999	-		-	-		11%
\$80,000 - \$89,999	-		-	-		-
\$90,000 - \$99,999	-		-	-		-
Above \$100,000	11%		-	12%		-
Mean	\$10,000-\$19,000		less than \$10,000	\$10,000-\$30,000		\$20,000-\$30,000

## Individual Focus Group Demographics- Continued

Focus Group #	7	8	9	10	11
Agent	Chem	Plague	Bot	Rad	Chem
University	Tulane	SLU	UAB	UAB	SLU
Population:	Urban	Rural	Rural	Rural	Rural
Age					
Minimum	18	18			31
Maximum	55	53			59
Mean		30	40		49
Standard Deviation		9.09			9.47
Gender					
% Female	100%	43%	29%		100%
% Male	-	57%	71%		-
Education					
No high school		-	-		-
Some High School		-	-		-
HS Diploma		71%	14%		-
Some College		29%	58%		56%
College Degree		-	28%		33%
Some Graduate		-	-		-
Graduate Degree		-	-		11%
Marital Status					
Single		50%	43%		33%
Married		50%	43%		-
Divorced		-	14%		67%
Widowed		-	-		-
Income					
Below \$10,000		21%	29%		-
\$10,000 - \$19,999		43%	14%		22%
\$20,000 - \$29,999		14%	29%		56%
\$30,000 - \$39,999		7%	14%		-
\$40,000 - \$49,999		7%	14%		11%
\$50,000 - \$59,999		-	-		-
\$60,000 - \$69,999		7%	-		-
\$70,000 - \$79,999		-	-		-
\$80,000 - \$89,999		-	-		-
\$90,000 - \$99,999		-	-		-
Above \$100,000		-	-		-
Mean		\$10,000-\$20,000			\$20,000-\$30,000

### III. Findings

The findings section presents the results of the analysis of the African American focus group discussions, according to the different constructs or domains that informed the discussion guide. A copy of the moderator's guides can be seen in Appendix A.

The moderator's guides were split into three parts, each adapted for the agent of interest:

- I. Part One- General knowledge of preparedness and bioterrorism, including: familiarity with the Color Alert System, different types of terrorist threats and protective actions that can be taken in the case of a bioterrorism event.
- II. Part Two- Presentation of a hypothetical terrorism attack scenario in which the agent is used, including: emotional response, knowledge, actions, desired information, information seeking, and perceptions of the government and media.
- III. Part Three- Presentation of informational materials about the agent to participants for reactions, including: informativeness, emotional response, credibility, and self-efficacy.

#### A. Pre-event knowledge

The first set of questions were designed to assess the knowledge of the general public regarding general preparedness such as knowledge of the Color Alert System (CAS) and different types of potential agents that can be used during a terrorism attack. Questions did not pertain to a specific agent.

#### Color Alert System

Across all groups there was a basic level of knowledge regarding the color alert system. Often, a variety of depth of knowledge was displayed within each group.

Participants could recognize some of the colors and they understood that it was some sort of warning system.

*FG 2 "Well high alert for terrorism. Something that's going on. They have reason to believe that something may happen. Especially when it gets around the holidays."*

One urban group had participants that recalled hearing news of the CAS on their local television network.

*FG 4, pg 2 "It's warning that comes over the news briefing... that you see come over your local news. You might have a reading on the screen on the television."*

### **Protection knowledge in case of an attack**

There appeared to be no systematic differences according to region, urban/rural residence, age or education when it came to knowledge of protecting against and reacting to a potential attack. Within all groups there were many differences in knowledge of prevention and preparing for a terrorist attack. Differences between groups seemed to reflect the knowledge of individuals within the group.

Some participants felt that there was nothing they could do to prevent a terrorist attack.

*FG 2, “There’s really, there’s no way you can prevent anything from happening. You can be at the store and something can happen.”*

Participants also mentioned staying alert, watching for strange occurrences, keeping up to date on the news, as well as praying would protect them from terrorist events.

*FG 11, pg 2 “And I think too that we should be on alert and get as much information as you can about what’s going on around us. I think that is one of the keys – is being alert and being informed.”*

*FG 6, pg 3 “You observe strangers. Strange looking or strange acting people.”*

*FG 11, pg 2 “Be cautious. Pray.”*

Some of those participants that did not feel there was anything they could do to protect themselves from a terrorist attack did feel there were steps they could take to prepare for such an event. These actions included stocking up on food and medicine, similar to what participants might do for a natural disaster such as a snowstorm or tornado. Other participants felt that, while there was nothing they could do, the government could take steps to protect them.

*FG 1, pg 3 “If you are on a certain type of medication like insulin, try to get that. So know what you need if you are not able to come outside.”*

*FG 7, “There’s nothing that I can do as an individual but I think that there’s something that the United States can do.”*

### **Terrorist threat knowledge (Chemical, radiological, and biological)**

There was also a wide range of knowledge in groups about bioterrorist threats. Knowledge seemed to be related to the age and education level of the groups. Those who were younger and more educated seemed to be more familiar with the different bioterrorism agents.

Some participants could differentiate between the different threats while others found the differences confusing; others felt there were no differences.

*FG 2, “Chemicals... could be like a poison or something. Biological is like a disease.”*

*FG 7, (radiological threat) “The media, you know the airwaves so we can’t get any information on the radio or the television. And those things that are happening around us and we don’t have no way getting the information.”*

The group made up of 20 something college students had a good understanding of the different threats, whereas some other older groups had more limited knowledge. This younger group may also have been more highly educated than some of the other groups where there was very little college attendance of any kind.

*FG 2, “Using a crop duster or something to spread it over everybody. Plague, Ebola, something like that.”*

These younger participants also questioned how accurately one could determine if it were actually a terrorist activity versus an accident or natural illness.

*FG 2, “Like if you had a single person that you can uh you can’t really like evaluate if it’s really a terrorist attack or not because it won’t be like mass destruction at first.”*

## **B. Hypothetical Attack**

Participants were asked to respond to a plague, nuclear, VX or botulism attack scenario that was rolled out in three sections. Each section presented participants more agent specific information. The first part of the scenario described non-agent specific information, the second section included some agent specific information, and the third segment confirmed the agent being used. The scenario was developed to resemble how information would be presented in the case of an actual attack. Between each section participants were asked a series of similar questions.

### **How do participants respond emotionally to a suspected or actual emergency?**

For both rural and urban participants, and for all threat groups, fear, anger and anxiety were expressed as responses to a terrorist attack. At times, these responses were followed by relief at finding out they and their loved ones were not exposed. The one exception to these responses occurred within the group that was carried out with younger college students. Having additional information helped some people feel calmer, whereas others felt the additional information just scared them more.

Participants said they would be scared for themselves, their loved ones, and would be nervous about the government’s ability to react to a terrorist attack.

*FG 8, pg 5 “I’ve been scared since 9/11.”*

*FG 7, "I'm angry, yeah, angry."*

For some participants receiving additional information was calming. For others, getting additional information was even more frightening.

*FG 3, pg 10 "I feel kind of good though that they are giving information about the people's situation."*

One younger group felt that they would survive a plague attack because of their youthfulness and health. This nonchalant attitude continued throughout the focus group.

*FG 2, "Well, I mean I'm strong and healthy so I wouldn't be worried about the plague."*

On the other hand one urban group that included elderly and disabled persons expressed that they may have feelings of totally helplessness when the scenario was being discussed. Disabled participants expressed concern that they may not be able to move quickly and they may be run over. Other groups also expressed frustration at not being able to do anything to prevent the attack or help with the attack.

*FG 1, pg 5 "But you can take a person like myself in a wheelchair, where you can't run. And when you can't get out, and all these people are running. Here you are sitting in this chair, and you cannot get through the people. You cannot get around the people. So you know that is going to be more of a frightening thing to me. I am going to be terrified because they will run over me."*

Two urban groups said they felt relief after finding out that they were not affected by the threat. Rural groups did not talk about these feelings of relief.

*FG 4, pg 4 "Feel glad that it didn't hit me."*

In a rural group, discussing a radiological event, a concern about the ability of the local officials to deal with this type of an emergency situation in a rural area was expressed.

*FG 10, "The population is not that large so what do we have here, like to protect us, you know?... It is not that large a county and we have no protection."*

### **What do participants want to know in the event of an emergency?**

In almost all groups, participants had a lot of questions, and indicated interest in a number of topics at the prospect of such an emergency. They wanted to get information on the following topics:

- Understand the nature of the threat: How to determine personal risk of being exposed and ill including: proximity to the release of the agent, contact with

exposed individuals, the characteristics of the agent which may put them at risk including information on symptoms, and toxicity.

*FG 2, "Whoever is investigating it, I want to know if it's a terrorist thing. Who do I look out for? How do they spread it? But when I talk to the doctor I just want to know symptoms and, you know, how rapidly can it spread? How can it spread? Like if it's airborne."*

*FG 2, "I want to know what's happening in my area. I mean, you know. What's going on? Is there any cases around this district? Cause you have statistics or whatever. Without releasing names I just want to know how many people from my district is a statistic. Out of the 15, how many is from where I live?"*

- Protective actions for those not exposed: What they should do to protect themselves and their loved ones; and what the government would to protect them including any possible vaccinations.

*FG 8, pg 4 "What I need to do."*

- Steps for those who think they have been exposed, or who have been in contact with someone who may have been exposed: including transmission and incubation period; where they should go to get help.

*FG 8, pg 4 "How many minutes or seconds will you have."*

*FG 11, pg 10 "Now that those people had been taken care of as much as they can, then what about the rest of the community? Because if it is airborne and just out there, you could have children outside playing outside when it happened or whatever and what hospital do you take them to? Like she said, what hospital do you go to if you see those symptoms that are being broadcasted? What do you need to do next? If once you see someone displaying these symptoms, where do I need to go next? Do I need to stay here? Do I need to take them to the hospital? Do I need to have the ambulance come here or what?"*

- Understand information related to the specific event: who was responsible, where it happened and what is being done to get who is responsible.

*FG 11, pg 4 "What caused it? Who and Why?"*

*FG 3, pg 11 "I would be afraid, but I would want more information and possibly know what part of the city...you know there are different areas. Isolate that area and let us know that that's where it is."*

*FG 7, "I would want to know what type of things are being done to catch the plane. What are the police doing, the airport, all of those people, what are they doing to catch the airplane?"*

*FG 7, "I want to know, how in the world, they got their hands on this stuff and where did it come from."*

Rural participants expressed concern that officials and authorities might withhold needed information, and emphasized the importance of complete disclosure.

*FG 8, pg 4 "Just tell us everything, instead of just giving us bits and pieces."*

### **Where do participants seek information in the event of an emergency and why?**

There was a difference among those in urban areas and rural areas when it came to information seeking. Those in rural areas would go first to their local officials, while those in urban areas would turn first to the mass media. Participants also mentioned calling friends and family to get information, as well as the importance of gathering information from a variety of sources.

Participants in the rural groups mentioned they would go to their local experts and spiritual leaders and then may turn to federal officials or the media. This emphasis on getting information from local experts was not as prevalent in the urban groups.

*FG 11, pg 12 "Experts and then the ministers."*

*FG 11, pg 4 "Call Atlanta, Georgia. That's where the disease control... especially if you don't know what is causing it."*

The most mentioned sources of information for urban participants were the media, although some urban participants would also turn to local emergency systems for information. Others would turn to federal government or military sources. Participants mentioned they would turn to the broadcast media first, as it's the most up-to-date. Participants in most groups mentioned they would go to local media as well as national media. Different sources are important in different parts of the country.

*FG 4, pg 3 "Radio because if someone attacks, what if the electricity goes out or anything like that? You can use the radio by batteries, you know like when a tornado comes you always use the radio."*

*FG 4, pg 3 "I would turn to radio and TV because they are always up to date."*

CNN was mentioned specifically by some participants.

*FG 7, "CNN to me really gets down to the root thing. I don't know if they have a direct line or something with the president or the White House, but they always give you more information..."*

There were disagreements among urban participants as to the usefulness of the internet in the case of a terrorist attack. The internet was only mentioned in passing as a means of information gathering in the rural groups. Botulism participants felt that the internet may be not be the best source as not everyone has a computer. There was an argument among plague participants regarding the usefulness of the internet as well.

*FG 2, "To me, there's no better resource than the internet."*

*FG 3, pg 10 "We don't have a computer."*

*FG 2, "Not if you want a sufficient answer."*

While the media was the most mentioned source for gathering information in the urban groups, some participants in those groups would look to local officials and responders much as the rural participants did.

*FG 1, pg 9 "The first thought I would have would be 911. Really I would try to reach 911 to find out what was going on."*

*FG 2, "If I'm worried about this being a terrorist attack I'd talk to like the CIA, I guess; but if I'm worried about a disease I could catch, the doctors are going to be [the] experts I'm going to be looking for. So it depends on your agenda."*

Some urban nuclear participants indicated that they would seek information about family using the telephone. Calling friends and family by telephone or cell phone was also mentioned in one rural group. However, one of the groups held in the Southeast expressed the belief that word of mouth was a poor way to get information.

*FG 4, pg 14 " For information I would be calling around to see what people...[???] I would call my husband if he wasn't at home. My mom and my dad."*

In urban groups, including the younger college-aged group, participants mentioned the value of using multiple sources of information in order to develop a more well-rounded understanding of the topic.

*FG 2 "-One thing that I've heard everyone mention is that sort of, look at several things; websites, TV channels, people, before they decided anything. Tell me a little bit about the importance of having these multiple sources."*

*FG 2, "Give you that choice. You don't have to rely on just one information. It doesn't just have to be TV, doesn't have to be just internet...It's also, different people have different ways. At least you have different, you know...Some people are going to get the news right and some are not."*

### **What actions would participants take in the event of an emergency?**

Participants would take a variety of actions in response to the hypothetical scenario. Universally, participants would attempt to contact family and friends to ensure their safety. Among all groups there were disagreements about the best way to react. Those in the college-aged group said they would continue about their business; this was unique to only this group.

In rural areas, early actions may involve contacting local officials, where that was not necessarily true in the urban areas.

*FG 11, pg 5 "I think I would contact the police and the health departments to find out what's going on first."*

Regardless of characteristics almost all participants would attempt to contact their families and friends to ensure they were safe.

*FG 11, pg 6 "I was thinking I would contact my relatives to let them know the problem that was going on to see if they were having any problems where they were and if they have heard anything."*

In one rural area, participants would also try to help others in need in the event of a VX attack.

*FG 11, pg 9 "Yeah. See what we could do as a community. After I find out about my family then I would probably see. Family is first regardless. Then I would probably see what service I could be."*

There was a fair amount of confusion over what to do in the case of a bioterrorism attack. Some participants thought they would stay home, stock up and shelter in place, where as others thought they would flee.

*FG 8, pg 3 "Probably stay home would be the best."*

*FG 7, "...I just want to get out of Dodge..."*

There was a feeling of despair at not being able to do anything in the event of an attack in two focus groups, except to pray, or cross their fingers.

*FG 8, pg 5 "The way I see it is the best thing for that ain't nothing you can do is for you to pray. I mean if it's out like that there ain't nothing we can do."*

Participants in the rural VX group thought those who were infected should be quarantined.

*FG 11, "They need to be in quarantine immediately."*

Some urban participants said they would just go about their business. In the early scenario stages, participants would want concrete information about the potential for a terrorist attack.

*FG 2, "I don't know about that though. I mean, like, since it's at the mall, I would cautiously go about my day. I wouldn't rush home and lock up my door and no one enters ... I mean it's still being transmitted so you're still going to have to do your work as long as everything's going on."*

*FG 5, "I would like to see some evidence stating that there was going to be an attack, because there have been false alarms."*

Young plague participants wanted to establish if friends and family had been in the proximity of the event.

*FG 2, "I want to cross examine everyone, did you go to the mall?"*

Other themes that emerged around the action domain include citizens encouraging actions on the part of those responsible for protection.

*FG 2, "...Not if the government do their work. And that's what you do. You call the senator and you tell them ... 'I'm calling as a constituent. You ought to do something about this. You need to call people.'"*

### **What are the participants' perceptions about government and preparedness?**

African American groups displayed a noticeable lack of trust in the government. A few of the participants had some confidence but none of the participants displayed total confidence in the government. The chemical group was more suspicious because of the belief that the government had created the agent. There were feelings that racism may prevent adequate response in both urban and rural groups. Rural groups also displayed concern that the government would not respond as effectively if the attack were to happen in a rural area.

Some participants felt that the government could not respond.

*FG 7, "I don't know if y'all pay attention but they always say that the system is there. The system may be there but it's not in place. That's a big difference and I think when people hear that they think: oh ok, we secure but it not in place, it's there that's all it is..."*

*FG 11, pg 13 "I don't have any confidence in the local, state, federal...none of it. I don't have any confidence in any of them from what I've seen. I don't trust them in other words."*

Others felt that the government lies and makes up information.

*FG 7 “So back to the different things that we have talked about and you know, it’s too many times that people in power have decided what they want you to hear. Too many people in power have decided that, well you don’t need to know this. But, common sense will tell you that this is not logical. That two companies, not even an hour apart, not even ten miles apart. . . they’re lying.”*

Those in an urban Southeastern chemical group also felt very suspicious of the government as they felt they might be the ones who produced the chemical or created the danger.

*FG 7 “So, they make these things, they create all these different things and they put it out there. It’s not only, what you call it, terror threats, terrorist threats. It’s not only them out there, I think it’s actually the United States already.”*

*FG 7, “...Yeah, who made it but who used it first. Did we use it first and then are we using it on our own people or did they use it first and then they came here and then use it on us?...”*

Some rural participants felt that emergency response people did know how to respond but wouldn’t put as much effort into responding to an attack in a rural area. There was also a general lack of trust in the ability of local emergency response system to respond in an effective manner.

*FG 11, pg 13 “It would just take longer and they would just drag it on before anyone came here. But if 3000 people got killed in [nearby city] then the President would be there. If 3000 people got killed down here, it might be a week before we see him show up.”*

*FG 9, “I don’t feel like we don’t have nobody protecting us.”*

In some of these rural groups, their feelings were associated with race issues. Issues of discrimination were also brought up in a Midwestern urban group.

*FG 10, “Politicians have lied so much. They have been let down so many times, especially the black people, they have been let down so many times and mislead, like you go to a door to door campaigning, and you tell them what you going to do, what you going to do for the community, what you going to do for health care and all this and when the time comes, they are like “oh, oh, ok”*

*P2, pg. 18: Now when you try to bring that...into districts then that’s where the problem starts. Once the state gets it from the President down to the mayor once it start branching out to all the men, then it’s a problem.*

In the two urban groups there was limited confidence in the government's ability to respond, but no one was overly confident. Even this minimal confidence was not found in many of the other groups.

*FG 6, pg 15 "I'm confident because they have drills. They have these drills quite frequently on your radios, on your TV's. They even sound sirens around there. They've been doing that quite frequently."*

Some urban participant felt that the government was responsible for some of the terrorism because of their foreign policies or because of their experimentation with some dangerous substances.

*FG 7, "But a lot of this, I feel, we bring on ourselves, when I say we I mean the United States. Because I don't think that we'd be having such a large volume of terrorist threats if we weren't over in somebody else's country telling them how to run their lives."*

It was emphasized in both rural and urban areas that government officials provide as much information as truthfully as possible. It is important the government be prepared now. Southeastern plague groups stated the government should be able to do the following: Participant's comments regarding emergency response fell into three main categories: 1) screening potentially exposed individuals, 2) quarantine of exposed individuals and 3) pre-event bioterrorism awareness classes.

*FG 1, pg 13 "More information on where to go. Or even build more shelters and let you know where the shelters are."*

*FG 1, pg 14 "The main thing is that they should start now. . . This is the time to start getting prepared like what we are doing now."*

*FG 2, "If they had, like, sometimes different hospitals have things that they talk about from time to time. They have different...emergency preparedness type of things. They do CPR courses and stuff like that. They could have more sessions in which to educate the public like they do with hurricanes and all that. [There are] so many flyers all over the place about hurricane awareness and all that. They could do the same for terrorism. It would make me feel more comfortable."*

Young Southeastern plague participants stated that, through the use of cameras and electronic information, the government can find those people who were exposed to the agent in the scenario. Also, they believe that the government has spies in terrorist groups.

*FG 2, "They have cameras in the mall. They will find out who you are."*

In the chemical groups, September 11<sup>th</sup> was mentioned several times both positively and negatively in reference to governmental response.

*FG 6, pg 18 “It takes them some time to find out and know what’s going on because with the 9/11 situation they still wasn’t aware of what was going on until the second plane hit.”*

*FG 7, “...Like they had that (9/11) going on but we didn’t take it serious enough. And my thoughts are how serious are we taking it now? Uh, we have people, where we putting our money at we have people going overseas fighting in Iran and Iraq and our own homeland security isn’t really being taking care of as it should be. I don’t know if we are prepared ourselves. Our priorities are not, you know, homeland security. I know that they have to go to D.C. and fight for homeland security. It should not be a fight; it should automatically give the money to protect us. And being that we are in Louisiana and that we do have a lot of oil and we are right on the water it’s a lot of things that we should be protected. We should have extra security.”*

Multiple urban botulism participants expressed anxiety over the difficulty in identifying terrorists.

*FG 3, pg 13 “It’s so hard to weed out the terrorists once they get here because they come in like ordinary citizens. We don’t know who they are. We don’t know where they’re coming from.”*

### **What are participants’ perceptions about the role of the media?**

All participants mentioned that at some time after an attack they would turn to the media. Rural participants were more likely to turn to the media after they contacted local officials and those in urban areas would turn to the media first. While some felt the media was the best source of information, other felt that the media may not accurately present that information.

Many participants (especially those in urban areas) thought the media was the first place to turn for information. Broadcast media such as radio television were the most agreed upon media to turn too. Participants will go to the media for information because it is the most up-to-date and fastest way to get information.

*FG 1, pg 9 “Like she said, I think the radio is going to be a very important source.”*

*FG 4, pg 3 “Because it’s the fastest way of communication.”*

*FG 6, pg 14 “I would use the T.V. and the radio and that’s it.”*

Southeastern plague participants stated that they would seek information from several outlets in order to judge the quality of the information. This was not necessarily to practice in rural areas or other parts of the country.

*FG 2, “I can go through different stories or headlines or whatever. Basically just analyze it as seen. If it all adds up to be about the same and then I can go from there and have my own opinion on what I need to do. Instead of just listening to somebody else tell me, you know.”*

However many participants in both rural and urban areas did realize that all information may not be completely accurate. It was also mentioned by some urban groups that media reports can be confusing or misleading.

*PG 3, pg 13 “Well they say they would, and they show us all these different things. I mean I have seen on TV where they had these hazardous things, and they’re testing it. Like I said, all we can do is rely on what we see. I can’t be that confident because they can say anything. You know what I mean? It doesn’t really give me that much confidence.”*

*FG 7, “But the media never talk in layman terms. They going to say this plane is going southwest on east and blah blah. Suddenly you realize you going southwest on east right behind the plane.”*

### **C. Materials Pre-test**

Pretest materials were presented in the third part of the focus group. The materials used were those easily available online from the CDC, and varied in their quality in terms of responding to terrorist scenarios. As there were differences in the materials, this section primarily summarizes overarching themes cutting across categories.

#### **How well do preliminary message materials address information needs?**

All groups found the information provided to be at least somewhat useful. According to participants, the fact sheets provided new information in interesting ways.

Participants felt they received information on transmission, symptoms, and protective measures of the various agents.

*FG 1, pg. 14 “I found the first sheet to be very informative. [The Plague Fact Sheet] There was a lot there that I did not know.”*

*FG 4, pg 6 “It tells you exactly some of the things...some things that came to my mind before, radio, batteries, things that you stock up on, maybe bottled water and things like that. All of these things come to mind when you read something like this to make sure you have these things in place. Locate your family. Turn off the air conditioning. Cut off ventilation and things that are coming in from the outside. Be sure that those things are taken care of. Make sure the air is circulating in the room, which I guess means like with a fan or something that you have in the house. “*

*FG 10, "It gives you answers you were looking for."*

Urban Botulism participants retained facts from the materials; they were able to give two specific examples of prevention methods to use in the event of an outbreak.

*FG 3, pg 16 "They want you to purify your water and fry your food at a certain temperature."*

### **What are unmet information needs?**

While participants mentioned they did learn something from the information sheets, there were a lot of unanswered questions remaining. Much of the needed information was similar among groups, including possible protective actions, symptoms, and diagnosis. However, some of the questions were agent specific.

Understand the nature of the threat. There were still questions about recognizing the presence or symptoms of the illness or agent.

*FG 3, p 15 "I have a question on here. It says that you can't smell or taste the bacteria that is in the food if it is contaminated but don't eat it. I don't understand that. You see what I'm talking about, the smelling and tasting the botulism."(botulism)*

Take protective actions if you think you have not been exposed. All groups still had unanswered questions about protecting themselves and others.

*FG 11, pg 16 "Well I have a question about the sheltering in place. It says that after a few hours you should be able to come out of the shelter, but what happens if it's not resolved in those few hours? Can someone stay somewhere that airtight overnight or 48 hours? What happens if it's not contained? Then what is your next step then because you've done just about everything you can do in that shelter? That is a good question because in this area we have a lot of people who....we have a lot of asthmatics in this area and they can't stay sealed up for 48 hours. So what do we do in southeast Missouri if this happened and they didn't get to us immediately and they kept saying stay in the shelter? I mean you are not going to leave your children at school for two days? You are not going to want to stay in an air tight sealed room for two days either." (VX)*

*FG 3, pg 16 "And they want to, they say boil liquids for five minutes before consuming them. So you got to do all this stuff now? What about the stuff like sodas and stuff like that? You can't boil that. (botulism)*

Take steps if you think you have been exposed, or if you have been in contact with someone who may have been exposed. Participants wondered how they would know if they had been exposed to VX, rather than just being sick due to normal circumstances. Other questions included those on transmission and the effects on pets.

*FG 6, pg 23 “My concern is like okay I am reading some of this I get hot, I got a runny nose, blurred vision, coughing, chest tightness, rapid breathing, but I don’t have any urination, confusion, drowsiness, weakness, head aches, slow or sometimes fast abnormal blood pressure. I’m having some of the things now. And I did have a loss of consciousness one time.” (VX)*

*FG 4, pg 7 “And also it don’t tell you if it can be spread from one person to another. It doesn’t say that. It doesn’t say if it has an odor or not or if it can be seen.” (Radiology)*

*FG 4, pg 9 “I gotta question about the pets. Why...it’s a pet. A pet can be affected just like me. They tell you if you go to a shelter, don’t ...[???] the shelter won’t take your pet. Only take your pet unless you’re going somewhere you know they’re going to take your pet. But that’s....I understand but at the same time I want to take my animals too. I don’t want to leave them. I don’t want them to die.” (Radiology)*

Take steps if you know you have been exposed. Among all agent groups there were requests for additional information on what to do if they had been exposed including where people should go, and when should they seek treatment.

*FG 1, pg 20 “And I would want to where a lot of those state and county public labs, health labs would be here. I know of one, but that’s the only one I know about. Should be some more somewhere around here.” (Plague)*

*FG 4, pg 7 “It doesn’t tell you to immediately go to the hospital if you are out in the midst. The only thing it does tell you is to take off your outer clothes and then go in and wash your body. If you are already contaminated what good is that going to do you? If you take off your clothes you’re still contaminated with it.” (Radiology)*

*FG 4, pg 9 “And it doesn’t tell you if you are contaminated it’s only physical signs. And contaminated...it talked about washing your body and what about your hair and stuff like that?” (Radiology)*

Understand information related to the specific event. Participants wanted to know how this sort of attack could have happened. Southern participants wanted to know how terrorists would get access to and use VX as a weapon, also the VX materials prompted questions from urban participants regarding the U.S. Government’s use of chemical weapons.

*FG 7 “I want to know if you think they are going to be able to drop this on [location name] or not? This is something horrible.”(VX)*

*FG 7, "Right but my thing is they used it, they actually used it in Iraq. So my thoughts are, how or who did it come from? Did it come from the Iranians or did it come from the United States?"(VX)*

Within a number of materials there were issues regarding the pronunciation and definition of certain technical terminology.

*FG 2, "What does reservoirs mean?"(Plague)*

*FG 5, "That word plume, what is that?" (Radiology)*

*FG 1, pg 15 "I had a word that I am not familiar with pronouncing. And that's b-a-c-i-l-u-s."(Botulism)*

### **How do participants respond emotionally to preliminary message materials?**

For all groups, a few participants expressed relief at getting the additional information. Other participants felt this information would cause more anxiety. There was not a lot of variability across the different agents.

For some rural participants the materials made participants more nervous or concerned. Some urban participants said they may even panic after reading the materials.

*FG 8, pg 12 "I'm scared of plague. I got nervous."*

*FG 5, "You lose control."*

For other rural and urban participants, preliminary materials provided hope, security and power to the group. Participants felt better prepared.

*FG 11, pg 20 "Well when I was reading them it felt like I had more power because I know some facts. If I can take this to be fact."*

*FG 3, pg 20 "You know what, I've been knowing about these things, but I just kind of let it fade out of my mind. But now you got it back fresh back on my mind again, and now I am going to take the necessary precautions to keep me safe."*

Some urban participants said after reading the materials they would be more cautious.

*FG 6, pg 30 "Alert. Aware."*

*FG 1, pg. 19: Well because it's telling me how it's transmitted from one person to another and about the animals and the squirrels. And like in the city there are rats, I don't know if they are the kind in here, but it will make me be aware to be sure my surroundings are clean and sanitized. So that makes me feel a lot better.*

Some participants expressed discomfort at not knowing certain details (such as where exposed individuals should go), and relief at knowing other details (such as the transience of contamination).

*FG 4, pg 9 “And because they didn’t give us a specific place to go except the basement....[??]. I would feel a little uncomfortable not knowing. This doesn’t say go xxx miles or which hospital is handling these radiation patients or whatever. It doesn’t say...”*

*FG 4, pg 15 “ It let’s you know the amounts and dosages that radiation is not as lethal or dangerous when you’re first reading this. [??] I guess it’s the amount of dosage that you get and the type of radiation. It kind of clarifies some of the things that....it takes out some of the initial scare.”*

For urban participants, VX materials helped participants realize how serious a VX attack would be if it were to happen.

*FG 6, pg 24 “My concern with this is it’s real heavy. It don’t evaporate fast and the main thing is if you are exposed to it and um you don’t get treated I mean immediately it’s fatal. This is some bad stuff.”*

In the young, college participants in the Southeast the materials didn’t bring many emotions at all. This was consistent with the group’s general lack of emotional response throughout the group.

*FG 2 “It wasn’t that bad, I would be nonchalant. Something has to happen to make me say, ‘Wow!’ for me to even move. Otherwise, it’s just another day for me.”*

### **How credible are the preliminary message materials?**

It was the consensus among most groups that the materials were credible; however, there were a few issues that bothered some participants. Credibility could have been enhanced by the addition of a reference or source, previously mentioned unanswered questions, and event-specific information after an event takes place.

Almost all groups said adding an information source is required.

*FG 3, pg 20 “I think it’s very credible.”*

*FG 11, pg 20 “We need a source of who gave this information. This came from where?”*

*FG 2, “CDC would be enough for me. Even if you don’t have a stamp, just a signature from a health care professional of some sort that does research in all of this stuff.”*

Having information in the materials that the participants had been exposed to before also helped increase the credibility of the materials. The additional information requested in the prior discussion would also assist in credibility.

*FG 8, pg 13 “Just go a little bit more in detail that’s all.”*

*FG 4, pg 7 “I mean some of the stuff that’s in here, like for a tornado, some of this stuff is the same thing they tell you to do for emergencies. So it’s believable.”*

Urban plague participants felt that information specific to the attack was not being disclosed in the print materials. Including information specific to an event may be beneficial in increasing credibility of the materials.

*FG 2, “Yeah. Like I said, they don’t tell us which one is occurring. [It’s] not saying a terrorist actually has tried to use plague in some other country before. Or something like that has happened before. It’s not saying, like, if people are trying to get their hands on it. Or what people have access to this.”*

However it was mentioned that even though the material seemed believable, additional sources of information would be sought out by rural participants to ensure getting all of the information needed.

*FG 10, “I believe it, but I wouldn’t rely solely upon it. I would go and do other research to make sure.”*

Some urban participants felt that it was very credible, whereas others thought people wouldn’t take the materials seriously and will not believe the information until there is an actual event.

*FG 5, “They’re not going to believe it until they see it.”*

*FG 5, “I don’t think some people will take it seriously.”*

### **How successful are materials in fostering self-efficacy?**

Materials with clear action steps and recommendations can help improve self-efficacy. Those materials that leave many unanswered questions may hinder self-efficacy. The variability in the self-efficacy was related to the agent-specific materials.

While the materials did provide some information, additional information was needed in the plague materials.

*FG 8, pg 14 “It’s a start.”*

*FG 2, “What can a person do... Do they have any kind of information like what a person’s supposed to do if they think they have it? I know they’ll go to the hospital*

*but what are you supposed to do before that? Do you want to quarantine your house? Bring along something like a toothbrush or something so they can analyze that? What can you do to help?"*

There was some debate among participants about the effectiveness of the recommended precautions and willingness to carry out the recommendations. Some participants did indicate high self-efficacy for carrying out recommendations outlined by the fact sheets

*FG 4, pg 9 " I think it will just keep you safe until a certain degree. Nothing is definite, that's for sure. But what little bit that you can do to survive, you need to strive for that." (VX)*

*FG 4, pg 9 "I'm not going to take my clothes off outside. I'm not going to do that."(VX)*

*FG 4, pg 10 "If I'm contaminated anyway, I'm going to do whatever I can to try to keep myself as safe as I can. And if that is one of the stipulations, taking off your clothes on the outside and going inside and shower, shampoo and all that, then I'm going to do it. I'm going to do everything I can to take precautions whether it saves my life or not. To know that I have done the best that I can do, that's as much..."(VX)*

*FG 6, pg 33 "You know you can prepare for a drill, but it doesn't necessarily mean that you're going to follow it step by step. A drill and the actual real thing is something totally different. In that situation you can try to do to the best of your ability. You really don't know."(VX)*

*FG 7, "They saying to wash your hair and put your cloths in whatever. But what does it do? What kind of effect does it have on you?"(VX)*

Some participants felt they would not take any precautions unless there was an outbreak.

*FG 3, pg 21 "Yeah, me, myself I wouldn't even try to worry about it unless like you said I hear someone on the news or the radio that's saying that the water got contaminated or the food supply had gotten contaminated. That's the only way I would try to take any cautions to try and protect myself." (Botulism)*

Self-efficacy was also demonstrated regarding knowledge of where to turn for information in case of an attack.

*FG 3, pg 20 "I would go to the hospital. That's the only thing I could think of. They got a poison line you can call." (Botulism)*

### **What are participants' recommendations for improving the materials?**

Across all of the groups many of the recommendations were very similar.

Second Order Analysis- African Americans

All groups felt that the materials should be complete, interesting, short and include simple language. The use of pictures was recommended.

*FG 2, "Be more specific and put it in laymen terms."*

*FG 3, pg 22 "Break down these words. Write the meaning of them."*

*FG 10, "First of all, this is a lot of information if a person doesn't like to read."*

*FG 8, pg 17 "Cause in the format that it's in, it's all right, but there are no pictures. You have -if you get -you tell us what you have to do, but you don't even have stages or anything like that. It's a start, but you can tell from this sheet that you all aren't finished researching."*

As discussed above, a source should be added to all of the materials, as well as action steps. Participants among the different groups requested that their earlier questions be answered in the materials, and that additional information sources be provided.

*FG 10, "If you did put some of the other types of information, you would let them know they could go to these other sources and find this information."*

One rural participant suggested that frightening people is the best way to get their attention.

*FG 8, pg 17 "I'd read it, but I think it would have to be something scarier that will draw my attention to the situation."*

Some of the urban participants recommended distributing the information before an event happens. It was suggested that this information be put on government websites.

*FG 6, pg 28 "Reports. That's the same thing. You know even though they may not take it seriously it's going to mentally still be putting them there. Like this. This right here, this is the best one I like about the safe sheltering place. This is the best one. It just talks about what would you do in an emergency. Stay home and listen to broadcasting."*

*FG 4, pg 28 "In all the times, since recent occurrences. Yes."*

### **What are participants' other recommendations for preparedness?**

There were a variety of recommendations made by the different groups. The need for mental health and other adequate services was mentioned. In a rural group, volunteerism was brought up. The development of materials prior to an attack was important to many participants. Some of the recommendations were also agent-specific.

Participants also recommended that the government and other medical facilities be prepared to handle an attack. Those in the elderly urban group also mentioned making the environment more manageable for those with disabilities.

*FG 11, pg 18 “I would think so. It’s just like when there was suppose to be this great big earthquake, everybody was preparing for the earthquake. They were storing up water. They were storing up flashlights. They were doing this and doing that. The earthquake didn’t come but they were still prepared for it. So if you are prepared then if it does happen, you’ll know. We are none the worse for it.”*

*FG 1, pg. 21 “Like someone said more labs. We really need more labs. You know where you can go and have this taken care of. We really need that.”*

*FG 11, pg 20 “Something like when you have the siren for the weather. There should be a siren if there happens to be an attack or whatever, something to notify the general public so you know not to go into the area.”*

The importance of providing mental health services, adequate treatment, and pre-education in the case of an attack was emphasized in the Southeastern group. Mental health issues were not mentioned in groups held in other parts of the country.

*FG 7, “Right, I want to know where it’s going to be, if that scenario happens, I want to know where it’s going to be and where people can go. Because, that plane, they might not got captured that plane so that plane is headed to St. Charles, LA. OK, but by that time I’m sure that it will be identified. I still think that we need to know a special alert that you can go to this shelter that underground. You know, I think we need to know that. And then, I also need them to put on that bulletin that there needs to be some type of counseling. Because, it affects people mentally, even though it did not happen to their family or to me. It affects people mentally.”*

Rural plague participants recommended disseminating information via volunteer groups, and through kids.

*FG 8, pg 17 “Get a volunteer group that would want to, you know, dig in the information.”*

The urban botulism group mentioned that a restaurant that prepares food for large groups may fail to offer fully cooked food; he/she implied that choice of food preparation is important.

*FG 3, pg 18 “When you go out to one of those family restaurants, it’s all they are going to serve you unless you have a choice. If you go in like a group thing, like at church we go to the Sheraton hotel, and everybody gets medium-rare. Nobody have a choice on well-done.”*

In one urban group, a chemical participant recommended the production before an attack of a “chemical warfare kit,” similar to a first aid kit but containing items appropriate for responding to a chemical attack.

*FG 6, pg 27 “Okay. This is what I think. I think that... just like they made the first aid kit that you can go to K-Mart and pick up they should start making may be a chemical warfare kit. You know that comes with all the safety tools for each household. Along with the you know the paper that goes into the hospital.”*

## **IV. Discussion**

This analysis of focus groups with African Americans regarding bioterrorism information is an important addition to the reports emerging from the Pre-Event Message Development Project. The most striking contrast to other population groups is the heightened distrust of the government held by African American participants. In many of the African American groups participants emphasized the need for full disclosure from the government and the media. Consistent with other population groups, African Americans also displayed some mistrust of the media. In most other respects, the findings from the African American groups are consistent with findings from groups conducted with the general public.

### **A. Pre-Event Knowledge**

The general public, including African Americans, have limited knowledge regarding terrorism attack warning signs, protective measures that can be taken to prevent or prepare for a terrorism, and different potential terrorist agents. Those with higher education levels tend to have more pre-event knowledge.

Across all groups there was a basic level of knowledge regarding the CAS. Often, a variety of depth of knowledge was displayed within each group.

There appeared to be no systematic differences according to region, urban/rural residence, age or education when it came to knowledge of protecting against and reacting to a potential attack. Within all groups there were many differences in knowledge of prevention and preparing for a terrorist attack. Differences between groups seemed to reflect the knowledge of individuals within the group.

There was also a wide range of knowledge in groups about bioterrorist threats. Knowledge seemed to be related to the age and education level of the groups. Those who were younger and more educated seemed to be more familiar with the different bioterrorism agents.

## **B. Hypothetical Scenario**

African American participants responded to a hypothetical terrorism attack much the same way as other general public populations. Participants wanted as much reliable information as possible. Much like participants in the rural Caucasian groups, rural African American participants would look first to their local officials for information, whereas their urban counterparts would look directly to the media. African American participants responded to the government with a greater degree of distrust and suspicion than other audience segments.

For both rural and urban participants, and for all threat groups, fear, anger and anxiety were expressed as responses to a terrorist attack. At times, these responses were followed by relief at finding out they and their loved ones were not exposed. The one exception to these responses occurred within the group that was carried out with younger college students. Having additional information helped some people feel calmer, whereas others felt the additional information just scared them more.

In almost all groups, participants had a lot of questions, and indicated interest in a number of topics at the prospect of such an emergency.

Groups in urban areas and rural areas differed when it came to information seeking. Those in rural areas would go first to their local officials, while those in urban areas would turn first to the mass media. Participants also mentioned calling friends and family to get information, as well as the importance of gathering information from a variety of sources.

Participants would take a variety of actions in response to the hypothetical scenario. Universally, participants would attempt to contact family and friends to ensure their safety. Among all groups there were disagreements about the best way to react. Those in the college-aged group said they would continue about their business; this was unique to only this group.

African American groups displayed a noticeable lack of trust in the government. A few of the participants had some confidence but none of the participants displayed total confidence in the government. The chemical group was more suspicious because of the belief that the government had created the agent. There were feelings that racism may prevent adequate response in both urban and rural groups. Rural groups also displayed concern that the government would not respond as effectively if the attack were to happen in a rural area.

All participants mentioned that at some time after an attack they would turn to the media. Rural participants were more likely to turn to the media after they contacted local officials and those in urban areas would turn to the media first. While some felt the media was the best source of information, other felt that the media may not accurately present that information.

### **C. Materials Pretest**

As with other population groups, most African American participants stated feeling better after getting informational materials on the various threats. Many of the specific comments regarding helpfulness of the materials were agent-specific. Recommendations for improving the materials were fairly universal, including shortening materials, lowering reading levels, and adding visuals.

All groups found the information provided to be at least somewhat useful. According to participants, the fact sheets provided new information in interesting ways.

While participants mentioned they did learn something from the information sheets, there were a lot of unanswered questions remaining. Much of the needed information was similar among groups, including possible protective actions, symptoms, and diagnosis. However, some of the questions were agent specific.

For all groups, a few participants expressed relief at getting the additional information. Other participants felt this information would cause more anxiety. There was not a lot of variability across the different agents.

It was the consensus among most groups that the materials were credible; however, there were a few issues that bothered some participants. Credibility could have been enhanced by the addition of a reference or source, previously mentioned unanswered questions, and event-specific information after an event takes place.

Materials with clear action steps and recommendations can help improve self-efficacy. Those materials that leave many unanswered questions may hinder self-efficacy. The variability in the self-efficacy was related to the agent-specific materials.

Across all of the groups many of the recommendations were very similar.

There were a variety of recommendations made by the different groups. The need for mental health and other adequate services was mentioned. In a rural group, volunteerism was brought up. The development of materials prior to an attack was important to many participants. Some of the recommendations were also agent-specific.

## **V. Limitations of the study**

The participants in the study represent a non-random convenience sample of the population. The assumption underlying the use of non-probability sampling is that not all subjects experience the phenomenon of interest in the same ways. In qualitative research, sample size is dependent upon the purpose of the inquiry. In-depth information from a small target population is the desired outcome rather than dilute information from a large number of subjects. In a project such as this one, the researcher's main emphasis is on understanding and identifying explanatory models and cultural constructions which will in turn facilitate the crafting and delivery of messages important to the continued health

and well-being of the public. While we can not make claims of generalizability with a convenience sample, two design characteristics of this study contribute to the validity of the results. First, the large number of focus groups of all audience segments was carried out around the country — a total of 55. Second, the collaborating institutions used a standardized protocol for conduct of focus groups, as well as data analysis and report writing.

## **IV. Implications for Emergency Response Communication**

Based on the findings from the focus groups, many recommendations can be made for improving informational materials for distribution in the event of a bioterrorism attack. These recommendations pertain to increasing the awareness of the general public, building trust, and creating effective education materials.

### **A. Implications for Materials Development**

- Because of an incomplete understanding of the CAS, information is needed for African Americans to fully understand the meaning of the different colors and the usefulness of the system.
- In the event of a terrorist attack African Americans, along with the general public, will tend to be anxious and scared. Providing adequate information in a reassuring way can prevent panic.
- In the event of an attack, African Americans want information on how to protect themselves and their families, recognizing illness and transmission methods for the agent used, getting treated, as well as event-specific information.
- Materials must respond to the questions that African American have.
- Because some of the information regarding terrorist attacks can cause anxiety it is important to provide information in a manner that will decrease the likelihood of panic, (e.g. by providing feasible action steps) but still provide accurate needed information.
- In order to maximize trustworthiness a credible source, such as the CDC, should be added to bioterrorism educational materials.
- Materials with clear action steps and recommendations can help improve self-efficacy. Those materials that leave many unanswered questions may hinder self-efficacy.
- Materials should be short, easily understandable, include pictures, and provide action steps.
- Materials should convey full disclosure of knowledge, given heightened sense of distrust in this population.

## **B. Implications for Dissemination**

- Information on the different bioterrorism agents, and responding to a bioterrorism attack should be produced prior to an attack to allow materials to be available immediately in the event of an attack.
- It is important that information be disseminated in a variety of ways in order to reach greater amounts of the population. This should include ethnic media.
- The general public should be provided some information on what is being done by government officials to prevent attacks and react if in deed there is an attack. The government needs to provide full disclosure to the public to gain trust, especially in the case of African Americans, where racism and past governmental activities and policies have lead to distrust.
- For rural communities, providing information to local experts and responders is important, as many rural African Americans will look them for information. In the urban communities providing accurate information to the local media should be a priority.

The information provided by the African American public can provide valuable insights into the design and development of educational materials dealing with bioterrorism threats. It is important that those involved in designing these materials utilize findings such as these to design and determine the precise content to be used in educational materials in various formats.

**Appendix A**  
**Focus Group Moderator's Guide**

Plague Moderator's Guide

### INTRODUCTION (3 min.)

- Hi, my name is \_\_\_\_\_ and I work for SLU.
- Thank you for helping us.
- We're developing informational materials regarding possible emergency situations.
- We've asked you to come here today to think about these situations and look at some of our materials.
- Before we begin, I'd like to introduce our project team. (Introduce team members by name). They are going to take notes during our discussion today.

Ricardo	Heather	Bruce	Betsy
Cheryl	Mary	Terri	Kris
Keri	Christina	Suzy	Alan
Laura	LaBraunna		
	Angela		

### Informed “consent” (5 min.)

- Before we look at the materials, I'd like to review something with you. (*Nonverbal notetaker will distribute the “informed” consent document.*)
- This document explains the purpose of the discussion group and what you can expect while you're here.
- Let's go over the key points.
- First, I want you to know that your participation today is voluntary and you don't have to answer any question that makes you feel uncomfortable. You may leave at any time without penalty.

- Second, our discussion today will be audio taped. This will allow us to pay close attention to your comments and make our notes more accurate. Your name will not be identified in any of our transcripts and only our project team will have access to those transcripts.
- And finally, you will receive \$20 cash after our discussion, which will last no more than 2 hours.
- Possible benefits of participating in our discussion include:
  - Becoming better informed about bioterrorism and what to do in the event of an attack;
  - Experiencing increased confidence in your ability to make an informed decision about a possible bioterrorism attack; and
  - Having the opportunity to discuss your fears and concerns about a bioterrorism attack.
- Possible risks of participating in our discussion include:
  - Feeling distress or anxiety by discussing the possibility of a bioterrorism attack.

Please take a minute to fill out the demographic form. We're not asking for your name, answering is voluntary, can refuse to answer any questions and still participate in the discussion group.

- Does anyone have questions? **We're going to start recording now.** (*Nonverbal notetaker will start the audiotape recording.*)

### **Guidelines (5 min.)**

- Please try to talk one at a time.
- We're very interested in your opinions. There are no right or wrong answers, only different ideas. So please be honest and

- share what you think. I didn't create these materials so please don't worry about hurting my feelings!
- During our discussion, you may think of a lot of questions that you have about bioterrorism. We'd like you to write them down.
  - We won't be able to answer your questions during the discussion, in part because the reason we're here is to see whether *the materials* answer all your questions.
  - If we answer questions during the discussion this could affect your response to the materials you'll review later.
  - I'm going to warn you, you're going to feel frustrated when we don't answer your questions right away.
  - At the end of our discussion, a bioterrorism expert from the SLU Center for the Study of Bioterrorism will be available to answer any remaining questions you have.
  - Also at this time please turn off cell phones and pagers if you are able to do so.
  - We will also give you some information sheets to take with you.
  - Are there any more questions before we begin?

(NOTE TO MODERATOR: If participants ask questions during the discussion, say:

“We can't answer your question now as it may influence the results of the discussion. Please write down your questions and a bioterrorism expert will be available at the end of the discussion to answer them.”)

### **Icebreaker/introductions (5 min.)**

- Let's go around the room and please introduce yourself by saying your first name only [and title, department, etc.] and telling us your favorite restaurant in St. Louis.
- Ok, now let's begin our discussion.

### **GENERAL QUESTIONS (10 minutes)**

#### ***Pre-Event Knowledge, Attitudes and Responses:***

- Recently there has been news about potential terrorist threats, and President Bush has instituted a color alert system for terrorist attacks.

#### *Questions:*

- Has anyone heard of the color alert system?

#### *Prompts (if needed)*

- What do the different colors mean?
- What else does the system tell you?
- How many different colors are there?
- What are the kinds of things you can do to protect yourself from a terrorist attack?

#### *Prompts (if needed)*

- Where do you find information about protecting yourself?
- There are different kinds of terrorist threats. What is a chemical threat?
- What is a radiological threat?
- What is a biological threat?

#### *Prompts (if needed)*

- How can it be transmitted?

## SCENARIO ROLLOUT (45 minutes)

- For the remainder of the focus group, please note that we'll be talking only about biological threats.
- Now, I am going to walk you through a made up story about what might happen if a biological weapon were used right here in St. Louis.
- There are four parts to the story. After each part, we'll talk about your reactions and thoughts.
- I will read the story out loud.
- Please remember that what I'm telling you is made up. This is not happening now, and we hope it will never happen.

### **Scenario, part 1: Non-Specific Agent**

*Read this verbatim:*

You wake up about 7 am on a Tuesday and turn on the local news to hear that President Bush has raised the Homeland Security Advisory System threat level to severe (red). The president and his advisors report that this change in the national threat level is based on knowledge of a credible threat that a terrorist group may be planning a biological attack in St. Louis. Officials suspect that the attack may involve a biological weapon.

*Questions:*

- Tell me how you would feel about this news?
- What would you want to know?
  - Would you want to know what the agent was?
- What would you do?
- Where would you go to get more information?
  - Why would you turn to these sources?
  - Who do you think is the best source of information in the event of an attack?

## **Scenario, part 2: Symptoms**

*Read this verbatim:*

A week later, early on a Monday afternoon, you turn on the radio and hear that 15 people in St. Louis have presented at local emergency rooms and doctors' offices with fever, headache, weakness, and rapidly developing pneumonia with shortness of breath, chest pain, cough, and bloody saliva. Although the cause has not been confirmed, these symptoms are consistent with plague. Plague is a disease that can infect the lungs and may spread from person to person through the air.

*Questions:*

- Now how do you feel about this news?
- What would you want to know?
  - Would you want to know what else, besides plague, this could be?
- Now what would you do?
  - Why would you action now?
  - Why did you not do action before?
- Now where would you go to get more information?
  - Why would you turn to these sources now?
  - Who do you think is the best source of information in the event of an attack?
  - Would you find that some sources are more reliable at this stage than others? Why?

## **Scenario, part 3: Specific Agent + Symptoms + Response**

*Read this verbatim:*

Later that same day, you turn on your TV to find that a local government official has issued a statement. She confirms that there has been a deliberate release of a biological agent in St. Louis and

the agent has been confirmed to be the one that causes plague. It was believed to have been released at a shopping mall, into the air. So far, there are 30 presumed cases, however more persons in St. Louis are potentially infected. Local health workers and emergency personnel are working to contain the problem by shutting down the mall, figuring out who was there, and calling for the potentially infected to seek medical treatment.

*Questions:*

- Tell me how you would feel about this.
  - Is your feeling different than the way you felt before?  
How? Why?
- What would you want to know?
  - Would you want to know that there was enough medicine available?
- What would you do now?
  - If you were NOT exposed, would you still go to the doctor for treatment?
  - Why would you do action now?
  - Why did you not do action before?
- Where would you go to get more information now?
  - Why would you turn to these sources now?
  - Who do you think is the best source of information in the event of an attack?

***BT information seeking behavior***

*Questions:*

- How confident are you that there are systems in place that will respond in a way that keeps you safe?
- How confident are you that your elected state and local government officials will respond in a way that keeps you safe?

- What could the medical and emergency responders do to make you feel more secure?
- If you were the mayor of your city or town, what would you tell people in the event of an attack?

## **FACT SHEET PRETESTING STAGE**

### **Scenario, part 4: Release of information**

*Read this verbatim:*

Local officials release information with recommendations for steps you can take to protect yourself from plague.

- Now we're going to show you some materials of the sort that might be released should such an attack like this ever happen.
- Please give us your honest thoughts, feelings and responses to these materials. Again, please keep in mind that there are no right or wrong answers; we are just looking for your reactions. *(Instruct participants to remove plague fact sheets from their folders.)* They are titled "Questions and Answers about Plague" and "Plague Fact Sheet."
- Take about 10 minutes to look at the materials, and feel free to write down other questions, comments, and concerns about the materials.
- When you're finished, please turn over the papers just to indicate that you're done reading. Do you have any questions?

### ***Comprehension:***

- What do you think are the main points of these fact sheets?
- After reading these fact sheets what questions do you have about plague?
- What parts of the fact sheets were unclear or difficult to understand?

- Were there any parts of the fact sheets you had to read twice, or that didn't make sense to you the first time you read them?
- Based on this message, what action would you take in the event of a plague outbreak?
- Is there any other information you would want to know that isn't included in the fact sheets?
  - How is this agent spread?
  - How is a case of plague confirmed?
  - What would you do to protect your family?
  - What would you do if you think you are infected?

### ***Emotional response***

- How do these fact sheets make you feel?
  - What about these fact sheets makes you emotional response?
  - How could we change these fact sheets to make them less/more emotional response?

### ***Credibility:***

- How credible is the information in the fact sheets?
  - Why? Or what makes you say that?
- What, if anything, would make this information more credible?
- Is there anything here that you think is not being disclosed?

### ***Self-Efficacy, Response Efficacy and Behavioral Intent:***

- How confident are you that the actions recommended in the fact sheets will keep you safe?
  - Why or why not?

- How confident are you that you can carry out these recommendations?
  - Why or why not?
- Which, if any, of the recommendations do you intend to follow?

### ***Recommendations for Improvement***

- Do you have any other recommendations to make these fact sheets better or more useful to you?

### **CONCLUSION (15 min.)**

- Now I'd like to introduce our bioterrorism expert, Bruce Clements/ Terri Rebmann/ Suzy Walker. S/He will answer your remaining questions. (*Bioterrorism expert will answer questions.*)
- Thank you for joining us today.
- We really appreciate you taking the time to meet with us.
- Please leave the pre-test materials, but you can take the rest of the folder with you.
- You can leave at any time but don't forget to see (Nonverbal notetaker) to receive your \$20.

(IF ANYONE REQUESTS THE PRETEST MATERIALS, SAY:  
 “The materials we are currently testing still need to be finalized and approved before they will be available for release.”)

**Appendix B**  
**Focus Group Code Book**

## Coding Rules

---

Consider each participant's response as one text unit. Exception: If a participant is speaking and the moderator or another participant interjects and the participant continues speaking, consider both responses and the interjection one text unit.

Write all relevant codes in the right hand margin next to the piece of text you are coding.

Code all yes/no responses or statements of agreement.

Code the moderator's question, probe, or prompt when it needs to be included in order to provide context for the participant's response.

Example:

M: What do you think about what participant X just mentioned about the radio being the best source of information in the case of an attack?

P5: Oh, I agree very much.

No code: You will not code any piece of text that is irrelevant to the context of the BT discussion or insufficient for understanding what the participant is trying to get across.

**CODE TERMS**  
**FOR**  
**PRE-EVENT MESSAGE ANALYSIS**  
**Public Groups**  
**5 August 2003**

**DOMAIN: PRE-EVENT KNOWLEDGE**

PARENT CODES

Color Alert System: **CAS**  
 [All references to the Color Alert System]

*Child Codes:*

Has knowledge of the Color Alert System **CAS.K**  
 Does not have knowledge of the Color Alert System **CAS.NK**

PARENT CODES

Protection of self from attack: **PSA**

*Child Codes:*

Shelter in place: **PSA.SIP**  
**(See shelter sheet)**  
 Get information **PSA.GI**  
 Gas mask **PSA.GM**  
 Duct Tape **PSA.DT**  
 Other **PSA.O**

PARENT CODES

Meanings of BT categories **MBT**

*Child Codes:*

Meanings of chemical attacks **MBT.C**

Meanings of radiological attacks **MBT.R**

Meanings of biological attacks **MBT.B**

*OTHER***DOMAIN: RESPONSE TO GOVERNMENT**

*Rule: Include statement(s) of belief/perception or knowledge about government entities considered to be involved in response to a bioterrorist attack*

PARENT CODES [all inclusive]

Government agencies

**RG**

Trust/Credibility in government

Government Responsiveness

*DOMAIN: PERCEPTIONS OF EMERGENCY RESPONSE SYSTEMS*

*Rule: Include statement(s) related to perceptions of the roles of emergency responders. Include statements of belief/perception or knowledge about media only under PER.M*

PARENT CODES

Role of first responders

**PER.RFP**

Role of health and human service providers

**PER.RHH**

Role of media

**PER.M**

## SCENARIO, PART 1

### DOMAIN: EMOTIONAL RESPONSE

*[see emotional response sheet attached]*

*Rule(s): When a statement includes evidence of emotional response AND action code for both.*

#### PARENT CODES

Non-Specific Agent

**ER.NSA**

#### *Child Codes:*

What do participants feel or not feel?

**ER.NSA.FL**

### DOMAIN: KNOWLEDGE

*Rule(s): Include statement(s) of belief made pertaining to something **other than** the government, a government entity, or media source then code for knowledge-these are to be coded under response to government and or perceptions or ERS's..*

#### PARENT CODES

Non-Specific Agent

**K.NSA**

#### *Child Codes:*

What do participants believe/know?

**K.NSA.BEL**

### DOMAIN: ACTIONS

*Rule(s): Include behaviors related to responses to a bio-terrorist attack, except for behavior(s) related to information seeking. When a statement includes evidence of emotional response AND action code for both.*

#### PARENT CODES

Non-specific Agent

**A.NSA**

#### *Child Codes:*

What would participants do or not do?

**A.NSA.DO**

**DOMAIN: INFORMATION SEEKING**

## PARENT CODES

Non-specific Agent

**IS.NSA***Child Codes:*

What information do respondents want to know?

**IS.NSA.WHA**

Where would they go to get more information &amp; why?

**IS.NSA.WHR***OTHER***DOMAIN: RESPONSE TO GOVERNMENT***Rule: Include statement(s) of belief/perception or knowledge about government entities considered to be involved in response to a bioterrorist attack*

## PARENT CODES [all inclusive]

Government agencies

**RG**

Trust/Credibility in government

Government Responsiveness

*DOMAIN: PERCEPTIONS OF EMERGENCY RESPONSE SYSTEMS**Rule: Include statement(s) related to perceptions of the roles of emergency responders. Include statements of belief/perception or knowledge about media only under PER.M*

## PARENT CODES

Role of first responders

**PER.RFP**

Role of health and human service providers

**PER.RHH**

Role of media

**PER.M**

## SCENARIO, PART 2

### DOMAIN: EMOTIONAL RESPONSE

*[see emotional response sheet attached]*

*Rule(s): When a statement includes evidence of emotional response AND action code for both.*

#### PARENT CODES

Non-Specific Agent

**ER.SYM**

*Child Codes:*

What do participants feel or not feel?

**ER.SYM.FL**

### DOMAIN: KNOWLEDGE

*Rule(s): Include statement(s) of belief made pertaining to something **other than** the government, a government entity, or media source then code for knowledge-these are to be coded under response to government and or perceptions or ERS's..*

#### PARENT CODES

Non-Specific Agent

**K.SYM**

*Child Codes:*

What do participants believe/know?

**K.SYM.BEL**

### DOMAIN: ACTIONS

*Rule(s): Include behaviors related to responses to a bio-terrorist attack, except for behavior(s) related to information seeking. When a statement includes evidence of emotional response AND action code for both.*

#### PARENT CODES

Non-specific Agent

**A.SYM**

*Child Codes:*

What would participants do or not do?

**A.SYM.DO**

### DOMAIN: INFORMATION SEEKING

Second Order Analysis- African Americans

## PARENT CODES

Non-specific Agent

**IS.SYM***Child Codes:*

What information do respondents want to know?

**IS.SYM.WHA**

Where would they go to get more information &amp; why?

**IS.SYM.WHR***OTHER***DOMAIN: RESPONSE TO GOVERNMENT**

*Rule: Include statement(s) of belief/perception or knowledge about government entities considered to be involved in response to a bioterrorist attack*

PARENT CODES [all inclusive]

Government agencies

**RG**

Trust/Credibility in government

Government Responsiveness

*DOMAIN: PERCEPTIONS OF EMERGENCY RESPONSE SYSTEMS*

*Rule: Include statement(s) related to perceptions of the roles of emergency responders.*

*Include statements of belief/perception or knowledge about media only under PER.M*

PARENT CODES

Role of first responders

**PER.RFP**

Role of health and human service providers

**PER.RHH**

Role of media

**PER.M**

## SCENARIO, PART 3

### DOMAIN: EMOTIONAL RESPONSE

*[see emotional response sheet attached]*

*Rule(s): When a statement includes evidence of emotional response AND action code for both.*

#### PARENT CODES

Non-Specific Agent

**ER.SASR**

*Child Codes:*

What do participants feel or not feel?

**ER.SASR.FL**

### DOMAIN: KNOWLEDGE

*Rule(s): Include statement(s) of belief made pertaining to something **other than** the government, a government entity, or media source then code for knowledge-these are to be coded under response to government and or perceptions or ERS's..*

#### PARENT CODES

Non-Specific Agent

**K.SASR**

*Child Codes:*

What do participants believe/know?

**K.SASR.BEL**

### DOMAIN: ACTIONS

*Rule(s): Include behaviors related to responses to a bio-terrorist attack, except for behavior(s) related to information seeking. When a statement includes evidence of emotional response AND action code for both.*

#### PARENT CODES

Non-specific Agent

**A.SASR**

*Child Codes:*

What would participants do or not do?

**A.SASR.DO**

### DOMAIN: INFORMATION SEEKING

## PARENT CODES

Non-specific Agent

**IS.SASR***Child Codes:*

What information do respondents want to know?

**IS.SASR.WHA**

Where would they go to get more information &amp; why?

**IS.SASR.WHR***OTHER***DOMAIN: RESPONSE TO GOVERNMENT**

*Rule: Include statement(s) of belief/perception or knowledge about government entities considered to be involved in response to a bioterrorist attack*

PARENT CODES [all inclusive]

Government agencies

**RG**

Trust/Credibility in government

Government Responsiveness

*DOMAIN: PERCEPTIONS OF EMERGENCY RESPONSE SYSTEMS*

*Rule: Include statement(s) related to perceptions of the roles of emergency responders. Include statements of belief/perception or knowledge about media only under PER.M*

## PARENT CODES

Role of first responders

**PER.RFP**

Role of health and human service providers

**PER.RHH**

Role of media

**PER.M**

## BT information seeking behavior

Use the OTHER category for coding the responses to the following questions...

How confident are you that there are systems in place that will respond in a way that keeps you safe?

How confident are you that your elected state and local government officials will respond in a way that keeps you safe?

What could the medical and emergency responders do to make you feel more secure?

If you were the mayor of your city or town, what would you tell people in the event of an attack?

### *OTHER*

#### **DOMAIN: RESPONSE TO GOVERNMENT**

*Rule: Include statement(s) of belief/perception or knowledge about government entities considered to be involved in response to a bioterrorist attack*

PARENT CODES [all inclusive]

Government agencies

**RG**

Trust/Credibility in government

Government Responsiveness

*DOMAIN: PERCEPTIONS OF EMERGENCY RESPONSE SYSTEMS*

*Rule: Include statement(s) related to perceptions of the roles of emergency responders. Include statements of belief/perception or knowledge about media only under PER.M*

PARENT CODES

Role of first responders

**PER.RFP**

Role of health and human service providers

**PER.RHH**

Role of media

**PER.M**

## SCENARIO, PART 4: PRE-TEST MATERIALS

### DOMAIN: RELEASE OF INFORMATION

#### PARENT CODE

Informativeness (Comprehension) of materials **RI.COM**

*Child Codes:*

Knowledge learned(+/-) **RI.COM.KL**  
 Unanswered questions/Add'tl info needed **RI.COM.AIN**  
 -understanding what to do in the case of an event

#### PARENT CODE

Emotional Response **RI.ER**

*Child Codes:*

How did the materials make the participants feel? **RI.ER.MFL**  
 How could the materials be changed to make participants feel less/more emotions? **RI.ER.FLM**

#### PARENT CODE

Credibility (Believability) **RI.CR**

*Child Codes:*

What was the credibility of the print materials? **RI.CR.PM**  
 How can credibility be increased? **RI.CR.ICR**  
 Was there anything participants feel that was not being disclosed?

**RI.CR.DC**

### DOMAIN: RELEASE OF INFORMATION

#### PARENT CODE

Self-efficacy **RI.SE**

*Child Codes:*

Participants' confidence in the recommended actions for safety; what to do. **RI.SE.CON**

Participant's confidence for understanding of the risks of a/an (plague, botulism, chemical, nuclear) event/disease **RI.SE.R**

Willingness to follow recommended actions **RI.SE.FOL**

Knowledge of where to turn for information **RI.SE.WHR**

Code self-efficacy for actions mentioned during the pre-test materials section

### **DOMAIN: RECOMMENDATIONS FOR IMPROVEMENT**

#### PARENT CODES

Print Materials(+/- feedback) **RCI.PM**

Second Order Analysis- African Americans

Code with RI.COM.AIN when a participant had questions that would need to be added to the materials. **\*\*May be interchangeable\*\***

Other Materials (any form of dissemination outside of PM's) **RCI.OM**  
*-any comments concerning further protection (e.g. systems)*

## *OTHER*

### **DOMAIN: RESPONSE TO GOVERNMENT**

*Rule: Include statement(s) of belief/perception or knowledge about government entities considered to be involved in response to a bioterrorist attack*

PARENT CODES [all inclusive]

Government agencies

**RG**

Trust/Credibility in government

Government Responsiveness

*DOMAIN: PERCEPTIONS OF EMERGENCY RESPONSE SYSTEMS*

*Rule: Include statement(s) related to perceptions of the roles of emergency responders.*

*Include statements of belief/perception or knowledge about media only under PER.M*

PARENT CODES

Role of first responders

**PER.RFP**

Role of health and human service providers

**PER.RHH**

Role of media

**PER.M**

## **Appendix C**

### **Individual African American Reports**

African American FG 1 Report  
African American FG 2 Report  
African American FG 3 Report  
African American FG 4 Report  
African American FG 5 Report  
African American FG 6 Report  
African American FG 7 Report  
African American FG 8 Report  
African American FG 9 Report  
African American FG 11 Report

# **PRE-EVENT MESSAGE DEVELOPMENT PROJECT**

## **Summary report of qualitative analysis of focus group\_**

**Population: Urban African American**  
**Agent: Plague**

Region: Midwest  
Focus group date: July 15, 2003  
Intercoder reliability: 76%

Prepared by the Health Communication Research Laboratory  
Saint Louis University School of Public Health  
Report date: August 27, 2003

## GROUP CHARACTERISTICS

What are the characteristics of the group?

**Table 1. Group characteristics**

Characteristic	Category	N (%)	Mean/SD
Age	Missing	0	70.89/4.04
Sex	Male	1 (11.1)	
	Female	7 (77.8)	
	Missing	1 (11.1)	
Education	Less than high school	2 (22.2)	
	Some high school	4 (44.4)	
	High school diploma or GED	1 (11.1)	
	Some college	1 (11.1)	
	College degree	1 (11.1)	
	Graduate degree	0	
	Missing	0	
Ethnicity/race	African American/Black	8 (88.9)	
	American Indian/Alaska Native	0	
	Caucasian/White	1 (11.1)	
	Other	0	
	Other (specified)	--	
	Missing	0	
Language in home	English	8 (88.9)	
	Other	0	
	Other (specified)	--	
	Missing	1 (11.1)	
Marital status	Single	3 (33.3)	
	Married or living with partner	0	
	Divorced or separated	1 (11.1)	
	Widowed	3 (33.3)	
	Missing	2 (22.2)	
Children	Yes	6 (66.7)	
	No	1 (11.1)	
	Missing	2 (22.2)	
Employment	Yes	0	
	No	7 (77.8)	
	Missing	2 (22.2)	
Family income	Less than \$10,000	2 (22.2)	*
	\$10,000-\$19,999	2 (22.2)	
	\$20,000-\$29,999	1 (11.1)	
	\$30,000-\$39,999	0	
	\$40,000-\$49,999	0	
	\$50,000-\$59,999	0	
	\$60,000-\$69,999	0	
	\$70,000-\$79,999	0	
	\$80,000-\$89,999	0	
	\$90,000-\$99,999	0	
	\$100,000 or more	1 (11.1)	
	Missing	3 (33.3)	

\* = median

Second Order Analysis- African Americans

The 9 participants in Focus Group 2 (urban, African American; plague) ranged from 63 to 75 years of age, with an average age of 70.89 (SD = 4.04). Seven females participated (77.8%) and there was 1 male (11.1%), and 1 (11.1%) did not report their sex. Most (4; 44.4%) had some high school 2 (22.2%) had less than high school, 1 (11.1%) had a high school diploma or GED, 1 (11.1%) had some college, and 1 (11.1%) had a college degree. Most (8; 88.9%) were African American, and 1 (11.1%) was Caucasian. Most (8; 88.9%) reported that their main language spoken at home was English, while 1 (11.1%) did not report on language spoken at home. Three (33.3%) were single, 1 (11.1%) was divorced or separated, 3 (33.3%) were widowed, and 2 (22.2%) did not report a marital status. Most (6, 66.7%) had children, while 1 (11.1%) did not, and 2 (22.2%) did not respond to the question. Most (7; 77.8%) were not employed and 2 (22.2%) did not respond to the question. The median family income was in the \$10,000-19,999 range (3; 33.3% did not respond).

The group took place at a senior citizen residential facility where the participants knew the surroundings and each other very well. One of the participants was in a wheelchair so issues about how the disabled are treated during an attack were prevalent during the discussion. The participants were knowledgeable about the subject matter.

## RESULTS OF ANALYSIS

### Executive summary of top concerns and topics of discussion

- Group were residents at a senior citizen home and had concerns about the handicapped in the event of an attack
- Media plays an important role as a source of information
- This older group was generally knowledgeable about threats and other pre-event knowledge

### Results of qualitative analysis, by conceptual domain:

#### Pre-event knowledge

*What is participants' current awareness of the CAS, precautions, and different threats?*

- Group was knowledgeable about Color Alert system, self-protection actions, and different bioterrorism threats.

P5, pg. 2: Orange is next to the highest. In other words, with orange there is an alert out. When it's red, there is trouble.

P6, pg. 2: Green would be okay.

P1, pg. 2: Get your water. And also prepare to get dry foods that you can put in cans and keep. A lot of candy and candy bars I reckon and fruit. It seems like that would be a good idea to do.

P5, pg. 2: I would say the same things but I'd add on to that. For instance, if you are on a certain type of medication like insulin, try to get that. So know what you need if you are not able to come outside.

P5, pg. 3: A chemical threat is when they use types of chemicals such as gas.

Second Order Analysis- African Americans

P6, pg. 3: Sleeping gas.

P8, pg. 3: Nerve gas.

- Group was aware of where to get information about protecting themselves.

**Q8, pg. 3: Where do you find information about protecting yourself?**

P9, pg. 3: Television.

P8, pg. 3: Books, magazines, telephone.

P6, pg. 3: Radio. A radio doesn't need electricity.

**Response to hypothetical attack**

*How do participants respond emotionally to a suspected or actual emergency?*

- Initially, participants were scared and shocked after hearing the scenario.

P9, pg. 4: It's scary.

P6, pg. 4: Shocked.

P10, pg. 4: Not good.

**Q15, pg. 4: So clearly shocked and surprised?**

P6, pg. 4: More shocked than surprised.

P9, pg. 4: It would be mighty scary.

**Q16, pg. 4: Scary? It's a frightening circumstance?**

P(group), pg. 4: Yes.

P8, pg. 5: We would panic.

- Those that were handicapped felt helpless

P5, pg. 5: But you can take a person like myself in a wheelchair, where you can't run. And when you can't get out, and all these people are running. Here you are sitting in this chair, and you cannot get through the people. You cannot get around the people. So you know that is going to be more of a frightening thing to me. I am going to be terrified because they will run over me.

P5, pg. 6: Because myself I would be helpless. I would need help.

- The group remained scared and shocked even when more information was provided in the scenario.

**Q31, pg.7: Now with this new information, how do you feel about this news?**

P6, pg. 7: It would be terrifying. What kind of antidote can I get to protect me to kill this particular germ?

**Q43, pg. 10: With this new information do you feel any differently than before?**

P(group), pg. 10: No.

P8, pg. 10: I think you would feel different. You would have to. You got the...next door then you got it too.

P9, pg. 10: Because somebody could get out of that shopping before....if you knew I was in the shopping area, you wouldn't want to be around me if you thought I was in there.

*What do participants want to know in the event of an emergency?*

- Participants want to know where to seek shelter and where to get protection.

P6, pg. 4: Where I can go to get protection.

P9, pg.4: Right. Is there a place like when they have floods? People are going to higher ground. Is there a place you can go to beyond there?

P5, pg. 5: But I would like to know if...it doesn't matter who it's for, I just want to know if is it possible that there is something like that. Somewhere you can go and take shelter.

- Participants are interested in what the agent is.

**Q20, pg. 5: Would you want to know what the agent was?**

P(group), pg. 5: Yes.

**Q35, pg. 8: Would you want to know what else besides plague this might be?**

**Remember in the first information the symptoms were consistent with plague.**

P9, pg.8: I guess it would be a good idea to know if they said it could be and then said no it's not really that serious. I think I would like to know just what it was that would cause these.

- They want to know the location of the attack.

P9, pg. 7: I would try to find out just how close I am to these things and then go in the opposite direction.

- Participants wanted to know how to tell if you were infected including the symptoms.

P1, pg. 11: I would want to know did I have an infection from it. That's what I would really want to know.

P5, pg. 11: How is it transmitted?

P9, pg. 11: Just by being around somebody breathing.

P5, pg. 11: Is it airborne?

- Also interested in household alternatives for protective gear.

P9, pg. 8: I would like to know if there is something else I can use in the place of this that would help some.

P5. pg. 8: Can I ask a question? Would a towel a damp towel work until you could get some help?

*Where do participants seek information in the event of an emergency and why?*

- Participants seek information from first responders including 911.

P9, pg. 6: In a really bad situation I would think that our National Guard would be out, and they could help you. Ask information from them. Police, firemen...you could ask some information from some of them.

P5, pg. 9: The first thought I would have would be 911. Really I would try to reach 911 to find out what's going on.

- Also get information from the radio (with batteries) and television media, especially the news.

P5, pg. 5: I would want to know if anything...you know you hear stories about buildings underground. I would want to know if they actually really have shelter where they have things like that. You might hear it on television, but I would really like to know if there is such a thing.

P8, pg. 9: You got the radio with the batteries They got the TV's now with the little batteries. You can turn the TV on and maybe get some kind of information. Or the newspapers probably got a newspaper out, but the radio could give some information.

Q40, pg. 9: Who do you think is the best source of information in the event of an attack?

P(group), pg. 9: Radio.

- They would pay attention to the emergency response system that would alert them via the radio.

P6, pg. 9: In this situation though, the radio station – they gotta signal in case of an emergency, so you don't have to worry. They all got to go to this point. That's the government. They tested it. They test it every month. And they got to go to that particular station when an emergency comes. All radio stations tune to this one big station. For example here in St. Louis they tune to KMOX. That's the biggest one here. All stations all around tune to KMOX. Don't have to worry about who said this and that. Go to one source.

P5, pg. 9: There is a television channel that shows....every once in awhile. An alert comes out across the screen.

P6, pg. 9: They got the same as the radio stations got.

*What are participants' perceptions about government and preparedness?*

- Group had a range of confidence in government systems and first responders.

P6, pg. 11: I feel a little confident because I know that these situations are at my disposal. These protections are there and I can get to them. Whereas if there not there, I'm still panicked.

P2, pg. 12: I would feel unconfident because I don't think there is enough...in St. Louis, Missouri or surrounding counties. There is probably enough for the dignitaries and politicians here but not for the citizens.

- Participants volunteered scale to rate their confidence- scores fell between 2 and 7.

P8, pg. 12: Put it on a scale from 1-10.

P9, pg. 12: I would give it a 7. I have a lot of complaints about the government, don't get me wrong. But I think they try and there are some things there.

P6, pg. 12: I still say 5 – 50%.

P5, pg. 12: I go with 2.

- They wanted government to tell people where to go and what to do now.

P9, pg. 13: Show us or tell us where we could go. I mean I wouldn't want to be running around every place looking for a place, and I might have passed up the place.

P8, pg. 13: More information on where to go. Or even build more shelters and let you know where the shelters are. Because at this point I don't even know if they got any shelters built. We are not equipped for anything. We don't know what to do. And you up there taping up the windows like that for a bomb? No.

P5, pg. 14: The main thing is that they should start now. Right now we all know...if there is. We believe there isn't or at least I believe there isn't anything right now. This is the time to start getting prepared like what we are doing now. Letting people know what area, even if you have to....there should be a place where we should be able to go.

- 1 participant stated that first responders are trained for these emergencies.

*Q26, pg. 6: Why would you turn to these sources for information? You talked about the National Guard and police.*

P6, pg. 6: I would think they are trained for this particular situation.

*What are participants' perceptions about the role of the media?*

- Group unanimously agreed that radio and television news were the places to go for information.

P5, pg. 9: And like she said, I think the radio is going to be a very important source. To make a long story short, I remember when Kennedy was shot. Most people knew before the government knew because they were watching television and the media

P5, pg. 9: The news people some times know things before...a whole lot of things before.

- Some media sources would be more reliable than others particularly those associated with emergency response.

*What are other participants' perceptions of interest?*

(Summarize other participant comments of note?)

### **Materials pre-test response**

*How well do preliminary message materials address information needs?*

- Participants commented that sheets had useful information and were informative

Second Order Analysis- African Americans

P5, pg. 14: I found the first sheet to be very informative. [The Plague Fact Sheet] There was a lot there that I did not know.

P5, pg. 14: It explains the stuff real good.

- The fact sheets explained types of transmission, mortality rates, prevalent areas of disease and symptoms.

P5, 14: The transmission. The risk group...very good information. And opportunities on that sheet...very good.

P1, pg. 15: Yes, I did. It said that in the United States that there are 1-40 cases reported annual. And it said 13 cases...but in the western states there are more. Why? That's what I wanted to know. I wrote it down because I wanted to know why.

P6, pg. 17: Some places it tells you how you feel, like what she said about the chills and fevers. So if you have the feeling you know.

*What are unmet information needs?*

- Why is the plague more prevalent in the west?

P4, pg. 15: Why more in the west?

- What is the difference between the two squirrels that transmit plague?

P2, pg. 16: Yeah, about the reservoirs. Rock squirrels and ground squirrels, what is the difference?

- What are the definite signs of the disease?

P1, pg. 18: Yes. If I had all this stuff, I would like to know if I really had it.

**Q69, pg. 18: If you had been infected?**

P1, pg. 18: Yes. I would really want to know.

- Did not understand bacillus.

P5, pg. 15: I had a word that I am not familiar with pronouncing. And that's b-a-c-i-l-l-u-s. I can't get that.

- Interested in the location of laboratories, clinics, and emergency rooms.

P?, pg. 20: And I would want to where a lot of those state and county public labs, health labs would be here. I know of one, but that's the only one I know about. Should be some more somewhere around here.

*How do participants respond emotionally to preliminary message materials?*

- After reading the materials, the group would be more cautious.

P1, pg. 19: Be cautious.

P5, pg. 19: I would want to keep it to study more.

Second Order Analysis- African Americans

P6, pg. 20: Pass the information on to someone else for one. You could do that. You could say you are concerned about this particular disease/plague spreading, so they can be cautious of it too. They might have it and no one knows it but themselves. If you had told them about it, then they'll know and pay attention to it.

- The information made them feel more secure.

P2, pg. 19: Well because it's telling me how it's transmitted from one person to another and about the animals and the squirrels. And like in the city there are rats, I don't know if they are the kind in here, but it will make me be aware to be sure my surroundings are clean and sanitized. So that makes me feel a lot better.

*How credible are the preliminary message materials?*

- Fact sheets were very credible

P5, pg. 20: Because the symptoms, the fact sheet actually explains itself. And everything on this fact sheet...come up with some these things like the fever and there are animals running around out there. I feel more secure knowing what to expect and what to look for. This helps me.

*How successful are materials in fostering self-efficacy?*

- Group felt they could follow recommendations to protect themselves and recognize symptoms

P5, pg. 17: You can follow these symptoms too, and then you can go to the nearest emergency room. Because there are the symptoms...fever, chill, cough, difficulty breathing, or death if not treated. So when these early symptoms come upon you, you can go to the emergency room. And with blood tests and things like that they might be able to find out just what you have.

- There was concern that they would suffocate in the shelter

P5, pg. 13: And you know when you're taping up your windows you got to think too, your taping up your windows and you're only killing yourself in the house. You got to get some air. In other words you gonna have to take air conditioning, everything that brings in air. You can't live without the air. So eventually....

P9, pg. 13: They said that on television. That you might be doing more harm by doing that.

- They were aware of animal contact and spread of disease.

P8, pg. 17: Also, you know if you handle a lot of animals it would be best to go and try to get the shot. So in case you handle a lot of animals, a lot of this stuff you will get.

P5, pg. 19: And I, especially this risk group, I looked under that and kind of read it over twice because I have a brother that's a hunter. And he loves ...[??] give him his bones. And I was thinking he's out there where all these are. You know he's out there with all of these animals and things we're talking about. And it's good to let him know that if you

going hunting look for these signs and symptoms in case something happens and you get sick.

- There was an understanding that sheets only help to prepare for an emergency situation.

P8, pg. 21: Well actually, really [??] keep you 100% safe. But it will help you to prepare if you find these symptoms.

*What are participants' recommendations for improving the materials?*

- See unanswered questions above
- There was a positive response to the fact sheets
- Confusion existed over contrasting presentation of rates and risks

P1, pg. 16: And I'm gonna have to know what is the [??]. They said about 14% and then it said 1 in 7 [??].

**Q60, pg. 16: So that's, maybe turning to the second piece the questions and answers about plague, P1 is mentioning that mortality rate of plague is about 14%. Does that raise any questions for you? Or is that part pretty clear?**

*What are other participants' recommendations for preparedness?*

- Handicap access
- More labs and clinic access

P5, pg. 21: Like someone said more labs. We really need more labs. You know where you can go and have this taken care of. We really need that.

**PRE-EVENT MESSAGE DEVELOPMENT PROJECT**  
**Final summary report of qualitative analysis of focus group**

**Population: Urban African American**

**Agent: Plague**

Region: Southeast

Focus group date: July 22, 2003

Prepared by Tulane University School of Public Health and Tropical Medicine

Under contract to UAB school of Public Health

Report date: October 25, 2003

**Plague Focus Group**  
**General Public Urban African-Americans**  
**Topline Report**

This focus group was conducted on the campus of a private university in New Orleans. The group was composed of two male and two female students. Average age of participants was approximately 20 year old. Most but not all of the participants knew each other. Participants were recruited through a campus organization for African American students.

---

**Results of Analysis**

***Pre-event Knowledge:*** The participants, for the most part, had an incomplete knowledge of the color alert system. Red and orange were the only colors mentioned and red was incorrectly identified as High Alert. Alert levels changed based on information about the likelihood of a terrorist attack occurring.

“Something about high alert.

Well high alert for terrorism. Something that’s going on. They have reason to believe that something may happen. Especially when it gets around the holidays.”

Participants did not feel that there was anything they could do to protect themselves from a terrorist attack, however, there were steps they could take to prepare for a terrorist attack. Acquiring information and staying alert were the most significant steps mentioned. Sources of information include the internet, television, radio, local public health agencies, and training classes at local schools.

“...There’s really, there’s no way you can prevent anything from happening. You can be at the store and something can happen.

I mean people are suicide bombers so ...”

“And store some extra food or anything you might need in case of a, you know, if they go through the water system and blah, blah, blah. You have to make sure the water’s stored ...”

For the most part, participants gave correct information about the three terrorism categories (chemical, biological, radiological). They were able to differentiate between the different agents and their categories.

*“If I told you there was a chemical threat what would that mean to you?”*

Toxins.

- *Ok What kind of toxins?*

Nerve gas. Something that can kill you real quick

-*OK*

Something airborne and...

Something in the food and water..."

*"-Ok Alright Ok What if I told you there was a radiological threat? What does that mean to you?"*

Like a nuclear bomb.

-*OK Nuclear bomb*

Anything that uses the same kind of waves.

Radioactive."

*"- What if I told you there was a biological threat? What does that mean to you?"*

Uh getting a disease. Using a crop duster or something to spread it over everybody. Plague Ebola Something like that."

"Chemicals are like could be like a poison or something. Biological is like a disease."

When discussing biological agents, participants questioned how accurately one could determine if it were actually a terrorist activity versus an accident or natural illness. This theme surfaces later in the focus group as well.

"Like if you had a single person that you can uh you can't really like evaluate if it's really a terrorist attack or not because it won't be like mass destruction at first.

Yeah, it might just be a crazy person.

- *So it might be hard to actually figure out if it's a terrorist thing or somebody sick?*

Right.

Also it can be dispersed - I don't know if I said this already – undetected.”

***Response to Hypothetical Attack:***

During the focus group, the moderator introduced a scenario involving the release of plague at a local mall (see attached). The scenario was read in three parts and after each part, group members were asked to discuss their feelings, thoughts, and actions if the scenario were to occur in reality.

*Emotional Response:* Although some participants shared that they might feel worried or frightened, they overwhelmingly demonstrated a nonchalant attitude toward the possibility of a biological attack. Participants did not share any other emotional responses despite moderator attempts to elicit additional emotions.

“Well we don't know what it is. Nothing else I can do other than lock myself in and then I'd be scared. I'd be scared then so I might as well go ahead and live my life.”

“Uh, being that plague is ancient, I think they have something that can contain it now so I wouldn't be afraid of it.”

Participants felt invulnerable to the plague due to their age and good health. The likelihood that they would be exposed to the illness also influenced their emotional response to the scenario.

“Well, I mean I'm strong and healthy so I wouldn't be worried about the plague.”

“I mean like some people it's gonna kill. Some people. Probably older people, or people who are already sick, or young children.”

Notably, some participants stated that if the initial attack were to occur at a larger venue or if there were more casualties from the initial attack, they would feel more concerned.

“If you know, if they hit a mall, is it a big mall? That means they are trying to get a large amount of people. That means they can go to another big place, like any big, kind of company. Like I don't know...if it's SuperBowl Sunday? ... You know, you might want to stay inside for a while or be away from big crowds for a while. Just because it's that mall, they already picked that mall because a lot of people were there.”

*Knowledge:* Focus group participants shared some knowledge, some incorrect information, and some assumptions about the plague. This mixture of accurate and inaccurate information created half-truths about the plague, about science, and about their personal risk.

“The fact that we don’t have it right now. It’s something to worry about cause that means there’s a lot of drug companies that are not manufacturing the medicine anymore. So if its something from the 18<sup>th</sup> or 19<sup>th</sup> century and they’re like, ‘Ooh, the plague’s over so we don’t have to worry about it.’ So if the plague suddenly turns up there will be some hasty medicine made.”

“We don’t know what kind of plague it is. They could have upscaled it, you know. Made a smarter plague.

Bubonic plague.

They can make it even stronger than that. They’ve probably been working on this for years.

It can mutate itself. It doesn’t need them to. That’s why they’ve been studying it for all this time. Because they probably seen all the mutations it can go through. Its life cycle, what it does, and they can do this [pound table] to it.”

Some participants also articulated the belief that the government can find anyone. They stated that, through the use of cameras and electronic information, the government can find those people who were exposed to the agent in the scenario. Also, they believe that the government has spies in terrorist groups.

“No. We’re talking about that. We’re talking about somebody just drop a pill, how you going to find that person?

They have, they are already in the group and they have an agent that’s a spy inside the group...

What group?

Whatever group of terrorists it was!”

“They can track that purchase. You know the government knows where we are right now (laughs).

What if you paid in cash...

They will track you down. They’ve got cameras in the mall.

What if rode a bus?

What if I rode a bike?

They have cameras in the mall. They will find out who you are.”

*Actions:* Participants in this focus group were somewhat divided about what actions they would follow in the event of a terrorist attack that involved plague. Some participants noted that they would immediately take action to protect themselves. Other participants nonchalantly stated that they would essentially go about their regular routine.

“So our first reaction is to take care of ourselves and I guess that’s a natural thing to do. Ok, it’s terrorism. What’s their objective? What’s their target? Who they trying to target so I can step out the way. First reaction is to take care of self.”

“I don’t know about that though. I mean, like, since it’s at the mall, I would cautiously go about my day. I wouldn’t rush home and lock up my door and no one enters ... I mean it’s still being transmitted so you’re still going to have to do your work as long as everything’s going on.”

*“What are some of thing you might do at this point?”*

I might [be] scared a little bit but I would just continue with my day.”

Additionally, several participants indicated that they would contact people with whom they are close. Some of the participants were motivated to do so because they wanted to know who might have been exposed to the biological agent and some participants would do so out of a concern for others.

“I might even go so far as to try to talk to people and be like, ‘If you know anybody who went to the mall, they need to go to the hospital.’”

“I want to cross examine everyone, did you go to the mall?”

Other themes that emerged around the action domain include citizens encouraging actions on the part of those responsible for protection.

“...Not if the government do their work. And that’s what you do. You call the senator and you tell them ... ‘I’m calling as a constituent. You ought to do something about this. You need to call people.’”

“I know my local senator would be hearing from me. Set up a group that could go door to door to do some screening.”

Second Order Analysis- African Americans

Furthermore, most participants said that they would begin seeking information about the event, the possible agents, and those potentially responsible for the attack.

“Call anybody with any information they can tell me at all. Can they give me any information on how can I keep from catching this? From catching whatever [I] come in contact with it. You know, what signs to look out for with somebody that has been contaminated.”

Finally, some participants would follow safety procedures in the event of an attack, which included seeking treatment or screening services, and sheltering in place. Several participants noted that they would pursue treatment even if they were not exposed.

“I was just saying I wouldn’t go the same day that they made the announcement. I would go maybe a few days later if they said that they haven’t been able to find any more clues or they found it in other places now. So that now possibly it’s spreading faster and I may have come in contact with it. I wouldn’t go immediately.”

“- *Ok What if you were here when it was going on?*

I’d probably just stay inside...”

*What participants wanted to know:* During this focus group, the participants were primarily concerned with information that could help them determine their personal risk of being exposed to the plague. The participants’ preoccupation with determining their risk contradicted their self-described nonchalant attitude towards a biological attack. The types of questions that they raised included: Their proximity to the release of the agent, contact with exposed individuals, how the agent is spread, and the characteristics of the agent which may put them at risk.

“-*What are some other things that you’d want to know?*

The vicinity of the mall from where I stay.”

“What are doctors doing to protect themselves? For me at least, the doctors are dealing with someone who has the plague and if you turn around and come to me or my kids and you have the plague...”

“Whoever is investigating it, I want to know if it’s a terrorist thing. Who do I look out for? How do they spread it? But when I talk to the doctor I just want to know symptoms and, you know, how rapidly can it spread? How can it spread? Like if it’s airborne.”

“I want to know what’s happening in my area. I mean, you know. What’s going on? Is there any cases around this district? Cause you have statistics or whatever . Without releasing names I just want to know how many people from my district is a statistic. Out of the 15, how many is from where I live?”

“You might want to know some characteristics about the 15 people. You might want to try to get to know what kind of person they are. Cause they’re not giving out any names. It could be somebody you know... Any information that will clue you in to, ‘No, it’s not anybody I hang out with’. I don’t know. I might want to know their identity.”

Additionally, some participants wanted to know what the government is doing about the attack and what steps are being taken to ensure the public’s safety and capture the terrorists.

“So what’s the government doing about it? To stop it, you know? Is it like they sweep areas where there’s like rats, I mean...”

“I would like to know what they are doing to find out who did it. Like who, what lab, who has the bottles of plague missing? If someone tries to buy some plague, you know, how they can buy it from labs, and maybe they forged documents or something. Who did it? What are they going to do to find out who did it?”

Finally, participants were vaguely interested in the availability of medications and the conditions of those being treated.

“Have these died yet, these 15 people? Is it fatal? That might be something I’d want to know. Have they died?”

*Where participants would seek information:* When discussing where participants would seek information, they stated that they would follow the news either on their home television or on the internet or contact a public health agency directly. Throughout this session, participants repeatedly debated the value of using the internet to acquire information versus watching television or contacting a public health agency directly.

“To me, there’s no better resource than the internet.

But the internet there’s so much information.

But whoever you call might not be giving you the information you want to hear. They might just give you a little bit of information ... just to ease your feelings and not give you everything...

But you have to make sure your sources from the internet are dependable and

valid. Where is more of a valid place to find that kind of information than the public health department?

Not if the government tells them not to tell you anything.

So you're going to go to the internet where anybody's free to put their opinion on there?

It's better than nothing.

Not if you want a sufficient answer."

Among these participants there were two categories of information that the respondents sought. One category was about the biological agent and the other category was the intentional nature of the event.

Several participants in this focus group mentioned the value of using multiple sources of information in order to develop a more well-rounded understanding of the topic.

*"-One thing that I've heard everyone mention is that sort of, look at several things; websites, TV channels, people, before they decided anything. Tell me a little bit about the importance of having these multiple sources.*

So you can compare information.

Give you that choice. You don't have to rely on just one information. It doesn't just have to be TV, doesn't have to be just internet...It's also, different people have different ways. At least you have different, you know...Some people are going to get the news right and some are not.

I think you're hurting yourself if you're ignorant about and just have one source and trust and believe in that one source. It's always good to have a second opinion, and a third, and a fourth..."

Overwhelmingly, participants wanted to get their information from either a medical expert or an intelligence agency.

"I guess it depends on if you're worried about it being a terrorist attack or are you worried about, 'OK can I catch this?'. I'm sure you're worried about yourself but if I'm worried about this being a terrorist attack I'd talk to like the CIA, I guess; but if I'm worried about a disease I could catch, the doctors are going to be [the] experts I'm going to be looking for. So it depends on your agenda."

Finally, word of mouth was described by participants as a poor source of information.

Second Order Analysis- African Americans

*Response to Government:* Although the participants acknowledged that the government may not fully disclose information in the event of a terrorist attack, participants noted that they were confident in the federal government's ability to prevent terrorist attacks.

*"-How confident are you that there are systems in place that will respond in a way that keeps you safe?"*

Very confident because nothing has happened in a while. I mean, they can't get every little thing that could happen like a suicide bomber but for the most part they're doing a good job.

Mhmm. I would have to say that after the post September 11 era I think they have a pretty good set up...I mean, I would think that they have a once bitten, twice shy kind of attitude. I would say better than before Sept. 11. You have more people being trained.

There's some confidence. I mean, I'm not really worried every day so I guess I'm confident in it. But at the same time you know things could happen. It's always around."

"Yeah I was going to say how do you know if they're still telling enough. They might just be trying to calm your, to keep the hysteria down."

*"-Alright. How confident are you that your elected state and local government officials will respond in a way that will keep you safe?"*

Huh!

Not confident at all.

*-I see some rolling eyes...*

Not in Louisiana...

...Not in Louisiana...

Yeah."

The credibility of government agencies diminished when the participants believed that people were harmed as a result of that agency lying.

"If you go to your public health, you judge the information by ...if that public health department has lied to you before. If they've told you that, 'Oh, we had this problem with this sewer system and the water, it's ok to drink it' and it turns out that there are still some toxins like the lead situation."

*Emergency Response System:* For the most part, participants' opinions of the emergency response system did not extend beyond the government's role in emergency response.

*"-What about before any of this happens? Would that be OK? Well, let's say that before any of this ever happened?"*

A pre-warning? That's fine.

Yeah. Pre... Let's say like tomorrow they're going to have a health fair. Kind of more for preparedness.

That's good. They're doing stuff like that now.

That'd be good. Cause its not right for the government to assume the people don't care because this hasn't happened. Keep it out there and let people decide whether they wanna be bothered or not. So when it does happen they can't say, 'Oh well, I didn't know about it.'

Yeah.

If they give us information or any kind of tools whatsoever. Then that's what we're looking for from them. That's all we need."

Participant's comments regarding emergency response fell into three main categories: 1) screening potentially exposed individuals, 2) quarantine of exposed individuals and 3) pre-event bioterrorism awareness classes.

*"That's why I'm saying they should go door to door or set up a screening center within each location. A screening center in every ward. Ok. Let's say New Orleans you divide it into whatever, the 7<sup>th</sup> ward, 9<sup>th</sup> ward, whatever."*

*"Let me tell you something about New Orleans, they have projects and don't think that the Department of Public Health is going to door to door in the projects to save somebody from a virus."*

*"If they had, like, sometimes different hospitals have things that they talk about from time to time. They have different...emergency preparedness type of things. They do CPR courses and stuff like that. They could have more sessions in which to educate the public like they do with hurricanes and all that. [There are] so many flyers all over the place about hurricane awareness and all that. They could do the same for terrorism. It would make me feel more comfortable."*

*Response to Media:* Members of this group emphasized the value of using multiple media sources for information about both the health effects and the law enforcement aspects of a bioterrorist attack. Regardless of the medium to which they would turn (internet,

television, etc.), participants stated that they would seek information from several outlets in order to judge the quality of the information.

“I can go through different stories or headlines or whatever. Basically just analyze it as seen. If it all adds up to be about the same and then I can go from there and have my own opinion on what I need to do. Instead of just listening to somebody else tell me, you know.”

---

***Materials Pre-test Response:***

Participants responded first to the Fact Sheet on Plague (attached) and second to the Question and Answer sheet (attached). Some comments that they had regarding unanswered questions on the Fact Sheet were later addressed by the Question and Answer sheet. After reading both documents, participants preferred the Question and Answer sheet or combination of both materials over just the Fact Sheet alone.

*Information Needs:* Participants identified several areas of the materials that require clarification. They were unclear whether the cost mentioned on the Fact Sheet was for treatment. Also, they stated that the sections about reservoirs and opportunities were unclear.

“What does reservoirs mean?”

“The cost is for treatment, right?”

*- I believe so. I am not sure about that.*

I might want to know what that means.”

Participants felt that the Fact Sheet lacked information on actions that people should take.

“What can a person do... Do they have any kind of information like what a person’s supposed to do if they think they have it? I know they’ll go to the hospital but what are you supposed to do before that? Do you want to quarantine your house? Bring along something like a toothbrush or something so they can analyze that? What can you do to help?”

*“-Looking at this fact sheet, how confident are you that the actions recommended on the fact sheet will keep you safe?”*

There’s actions on there? I thought that was one of the things I said that wasn’t on here. Like what can you do to help yourself? And I don’t see it on here, unless I’m missing something.

I'm still looking for it.

No, it's not on there."

Incubation period was important to participants. This information was provided on the Question and Answer sheet but not the Fact Sheet.

"How long do these symptoms last before they are fatal?

Yes. How do is take before you show signs?

Some time frame would be nice."

"That's a good question. What's the incubation period of the plague? (reading)  
That's the first time I've seen that kind of information.

Mmhmm.

Yeah, they give time frames.

How is it treated? (reading) This information satisfies me.

It's almost the same as this other, a couple of things, yeah. It's presented differently.

It's like, these are the questions that you'd normally ask."

Participants also stated the need to know how one can distinguish plague from other illnesses with similar symptoms.

*Emotional Response:* As was mentioned throughout the focus group, participants indicated that they would not be concerned in the event of a terrorist attack using plague.

"If [it] wasn't that bad, I would be nonchalant. Something has to happen to make me say, 'Wow!' for me to even move. Otherwise, it's just another day for me. I would be under the perception that, 'Ok. Wow! This is serious. Fifteen people died near me?!'. Ok, I got to find questions. But if they died in another city or something. I was answering the questions if I was alarmed in any way but I don't think I would be alarmed unless it was something..."

*Credibility of Materials:* Participants stated that the fact sheets were somewhat believable but that the credibility of the fact sheets could be increased by indicating who created and who endorsed the fact sheets.

Second Order Analysis- African Americans

*“-How believable do you think the information in the facts sheets is?”*

[laughter]

Uh, it's kind of believable.

*-Why is that?*

Because some of the information I do know.

It's pretty believable to me. I don't see anything out of the ordinary here.”

*“-What, if anything, would make this information more believable?”*

If it had a CDC stamp on top.

Numbers of people who we can contact.

*-Ok so contact information and the letterhead from the CDC, or, just the CDC or... ?*

CIA

CDC would be enough for me. Even if you don't have a stamp, just a signature from a health care professional of some sort that does research in all of this stuff.

*-OK. Maybe an expert's name on here somewhere? ...*

Yeah, I could have typed this.”

Participants felt that information specific to the attack was not being disclosed in the print materials. Including information specific to an event may be beneficial in increasing credibility of the materials.

*“-Do you think there's anything on here that they're not telling you?”*

Yeah. Like I said, they don't tell us which one is occurring. [I]t's not saying a terrorist actually has tried to use plague in some other country before. Or something like that has happened before. It's not saying, like, if people are trying to get their hands on it. Or what people have access to this.”

*Self Efficacy:* Several times during the conversation about the materials, participants referred to information they had just learned. Though they felt that the materials did not contain enough recommended actions, participants stated that one way to protect their families was to share the materials with them. If the materials are revised to include clearer recommendations, it is likely that participants will follow those recommendations.

*Recommendations for Improvement:* Recommendations for improvement largely focused on making the materials clearer for the general public to understand.

“Be more specific and put it in laymen terms.”

Some specific examples surfaced for both the Fact Sheet and the Question and Answer sheet.

Fact Sheet: “More colorful.

Yeah. Exactly. A little something on there. But everything else is ok. Maybe they can elaborate more on the research because everybody might not understand what Ecology Based Prevention and Control Strategies or Improved Diagnostic Reagents and Methods means. They don’t know what they mean.”

Q & A Sheet: “...I guess, can they be more specific about the first question? Because we don’t ...They could have worded it better. [For example] What is the Origin of Plague? That would pretty much cut it.”

As mentioned earlier in this report, participants also recommended placing the CDC logo on materials.

*Other Recommendations for Preparedness:* As mentioned earlier in this report, participants recommended that pre-event bioterrorism awareness classes should be made available to the public.

### ***Conclusion:***

When asked how they felt about the scenario, participants repeatedly insisted that they would not worry in the event of a biological attack. However, their comments pertaining to information seeking centered around their personal risk and ways to reduce that risk. This may indicate that there is a greater level of concern than shared during the focus group. One factor that may have influenced the group was the belief among its members that the plague is an obsolete disease and not a modern problem. Additionally, these focus group participants often used humor to convey their thoughts about sensitive topics. The use of humor may have masked the true importance of some comments, which may have influenced the analysis.

# **PRE-EVENT MESSAGE DEVELOPMENT PROJECT**

## **Summary report of qualitative analysis of focus group\_**

**Population: Urban African American**  
**Agent: Botulism**

Region: Midwest  
Focus group date: July 16, 2003  
Intercoder reliability: 62.2%

Prepared by the Health Communication Research Laboratory  
Saint Louis University School of Public Health  
Report date: October 17, 2003

## GROUP CHARACTERISTICS

What are the characteristics of the group?

Demographics of the group are presented in Table 1.

**Table 1. Group demographics**

Characteristic	Category	N (%)	Mean/SD
Age			47.50/13.48
	Missing	0	
Sex	Male	4 (40.0)	
	Female	6 (60.0)	
	Missing	0	
Education	Less than high school	3 (30.0)	
	Some high school	5 (50.0)	
	High school diploma or GED	1 (10.0)	
	Some college	1 (10.0)	
	College degree	0	
	Graduate degree	0	
	Missing	0	
Ethnicity/race	African American/Black	10 (100.0)	
	American Indian/Alaska Native	0	
	Caucasian/White	0	
	Other	0	
	Other (specified)	--	
	Missing	0	
Language in home	English	10 (100.0)	
	Other	0	
	Other (specified)	--	
	Missing	0	
Marital status	Single	3 (30.0)	
	Married or living with partner	2 (20.0)	
	Divorced or separated	3 (30.0)	
	Widowed	1 (10.0)	
	Missing	1 (10.0)	
Children	Yes	7 (70.0)	
	No	1 (10.0)	
	Missing	2 (20.0)	
Employment	Yes	0	
	No	9 (90.0)	
	Missing	1 (10.0)	
Family income	Less than \$10,000	4 (40.0)	*
	\$10,000-\$19,999	2 (20.0)	
	\$20,000-\$29,999	1 (10.0)	
	\$30,000-\$39,999	0	
	\$40,000-\$49,999	0	
	\$50,000-\$59,999	0	
	\$60,000-\$69,999	0	
	\$70,000-\$79,999	0	
	\$80,000-\$89,999	0	
	\$90,000-\$99,999	0	
	\$100,000 or more	0	
	Missing	3 (30.0)	

\* = median

The 10 participants in Focus Group 3 (urban, African American; botulism) ranged from 27 to 69 years of age, with an average age of 47.50 (SD = 13.48). Six females participated (60.0%) and there were 4 males (40.0%). Most (5; 50.0%) had some high school, 3 (30.0%) had less than high school, 1 (10.0%) had a high school diploma or GED, and 1 (10.0%) had some college. All (10; 100%) were African American. All (10; 100%) reported that their main language spoken at home was English. Three (30.0%) were single, 2 (20.0%) were married or living with a partner, 3 (30.0%) were divorced or separated, 1 (10.0%) was widowed, and 1 (10.0%) did not report a marital status. Most (7, 70.0%) had children, while 1 (10.0%) did not, and 2 (20.0%) did not respond to the question. Most (9; 90.0%) were not employed and 1 (10.0%) did not respond to the question. The median family income was in the less than \$10,000 range (3; 30.0% did not respond).

The focus group was conducted at a community organization. The group was very lively and at times the group was a bit chaotic. Participants had difficulty speaking one at a time and were often in and out of the conversation. Some of the participants had a hard time understanding the materials as they had difficulty reading. While some of the participants were extremely interested in the topic of conversation, some participants were disinterested and did not fully contribute to the conversation. Those participants that did participate had a lot to say about the formative research questions (and less so in response to the fact sheet).

## **RESULTS OF ANALYSIS**

### **Executive summary of top concerns and topics of discussion**

(Report top concerns; include notable findings reported as prominent by project staff.)

- In response to the hypothetical scenarios, participants were able to clearly state what their information needs would be and where they would turn for more information.
- Responding to the fact sheets was difficult for participants because of literacy difficulties.
- For this population of lower-SES, urban African Americans, the communication medium and presentation is important. Information needs to be clear in how and when to take action, avoid doubtful or obscure statements, and make purposeful action-oriented statements to avoid invoking unneeded fear and misunderstanding.

### **Results of qualitative analysis, by conceptual domain:**

#### **Pre-event knowledge**

*What is participants' current awareness of the CAS, precautions, and different threats?*

(Summarize general responses to knowledge questions about CAS, self-protection actions; different threats; include typical supportive quotes.)

- All participants displayed general knowledge of the CAS but were unsure of details such as the number and meaning of the different alert colors.

Second Order Analysis- African Americans

- Participants understood the purpose of the CAS as a warning signal.
- Participants believe that staying informed, faith in God, and activities related to sheltering in place will protect them from an attack.
- Participants lacked a clear understanding of the differences between chemical, radiological and biological threats.

P(group), pg.2: Yes.

P7, pg.2: I think yellow is more of a test to be aware. I forget...

P6, pg.2: Red, orange, and yellow.

P?, pg.2: That's a warning sign.

P2, pg.2: To get prepared.

P2, pg.2: Three

P7, pg.2: Four

P5, pg.3: We know right now but we probably haven't gotten ready, but we need that. Go to the basement and we put some food down in there right now. I mean for tornados or whatever.

P7, pg.2: Be aware of your surroundings. Listen to what is going on about terrorism and how close it is to you.

P8, pg.3: Well, me...myself I really don't fear because I know my spirit's going somewhere....or if something happens to me, so I don't walk in fear.

P6, pg.3: I walk with the Lord.

P?, pg.4: Very dangerous.

P7, pg.3: It's like anthrax. Like gas.

P5, pg.3: Or any chemical. They may have a chemical that eat your flesh out in maybe some sort of liquid form.

P8, pg.4: Something you can inhale through your nostrils and gives you....makes your skin break out and gives you sores like that before it kills you.

P5, pg.4: That's like they send something near you and it explodes. Then it keeps drifting through the air.

P7, pg.4: Contamination. Blood contamination. Food contamination. Stuff like that.

P?, pg.4: It could be a chemical but in different form. Something like you could take in a syringe. A terrorist could do that

### **Response to hypothetical attack**

*How do participants respond emotionally to a suspected or actual emergency?*

(Summarize participants' emotional response.)

- Participants noted that they would be scared, worried, and nervous in the event of a threatened attack.
- Although the information on biological threats may be scary, they were glad to hear the details of the situation and be informed.

P8, pg.6: Skeptical about going outside.

P?, pg.6: Very scared.

P2, pg.6: Make you worried.

P5, pg.6: Nervous.

P8, pg.8: You're making me scared now. I had tried to put that in the back of my head. Now you got it all fresh back in my head.

P8, pg.10: I feel kind of good though that they are giving information about the people's situation.

*What do participants want to know in the event of an emergency?*  
(Summarize participants' desired knowledge.)

- Geographic location of the threat.
- The source of the outbreak.
- What group or individual is responsible for the outbreak.
- Where they should go.
- What action to take to keep water safe.
- How to get more information.

P7, pg.6: Where the threat is?

P7, pg.8: I would want them to research and see what that person ate, that person drank. And then try to break it down.

P5, pg.11: How did it get there? That's what I would want to know.

P2, pg.9: I would want to find out who the people are...the people that are doing the stuff.

P5, pg.9: Where the fallout shelters are.

P4, pg.9: Well boiled water might not...

P7, pg.11: I would be afraid, but I would want more information and possibly know what part of the city...you know there are different areas. Isolate that area and let us know that that's where it is.

P7, pg.11: I'd try to take more precautions. Whatever information or precautions you give me, I'm gonna take.

*Where do participants seek information in the event of an emergency and why?*  
(Summarize participants' information seeking strategies and justifications.)

Second Order Analysis- African Americans

- Participants indicated that they would seek information from TV and radio news coverage; a battery-operated radio was mentioned to be necessary if the electricity is cut off.
- One participant noted that they don't have a computer, thus eliminating the Internet as a news source option.
- Another participant said to call the Mayor because he always knows what is going on.
- A local alarm that sounds off at a very high volume.
- A loud speaker that covers all of St. Louis to warn of a real attack.
- Calling 911 in order to keep up with information.
- Calling the CDC to ask questions; credibility of the source was mentioned to be important.

P5, pg.7: TV and radio.

P?, pg.7: News coverage.

P8, pg.10: But we won't have TV to watch what's going on. That's what I'm saying about the batteries.

P5, pg.10: We don't have a computer.

P2, pg.10: If you want to get the whole bottom line you call the Mayor. He always knows what's going on.

P5, pg.7: At certain times an alarm goes off. Do you hear it? Even with the TV on we hear that alarm.

P?, pg.7: But they'll talk on a loud speaker. That speaker covers all over St. Louis. "This is a real attack. This is a real warning," There are two ways to keep us with the information. That's 911 and calling the news.

P7, pg. 12: Like I said we don't know. We need to be informed. We could call the CDC and ask them questions about the disease itself or whatever they are putting in the air. You have to have sources you know. You have to pay attention to your sources that you could go to to get this information. Right now we are just in the dark. We don't know.

*What are participants' perceptions about government and preparedness?*  
(Summarize participants' perceptions about government.)

- Perception that government is responsible for terrorism in U.S. due to foreign policy approach including interference in the dealings of other countries.
- Multiple participants believe that the government makes up a lot of stories.
- Participants expressed mixed feelings concerning confidence in the government to protect this country; the government makes promises that are not followed through and thus, are unreliable.
- Multiple participants expressed anxiety over the difficulty in identifying terrorists.

Second Order Analysis- African Americans

- The government does take steps to keep the community members safe from terrorism. The fireworks law is an example.

P?, pg.6: That's what's wrong with the terrorists. United States go over there and take their little stuff. And they come over here and try to take some, then there's a war. You can't do what we do.

P8, pg.12: I expect President Bush to keep us safe because he's the one that starts this crap.

P8, pg.12: I feel like Bush my daddy, he starts this crap. I feel like he should be sure we stay safe.

P2, pg.6: He is trying to be the law in every country. That's not fair.

P2, pg.6: They make up a lot of stories. It's not about this, but it's all about this. It's always about the President.

P7, pg.13: It's so hard to weed out the terrorists once they get here because they come in like ordinary citizens. We don't know who they are. We don't know where they're coming from.

P7, pg.12: I'm not very confident. All we know is what we see. Like I said they have these government people and different people and they say everything. I haven't experienced it first hand. It makes it a little skeptical.

P8, pg.5: Can I say just one thing? That's the reason why I was wondering...I was kind of upset because they were enforcing the law about the fireworks. I realize the reasons why they were enforcing it so bad because it could be a check from a terrorism. We would not even know it because we were too busy running around popping fireworks ourselves. I was upset at first but now that I realize they were trying to look out for our best interests....

P2, pg.5: When they wanted us to stay safe instead of fooling with them fireworks. Too much going on over the water. They were trying to keep it quiet so they could get that situated over there. It's never over. When we die, that's when everything is over.

*What are participants' perceptions about the role of the media?*  
(Summarize participants' perceptions about media.)

- Television and radio are good sources of information.
- One participant noted that broadcast media does not establish the confidence of the public in the response ability of elected government officials; he/she said that many claims are made on television and it is hard to believe everything.

*P5, pg.7: TV and radio.*

*P7, pg.13: Well they say they would, and they show us all these different things. I mean I have seen on TV where they had these hazardous things, and they're testing it. Like I said, all we can do is rely on what we see. I can't be that confident because*

*they can say anything. You know what I mean? It doesn't really give me that much confidence.*

What are other participants' perceptions of interest?  
(Summarize other participant comments of note?)

- Clearly, participants have confidence in their local emergency responders, medical personnel, EMT's and firefighters; they trust and praise the first responders.

P?, pg.14: Oh they're good.

P?, pg.14: We have the best.

P7, pg.14: I have confidence in them as long as we have enough of them.

P2, pg.14: I put my trust in them too. I mean I don't have any other sources, I gotta trust somebody. So I trust them to keep me safe in an emergency. I mean if I don't trust them, who am I going to trust?

### **Materials pre-test response**

*How well do preliminary message materials address information needs?*

(Summarize participants' response to materials in terms of perceived usefulness, presentation of information, and informativeness.)

- Participants found the message materials informative because they discussed details of prevention and transmission.
- Participants retained facts from the materials; they were able to give two specific examples of prevention methods to use in the event of an outbreak.

P2, pg.16: They want you to purify your water and fry your food at a certain temperature.

P7, pg.16: I also read where the different places and different forms that take place.

P2, pg.17: Yeah. It gives me information that you would want to know in an emergency.

P8, pg.17: And then I know it's not contagious.

P?, pg.17: Yes. It says it right here.

P8, pg.18: They just really are trying to tell you to really cook your food well-done.

P8, pg.18: I would boil my water.

P2, pg.19: I would cook my food to 185 degrees.

*What are unmet information needs?*

(Summarize participants' unanswered questions.)

- There were a few unanswered questions.

Second Order Analysis- African Americans

- Desired particulars about food and water purification including: the role of low salt; determining if food is contaminated; why and especially, when it is necessary for purification methods.
- Confusion arose about transmission of botulism; the participants debated among themselves about how one can contract it.

P6, pg.15: I can't see too good. What's with low salt?

P?, p.15: I have a question on here. It says that you can't smell or taste the bacteria that is in the food if it is contaminated but don't eat it. I don't understand that. You see what I'm talking about, the smelling and tasting the botulism.

P9, pg.17: The dirt. The food and meat.

P8, pg.17: No you can't.

P?, pg.16: And they want to, they say boil liquids for five minutes before consuming them. So you got to do all this stuff now? What about the stuff like sodas and stuff like that? You can't boil that.

P8, pg.17: What it said on the first page about the boiling of the food.

*How do participants respond emotionally to preliminary message materials?*

(Summarize participants' emotional response.)

- Participants generally felt safer after looking at the information sheets because they felt better prepared about what to do in the event of an emergency.
- One participant noted that he/she felt the same.

P10, pg.20: The same.

P2, pg. 20: Yeah, safer because I know what to do in an emergency.

P8, pg. 20: You know what, I've been knowing about these things, but I just kind of let it fade out of my mind. But now you got it back fresh back on my mind again, and now I am going to take the necessary precautions to keep me safe.

*How credible are the preliminary message materials?*

(Summarize participants' perceptions about credibility of materials.)

- The participants agreed as a group that the information was credible and that no change could make the information more credible.

P(group), p.21: No.

P7, pg.20: I think it's very credible.

P2, pg.20: Whoever wrote it did a pretty good job. Whoever wrote it know...

*How successful are materials in fostering self-efficacy?*

Second Order Analysis- African Americans

(Summarize participants' perceptions about self-efficacy in response to materials.)

- Most participants confidently understood the risks of botulism, as well as the recommended actions for safety; a few participants did not understand.
- Participants showed strong willingness to follow recommended actions regarding cooking food in the event of an outbreak. Multiple people mentioned that they prefer to cook their food another way, but would follow recommendations at all times in order to avoid getting sick.
- Self-efficacy was demonstrated regarding knowledge of where to turn for information in case of a botulism outbreak.

P2, pg.21: Confident.

P2, pg.18: I would follow some of these rules.

P8, pg.17: And then I know it's not contagious.

P?, pg.21: Some of these things they are saying like it can easily spread, and what conditions. If I was to get it, things I can still do and wouldn't have to worry about infecting no one else. For instance, I would never think you would breastfeed with it, but you can.

P?, pg.16: That's fine. I like my steak medium-rare and stuff like that and egg with the yellow, but I don't eat it like that no more. They talk about the hamburger and all the crap going on around here.

P?, pg.18: You have to be cautious in these times I think. That's why I don't eat my eggs runny. I love them like that but I can't eat 'em like that anymore.

P8, pg.21: Yeah, me, myself I wouldn't even try to worry about it unless like you said I hear someone on the news or the radio that's saying that the water got contaminated or the food supply had gotten contaminated. That's the only way I would try to take any cautions to try and protect myself.

*What are participants' recommendations for improving the materials?*  
(Summarize participants' recommendations.)

- Participants requested points of clarification on food purification precautions between the event of an outbreak and everyday.

Decrease the reading level as participants had difficulty reading some of the words. They recommended using smaller words, and defining words so that they would not need a dictionary.

- The group agreed that they liked the question/answer format of the fact sheets.

P8, pg.17: What it said on the first page about the boiling of the food.

P10, pg.18: It says only if there's an outbreak.

P2, pg.18: I'm just saying it's the explanation.

P8, pg.21: There are some words that I can't read.

Second Order Analysis- African Americans

P8, pg.21: It's just a few words in the paragraph that I can't really pronounce. Like where it is says [??] in children less than 12 months of age that – I don't know. Then it says immunization systems are not firmly developed...I don't know what that word is.

P8, pg.21: No, I didn't say anything about that. Up on the top page, it says what causes botulism. It says botulism is caused by infections with a germ called [??].

P8, pg.22: Break down these words. Write the meaning of them.

P2, pg.22: Give the meanings so we don't need a dictionary.

P8, pg. 22: Make them much easier.

P(group), pg.22: Yeah. That's good.

*What are other participants' recommendations for preparedness?*

(Summarize participants' other recommendations.)

- One participant mentioned that a restaurant that prepares food for a large group may fail to offer fully cooked food; he/she implied that choice of food preparation is important.

P8, pg.18: When you go out to one of those family restaurants, it's all they are going to serve you unless you have a choice. If you go in like a group thing, like at church we go to the Sheraton hotel, and everybody gets medium-rare. Nobody have a choice on well-done.

# **PRE-EVENT MESSAGE DEVELOPMENT PROJECT**

## **Summary report of qualitative analysis of focus group**

**Population: Urban African American**  
**Agent: Nuclear**

Region: Midwest  
Focus group date: July 21, 2003  
Intercoder reliability: 72%

Prepared by the Health Communication Research Laboratory  
Saint Louis University School of Public Health  
Report date: August 22, 2003

## GROUP CHARACTERISTICS

What are the characteristics of the group?

Demographics of the group are presented in Table 1.

Table 1. Group demographics

Characteristic	Category	N (%)	Mean/SD
Age			34.67/8.02
	Missing	2 (25.0)	
Sex	Male	1 (12.5)	
	Female	7 (87.5)	
	Missing	0	
Education	Less than high school	0	
	Some high school	1 (12.5)	
	High school diploma or GED	0	
	Some college	7 (87.5)	
	College degree	0	
	Graduate degree	0	
	Missing	0	
Ethnicity/race	African American/Black	7 (87.5)	
	American Indian/Alaska Native	1 (12.5)	
	Caucasian/White	0	
	Other	0	
	Other (specified)	--	
Missing	0		
Language in home	English	7 (87.5)	
	Other	1 (12.5)	
	Other (specified)	not specified	
	Missing	0	
Marital status	Single	5 (62.5)	
	Married or living with partner	1 (12.5)	
	Divorced or separated	0	
	Widowed	2 (25.0)	
	Missing	0	
Children	Yes	5 (62.5)	
	No	3 (37.5)	
	Missing	0	
Employment	Yes	8 (100.0)	
	No	0	
	Missing	0	
Family income	Less than \$10,000	0	
	\$10,000-\$19,999	4 (50.0)	*
	\$20,000-\$29,999	1 (12.5)	*
	\$30,000-\$39,999	0	
	\$40,000-\$49,999	2 (25.0)	
	\$50,000-\$59,999	0	
	\$60,000-\$69,999	0	
	\$70,000-\$79,999	0	
	\$80,000-\$89,999	0	
	\$90,000-\$99,999	0	
	\$100,000 or more	1 (12.5)	
	Missing	0	

\* = median

Second Order Analysis- African Americans

The 8 participants in the focus group ranged from 21 to 44 years of age, with an average age of 34.67 (SD = 8.02). Seven females participated (87.5%) and there was 1 male (12.5%). Most (7; 87.5%) had some college and 1 (12.5%) had some high school. Most (7; 87.5%) were African American and 1 (12.5%) was American Indian or Alaskan Native. Most (7; 87.5%) reported that their main language spoken at home was English, while 1 (12.5%) reported an other language (not specified). Five (62.5%) were single, 1 (12.5%) was married or living with a partner, and 2 (25.0%) were widowed. Most (5, 62.5%) had children, while 3 (37.5%) did not. All (8; 100%) were employed. The median family income was between the \$10,000-19,999 and \$20,000-29,999 ranges.

The focus group was conducted with employees at a day care center underneath a church. A playing child, ringing phones, and a preaching voice from upstairs distracted the participants throughout the focus group. The women looked tired after a day of work; they began yawning and appeared distracted towards the end of the session.

## **RESULTS OF ANALYSIS**

### **Executive summary of top concerns and topics of discussion**

- In response to the hypothetical scenario, participants indicated concern about friends and family; they would look for specific information about what to do to protect themselves and family members, how to recognize signs and symptoms of radiation, and what to do to decontaminate themselves and others.
- They indicated that they would turn to the media and interpersonal contacts for information.
- In response to the fact sheets, participants indicated that they felt the materials answered their concerns. However, they went on to report a variety of unanswered questions and to identify contradictory and confusing passages.

### **Results of qualitative analysis, by conceptual domain:**

#### **Pre-event knowledge**

*What is participants' current awareness of the CAS, precautions, and different threats?*

- Participants' showed evidence of some knowledge of CAS: indicating awareness of alert colors and information on the local news.
- Nuclear guide did not include other questions recording precautions and other threats.

P6, pg.2: It's warning that comes over the news briefing... that you see come over your local news. You might have a reading on the screen on the television.

P5, pg.2: Red, orange.

### **Response to hypothetical attack**

*How do participants respond emotionally to a suspected or actual emergency?*

- Participants indicated that they would be frightened in the event of a threatened attack. Specifically, they would be concerned about the uncertainty associated with a warning, and about the safety of their family, pets, and others in the area.
- One participant indicated some relief at the news that they were not immediately threatened in later parts of the scenario.

P3, pg.2: Scared. What's going to happen?

P2 and P1, pg.4: [Immediate concern:] Family.

P4, pg.9: I gotta question about the pets. Why...it's a pet. A pet can be affected just like me. They tell you if you go to a shelter, don't ...[???] the shelter won't take your pet. Only take your pet unless you're going somewhere you know they're going to take your pet. But that's....I understand but at the same time I want to take my animals too. I don't want to leave them. I don't want them to die.

*What do participants want to know in the event of an emergency?*

- What is going to happen.
- What precautions to take.
- What to do if exposed.
- Geographic location of threat.
- Long-term threat to environment and family, and duration of threat.
- What type of radiation, and other details regarding the nature of the threat: potential damage to people and environment.
- Potential threat of exposed individuals contaminating others.
- Whether hospitals are prepared for this type of emergency.

P6, pg.2: [Want to know] what precautions to take.

P2, pg.3: What area is dangerous. Where the fallout shelters are, if there are any.

P4, pg.4: What type of radiation, what kind of area does it cover? Because if it was dropped in a site that doesn't necessarily mean that it can't travel. What's the radius of it?

P1, pg.5: ...As far as what kind because radiation can contaminate as far as if you come in contact with another person.

P6, pg.13: Now with me maybe being in the area, how can you tell me that my intake level wasn't as prevalent as her intake? I would go to the hospital. I wouldn't go to some shelter to be looked over. See what I'm saying? I should have an option. Don't tell me you don't look like...you don't know. I want to go to a hospital. I don't want to go to a shelter.

*Where do participants seek information in the event of an emergency and why?*

- Participants indicated they would seek information from the TV and radio news because they are the fastest and up to date.
- One participant noted that battery-powered radio would work in the event of a power outage.
- Other participants indicated that they would seek information about family using the telephone.
- Calling friends and family by telephone or cell phone.

P5, pg.3: [I would turn to radio and TV] because they are always up to date.

P2, pg.3: Because it's the fastest way of communication.

P4, pg.3: Radio because if someone attacks, what if the electricity goes out or anything like that? You can use the radio by batteries, you know like when a tornado comes you always use the radio.

P6, pg.14: For information I would be calling around to see what people...[??] I would call my husband if he wasn't at home. My mom and my dad.

*What are participants' perceptions about government and preparedness?*

The discussion guide for this topic did not inquire about confidence in government.

*What are participants' perceptions about the role of the media?*

There were no comments regarding media apart from those noted above, under the topic where participants seek information and why.

*What are other participants' perceptions of interest?*

None.

### **Materials pre-test response**

*How well do preliminary message materials address information needs?*

- Participants agreed that the fact sheets were very informative, especially about what to do in the event of an emergency, or if they were exposed to radiation.

- However, participants felt confused by some details: distinguishing between contamination and exposure, and using the fan indoors.

P2, pg.6: It tells you exactly some of the things...some things that came to my mind before, radio, batteries, things that you stock up on, maybe bottled water and things like that. All of these things come to mind when you read something like this to make sure you have these things in place. Locate your family. Turn off the air conditioning. Cut off ventilation and things that are coming in from the outside. Be sure that those things are taken care of. Make sure the air is circulating in the room, which I guess means like with a fan or something that you have in the house.

P6, pg.7: It doesn't tell you to immediately go to the hospital if you are out in the midst. The only thing it does tell you is to take off your outer clothes and then go in and wash your body. If you are already contaminated what good is that going to do you? If you take off your clothes you're still contaminated with it.

*What are unmet information needs?*

- There were a number of unanswered questions.
- Desired particulars about contamination: how taking off clothes if contaminated will make a difference; how to help other people who are exposed; how you would know if you had been exposed; when to seek medical attention.
- Desired particulars about radiation: whether radiation sickness is communicable; characteristics of radiation (can you see or smell it?); how the plume moves – how long it would take to reach different areas.
- Other unmet topics: contacting family in an emergency; where exposed people should go; what to do with pets; why lock the doors; why turn off fans indoors; are unborn children at risk.

P3, pg.6: It don't tell whether you're away from your family, if you and your family are apart, how you contact your family members to see if everyone is alright or if they are in a safe place. How can you contact them in the event of something like this?

P6, pg.7: And also it don't tell you if it can be spread from one person to another. It doesn't say that. It doesn't say if it has an odor or not or if it can be seen.

P1: My questions is what to do. How do you help the next person?

P2, pg.9: And because they didn't give us a specific place to go except the basement...[???]. I would feel a little uncomfortable not knowing. This doesn't say go xxx miles or which hospital is handling these radiation patients or whatever. It doesn't say...

P1, pg.9: I would think for example if you are driving in a car with the windows up and you smell something even if you have the vents closed, you can smell it until you pass through it or whatever. It's not 100%. [???].

P6, pg.9: You also have to remember if you are underground in a secured building, anything that comes in is bringing something with them. So there is always going to be some type of ventilation coming in. So you got to go through that regardless. So whatever you bring with you that's in there too. So it's still coming in. There's nothing you're going through especially in the homes that's going to seal out, suck up everything out and allow you to step over to the next dimension. There's nothing like that. No space capsule or spacesuit, not at home, not at school, not at church.

P3, pg.9: It also don't tell places where you can go for people that are affected by the radiation. Where can those people go to be quarantined, not quarantined but isolated?

P4, pg.9: I gotta question about the pets. Why...it's a pet. A pet can be affected just like me. They tell you if you go to a shelter, don't ...[???] the shelter won't take your pet. Only take your pet unless you're going somewhere you know they're going to take your pet. But that's....I understand but at the same time I want to take my animals too. I don't want to leave them. I don't want them to die.

P5, pg.9: And it doesn't tell you if you are contaminated it's only physical signs. And contaminated...it talked about washing your body and what about your hair and stuff like that?

P3, pg.16: They repeated themselves about contamination and the exposure to others. The second to the last paragraph – all the people who are internally contaminated cannot contaminate others just by being in close proximity. They can expose us to radiation. That's kind of confusing. Then it says however coming into contact with bodily fluids like urine and blood from someone who is internally contaminated may result in contamination depending on the radioactive materials involved. So you know it is saying some things over again. It's clear but you keep repeating yourself. Then you are saying you won't get exposed then you can get exposed. So it's not clear.

P5, pg.16: I'm just wondering at what point do they tell you to go to the doctor?

P4, pg.16: What do you do with the information? What do you do as far as getting medical attention?

*How do participants respond emotionally to preliminary message materials?*

- Some participants expressed discomfort at not knowing certain details (such as where exposed individuals should go), and relief at knowing other details (such as the transience of contamination).

P2, pg.9: And because they didn't give us a specific place to go except the basement...[???]. I would feel a little uncomfortable not knowing. This doesn't say go xxx miles or which hospital is handling these radiation patients or whatever. It doesn't say...

P3, pg.15: Oh and also like if you have the material on your skin it says that some radiation goes through the body. You will be contaminated but it will also leave the body. That's good to know.

P2, pg.15: It let's you know the amounts and dosages that radiation is not as lethal or dangerous when you're first reading this. [???] I guess it's the amount of dosage that you get and the type of radiation. It kind of clarifies some of the things that...it takes out some of the initial scare.

*How credible are the preliminary message materials?*

- Participants found the information to be believable on the whole.

P4, pg.7: I mean some of the stuff that's in here, like for a tornado, some of this stuff is the same thing they tell you to do for emergencies. So it's believable.

P6, pg.8: It makes sense.

P4, pg.8: It's like other emergencies.

P6, pg.8: It's not something you've never heard before. I just, it's in black and white, you heard it through the media, you read it in the newspapers. So it's not like we have not yet been warned about it or what to do about it if something does happen. So that's why you can use this as a reference guide. For someone that just don't know, this could be some literature you can give to a person that just don't know what to do at all and at least they will know.

*How successful are materials in fostering self-efficacy?*

- Participants recognized that in the case of radiation, precautions may not be foolproof or failsafe.
- There was some debate among participants about willingness to carry out the recommendation to remove clothes.

P5, pg.8: I just don't think that getting inside your house with this radiation...I just don't think the inside of your house is going to keep you from it.

P6, pg.9: I think it will just keep you safe until a certain degree. Nothing is definite, that's for sure. But what little bit that you can do to survive, you need to strive for that.

P1, pg.9: I would think for example if you are driving in a car with the windows up and you smell something even if you have the vents closed, you can smell it until you pass through it or whatever. It's not 100%. [???].

P6, pg.9: You also have to remember if you are underground in a secured building, anything that comes in is bringing something with them. So there is always going to be some type of ventilation coming in. So you got to go through that regardless. So whatever you bring with you that's in there too. So it's still coming in. There's nothing you're going through especially in the homes that's going to seal out, suck up everything out and allow you to step over to the next dimension. There's nothing like that. No space capsule or spacesuit, not at home, not at school, not at church.

P5, pg.9: I'm not going to take my clothes off outside. I'm not going to do that.

P2, pg.10: If I'm contaminated anyway, I'm going to do whatever I can to try to keep myself as safe as I can. And if that is one of the stipulations, taking off your clothes on the outside and going inside and shower, shampoo and all that, then I'm going to do it. I'm going to do everything I can to take precautions whether it saves my life or not. To know that I have done the best that I can do, that's as much...

*What are participants' recommendations for improving the materials?*

- One participant recommended adding references to the information sheets, or some indication of the source.
- Other participants requested points of clarification, identified above.

*What are other participants' recommendations for preparedness?*

- Participants noted the need for available precautions such as protective "bubble" suits.

## Urban African American Focus Group Scenario, Part I: Response to threatened attack

How do participants respond emotionally to a threat of an attack in the southeast involving radiation or nuclear materials?

- Religious
  - “Prayerful, I would probably be praying, Lord have mercy.”
  - “I would definitely pray.”
- Seek more information
  - “I think it would be enough to keep me in the house the rest of the day. I think I would stay home and watch CNN.”
- Positive belief: “Obviously it is from a pretty good source if they upped the level to red, it must not be any kind of joke or anything to be taken lightly, so I wouldn’t take it lightly myself.”
- Flight response
  - “Well thinking about the radiation and nuclear materials, it would make me want to move further, find a better area temporarily to secure myself and family.”

What types of information do participants want to know in this situation?

- “What caused it, why, what is the reason behind it?” “How long is it going to last?” “Where is the shelters?”
- “I would like to see some evidence stating that there was going to be an attack, because there have been false alarms.”

What sorts of things do participants do when hearing this type of information?

- “I would listen for more information, watch the news more, and talk to other people who may have heard about it.”
- Glued to the TV
- Call family members.

Where do participants seek information in the event of a threatened attack?

- CNN
- Radio
- Phone calling family members.
- Internet
- Local news channels

**Scenario, Part II:**

Emotionally you feel what?

- Survival
- God
- Overwhelmed
- Concerned about the injured
- Scared

What type things would you want to know?

- Severity of blast
- Weather situation
  - Rainy Day could spread it [radiation] a lot faster
  - “I think heat would have a major effect on radiation

What are some of the things you would do?

- Panic
- Rush to safety

Where would you go to get information?

- Local news
- Radio
- Police department
- National Guard

**Materials:**

What do you think of this sheet?

- It’s good, it’s interesting
- It makes you think that , to just try and use common sense.

What are the sheets major points?

- How to be prepared to keep radiation out of your home.
- “made sure to tell you to turn off all of the fans and air conditioners and anything bringing fresh air into the house.”

How believable is this fact sheet?

- “They’re not going to believe it until they see it.” “I don’t think some people will take it seriously.”
- “I think it is believable”

Any information being kept from you?

- “The masks, and that body suit.” [Vital protective suits] “We need that protection gear.”
- “We need to know how we are to be dressed for this.”
- Concerns for decontaminating clothing

How confident are you that you can do the things that are outlined in this fact sheet?

- Not very confident
  - “I don’t know”
  - “You lose control”
  - “You go blank”

Do you have recommendations on how to make fact sheet better?

### **Scenario, part III:**

Tell me how you feel?

- Upset “I would be upset” “It would upset me really, because I would be concerned about the people that would get to me.”
- Concern about family members
- Scared
- Think about 9/11
- Flight instinct

What information would you want to know?

- Evacuation procedures
- Places of refuge
- “Where are assessment centers”
- “What speed it is coming, the rate that it is coming”

Where would you go to get information?

- News, local

### **Fact Sheet:**

Generally, what do you think of this fact sheet?

- Scared
  - No physical signs of exposure
- “I found it to be informative.”

How do you find it helpful to you?

- “it breaks it down to you.”

Second Order Analysis- African Americans

- “I think it definitely raises awareness”

Anything confusing?

- “No”
- “Self explanatory”

Do you think any information was withheld?

- No
- Protective gear
- Home treatments

Any recommendations to make it more useful to you?

- Add protective gear

Interesting Comments:

“That word *plume*, what is that?”

“I’m shocked by that “which way the plume is spreading.”

**PRE-EVENT MESSAGE DEVELOPMENT PROJECT**  
**Summary report of qualitative analysis of focus group**

**Population: Urban African American**  
**Agent: VX**

Region: Midwest  
Focus group date: July 29, 2003  
Intercoder reliability: 70%

Prepared by the Health Communication Research Laboratory  
Saint Louis University School of Public Health  
Report date: October 22, 2003

## GROUP CHARACTERISTICS

What are the characteristics of the group?

Demographics of the group are presented in Table 1.

**Table 1. Group demographics**

Characteristic	Category	N (%)	Mean/SD
Age	Missing	0	40.75/6.67
Sex	Male	9 (100.0)	
	Female	0	
	Missing	0	
Education	Less than high school	0	
	Some high school	2 (22.2)	
	High school diploma or GED	6 (66.7)	
	Some college	1 (11.1)	
	College degree	0	
	Graduate degree	0	
	Missing	0	
Ethnicity/race	African American/Black	8 (88.9)	
	American Indian/Alaska Native	0	
	Caucasian/White	0	
	Other	0	
	Other (specified)	--	
	Missing	1 (11.1)	
Language in home	English	8 (88.9)	
	Other	0	
	Other (specified)	--	
	Missing	1 (11.1)	
Marital status	Single	4 (44.4)	
	Married or living with partner	2 (22.2)	
	Divorced or separated	2 (22.2)	
	Widowed	0	
	Missing	1 (11.1)	
Children	Yes	6 (66.7)	
	No	2 (22.2)	
	Missing	1 (11.1)	
Employment	Yes	0	
	No	8 (88.9)	
	Missing	1 (11.1)	
Family income	Less than \$10,000	2 (22.2)	
	\$10,000-\$19,999	1 (11.1)	
	\$20,000-\$29,999	3 (33.3)	*
	\$30,000-\$39,999	0	
	\$40,000-\$49,999	0	
	\$50,000-\$59,999	0	
	\$60,000-\$69,999	0	
	\$70,000-\$79,999	1 (11.1)	
	\$80,000-\$89,999	0	
	\$90,000-\$99,999	0	
	\$100,000 or more	0	
	Missing	2 (22.2)	

\* = median

**Focus group #10 demographic characteristics (N = 9)  
Urban African American, VX**

The 9 participants in Focus Group 10 (urban, African American; VX) ranged from 30 to 48 years of age, with an average age of 40.75 (SD = 6.67). All 9 (100%) were male. Most (6; 66.7%) had a high school diploma or GED, 2 (22.2%) had some high school, and 1 (11.1%) had some college. Most (8; 88.9%) were African American, and 1 (11.1%) did not report a race/ethnicity. Most (8; 88.9%) reported that their main language spoken at home was English, while 1 (11.1%) did not report on language spoken at home. Four (44.4%) were single, 2 (22.2%) were married or living with a partner, 2 (22.2%) were divorced or separated, and 1 (11.1%) did not report a marital status. Most (6, 66.7%) had children, while 2 (22.2%) did not, and 1 (11.1%) did not respond to the question. Most (8; 88.9%) were not employed, and 1 (11.1%) did not respond to the question. The median family income was in the \$20,000-29,999 range (2; 22.2% did not respond).

This group of male African Americans was conducted at a community organization. Everyone was talking at once and engaging in loud verbal conflicts. Too many people were trying to talk at the same time and over one another. This group was competitive, so men had to push to be heard, making it harder for some to participate. This group of African American men in recovery got a bit raucous at times, however there was much useful discussion, especially in formative section (less so in pre-testing). The men appeared too comfortable at times; they joked a lot and talked about things other than the subject at hand. The group went off on a lot of tangents. Lots of cross-talk and arguments made the discussion seem realistic, but hard to make sense of in retrospect. Some of the discussion was less serious (more banter) so quality of the information might suffer. Thus, some discussion points should be taken with a grain of salt. The focus group ended in an abrupt and unorganized fashion.

**RESULTS OF ANALYSIS**

**Executive summary of top concerns and topics of discussion**

- Participants were anxious at the presentation of the scenario and remained anxious even after the release of the pre-test materials.
- This group was wary of the government and who will be taken care of first in a crisis situation.
- Perception that the media and local authorities will instruct participants of what to do in the event of an attack.

**Results of qualitative analysis, by conceptual domain:**

**Pre-event knowledge**

*What is participants' current awareness of the CAS, precautions, and different threats?*

Second Order Analysis- African Americans

- Generally knowledgeable about color alert system
  - P7, pg. 2: High risk, low risk, potential positive might happen kind of where is the divide zone levels
  - P?, pg. 2: Red, yellow, orange
  - P?, pg. 2: Green
  - P10: The higher they get the dangerous situations we get into.
- Less knowledgeable about the different types of bioterrorist threats
  - M, pg. 3: No there are different types of terrorist threats. Can anybody tell me what a chemical threat is?
  - P8, pg. 3: Small pox
  - P?, pg. 3: Anthrax
  - P8, pg. 3: Is that clustered gas. Dirt bombs.
  - Q9, pg. 3: So which one is a chemical threat?
  - P8, pg. 3: Small pox
  - P?, pg. 4: Anthrax
  - P8, pg. 4: Mustard
  - P?, pg. 4: Asian orange or ??
  - P7, pg. 4: How about vapor? Vapor gas.
  - P?, pg. 4: ? bomb?
- Reported vigilance as a type of protective action
  - P2, pg. 3: Observe strangers.
  - P?, pg. 3: You observe strangers. Strange looking or strange acting people. Not looking, they're acting.

### **Response to hypothetical attack**

*How do participants respond emotionally to a suspected or actual emergency?*

- Participants had feelings of panic
  - P?, pg. 5: Panic
  - P?, pg. 5: Confused
  - P?, pg. 5: Glad that you're not there.
  - P1, pg. 7: You panic.
  - P6: Well basically I'm still going to with the panic.
  
- Some felt less fear with the release of more information, however many remained panicked
  - P?, pg. 12: I would feel panicked.
  - P4, pg. 12: I'd feel a little better.
  
  - M, pg. 12: You'd feel a little better? How come?
  
  - P4, pg. 12: I'm still ten miles away. Never once have they said it's going to be [??] because everything is covered.
  - P?, pg. 12: They got it contained already.
  - P4, pg. 12: Then I can gain composure. You know like sit still at home.

*What do participants want to know in the event of an emergency?*

- Participants wanted to know how the agent was transferred (air, water, etc.)
  - P3, pg. 6: Is it going to spread?
  - P2, pg. 6: You see depending on what ray it is it might, yeah if it was airborne. If it's not airborne it might just be a certain radius and might not even affect you.
  
- Group was concerned about who was affected
  - P8, pg. 5: Thoughts would be racing through my mind on how to prepare myself. What type of equipment I will have to use. Are they isolating those people at the stadium? How are they treating them?
  - P?, pg. 5: Is it contained?
  - P?, pg. 5: What kind of chemical was it?
  - P?, pg. 5: The knowledge of the spray. Is it contagious? You know body contact. Like can the next person carry it out? Are there going to be survivors? You know what do I have to do in order to protect myself?
  - P2, pg. 5: What kind of injuries?
  
- Also had concern about where the aftermath of the attack was headed.

P?, pg. 9: Is it a major amount of dosage that will kill you. Is a small amount going to hurt you or you know what's going to happen next?

P?, pg. 13: At first I think I would want to know, I would feel panicked, but then I would want to know where, know where my area is if any of this infection is near my area or is it approaching my area. I would want to know this and then I would want to know what I have to do after that.

*Where do participants seek information in the event of an emergency and why?*

- Participants would turn to the media, especially the TV since they would be covering the situation during a game

P?, pg. 6: I would stay in the house and watch the news first because I wouldn't want to run outside. It was free ten miles away. If I run out of the house I don't know if I'm going to run into a cloud of it.

P1, pg. 7: Radio broadcasts for television, emergency broadcast

P?, pg. 7: Yeah, emergency broadcast service.

P?, pg. 14: No, we're talking about specific channels for like local.

P?, pg. 14: Well we basically ???, so I would go local news. Local news, they are automatically with the game.

- Would also look to local authorities for answers and guidance

P2, pg. 11: I think the fire department would be a good place to...

M, pg. 11: To find out information?

P2, pg. 11: Information

Q20, pg. 11: Where else would you go to find out information?

P6, pg. 11: That's exactly what I said.

P?, pg. 11: Nearest military base.

P6: All emergency personnel are trained in all types of emergencies, even something like this. Even though it's not something that you would think of happening just on a daily basis or money basis. But they have to be prepared for all types of situations and emergency personnel ought to know it.

P2, pg. 12: Hopefully somebody would be riding around with a bullhorn. You know like the police or fire department.

P?, pg. 17: I haven't been with motion. I've got military training. Now I had training in chemical warfare when I was in the service, but that only went to a certain degree. You know and then I've been out of the service so long. You know and all this got to all this ??? But like I said you're right. We can't be prepared for everything, but we do have some degree of education and training and if didn't happen chemical our best bet, I'm not going to say we're in trouble cause like I said I'd put my confidence in emergency help.

*What actions would participants take in the event of an emergency?*

- Many would seek shelter and remain indoors

P4, pg. 6: Firstly, I would stay in the house ??? (all talking at once)

P3, pg. 7: I would say stay in your house because if the situation like that they have ??? options.

P?, pg. 8: Yeah, like down below. If it's on top. You understand what I'm saying. Like to me that's why I be going down up under ground because everything up top dies up there, I got a chance of going down there.

P2, pg. 15: But I wouldn't go outside until I found out what was going on.

*What are participants' perceptions about government and preparedness?*

- There was a controversy as to the extent of the government's preparedness

P2, pg. 15: I'm confident in St. Louis.

P?, pg. 15: I'm confident because they have drills. They have these drills quite frequently on your radios, on you TV's. They even sound the sirens around here. They've been doing that quite frequently.

P8, pg. 16: Not really. Not everything has been upgraded cause they still one that ??? senator gets shot in the New York courtroom. We're going to have to subtract that. When ??? have all this stuff happening in New York City this guy just got shot last week. They're still trying to wonder if it's the levels that should be up, so high up in there. How did that happen up there? Murphy's Law, anything can still happen.

- September 11<sup>th</sup> was mentioned several times both positively and negatively in reference to governmental response

P3, pg. 16: And it takes them some time to find out and know what's going on because with the 9/11 situation they still wasn't aware of what was going on until the second plane hit. Then they realized it was an attack. So in that point of time you know, even though you're waiting on the media to get the information for you, you know they still at that point in time have to analyze and assess to see what they need to do.

P3, pg. 18: I'm just going to say September 11<sup>th</sup> I was actually there when the situation happened and they shut that city down within forty-five minutes. I was actually at the twin towers.

P3, pg. 18: No, no, no. Let me explain something to you. I was on the train. The train was under the trade center when the plane hit. They made...we... they told us what to do. We came on out and then they evacuated everybody from the area. Do you understand. Within forty-five minutes they had each borough under control. I'm telling you.

- There was a feeling that disparities may be present when safety measures may be distributed in the St. Louis area.

P2, pg. 18: It depends on what part of the city you are in. Okay, that's what it's all going to be all based up on.

P?, pg. 18: I'm going to disagree because...

P2, pg. 18: Now when you try to bring that into all the ??? getting down into districts then that's where the problem starts. Once the state gets it from the president down to the mayor once it start branching out to all the men, then it's a problem.

*What are participants' perceptions about the role of the media?*

- The group felt that the media was the place to go for information.

P8, pg. 7: Well they claim that for a time that the guy first of all the Homeland Security is supposed to have all this covered. So you gonna have your radio and T.V. on because that's what the instructions do in case of terrorists. Homeland Security has got it covered in the event. It will be publicized on your television and radio. They've been talking about this thing since they blew up them buildings. Now they have the color code.

Q21, pg. 12: So what are your best sources of information?

P?, pg. 12: Radio

P?, pg. 12: Television

P3, pg. 14: I would say the radio. You can call your local policeman. I would think they would know what's going on. And the television.

P?, pg. 14: I would use the T.V. and the radio and that's it.

*What are other participants' perceptions of interest?*

None.

### **Materials pre-test response**

*How well do preliminary message materials address information needs?*

- Symptoms of VX exposure are adequately described
- Good understanding of the basic properties of VX, including: amber color, slow to evaporate, can see in air, is heavy, how it can be transmitted
- Participants understand that VX exposure can be fatal if not treated immediately
- Participants know that if VX is suspected, they should go to higher ground, not lower ground, because VX stays close to the ground

P3, pg.23: This is an answer to your question. It does say that in ? cases right. It also lets you know that it's ??? that is amber in color and very slow to evaporate. It's letting you know that if it's in the air you will see it. You will know.

P6, pg. 24: My concern with this is it's real heavy. It don't evaporate fast and the main thing is if you are exposed to it and um you don't get treated I mean immediately it's fatal. This is some bad stuff.

P3, pg. 25: I think it's letting you know what it looks like, what it smells like, what to do if something happens, you know how to protect yourself you know if the situation happens. It goes through all. It goes into all of it.

P?, pg. 25: Right. The important thing I found out was I was talking about going lower you said don't go lower go higher. That's what that is. If you go lower and something sticks to the ground. That's what that is.

*What are unmet information needs?*

- Some symptoms of VX exposure are similar to common medical problems that a person might have. Participants wondered how they would know if they had been exposed to VX, rather than just being sick due to normal circumstances.
- How can VX be identified if it's odorless and tasteless?

P8, pg. 23: My concern is like okay I am reading some of this I get hot, I got a runny nose, blurred vision, coughing, chest tightness, rapid breathing, but I don't have any urination, confusion, drowsiness, weakness, head aches, slow or sometimes fast abnormal blood pressure. I'm having some of the things now. And I did have a loss of consciousness one time.

P8, pg. 24: Because I don't know, okay get back to this, I don't know how to identify if it's odorless and tasteless. Suppose I have this going on with me and then that going on with me. I could be confused because I ain't going to know if this is gas or something.

*How do participants respond emotionally to preliminary message materials?*

- The materials helped participants realize how serious a VX attack would be and increased their anxiety about the consequences of a VX attack.

P6, pg. 24: My concern with this is it's real heavy. It don't evaporate fast and the main thing is if you are exposed to it and um you don't get treated I mean immediately it's fatal. This is some bad stuff.

**P2, pg. 30: Alert. Aware.**

P?, pg. 30: More anxious.

P4, pg. 31: It's a real threat.

*How credible are the preliminary message materials?*

- All participants felt that the information in the fact sheets was credible.
- They felt that the information presented contained useful information about protecting oneself in the event of a VX attack.
- Some participants suggested using more pictures in the materials.

P?, pg. 30: It's kind of like propaganda.

**Q42: Do you feel like the information in the fact sheets are credible?**

**All, pg. 31: Yes.**

**P?, pg. 31: It's more than what we have.**

**Q43: What about the fact sheets make you think it's credible?**

**P?, pg. 31: The information that's on there.**

**P?, pg. 31: What you need to protect yourself.**

**Q44: Is there anything you could do to make the fact sheets even more credible?**

**P6, pg. 32: Pictures**

*How successful are materials in fostering self-efficacy?*

- Participants are somewhat unsure how they would receive the information in the fact sheets. The emergency broadcasting system and hospitals were mentioned as two possibilities.
- Participants expressed a high level of confidence in the actions recommended by the fact sheets, although recognized that it was difficult to predict how they would act if a situation were to occur for real.

**P2, pg. 26: This information, where does it go. Does it go to, is this coming from the emergency broadcasting service or is this something that would be given out to residents.**

**P3, pg. 27: Because you're going to have a lot of people coming in, like he said. You know he has a valid point. He's going to want to know does he have symptoms or you know is it just a regular cold or whatever. So, oh yeah. If they had information at the hospital so that when you go in this is what you need to look for if it's a chemical weapon.**

**Q45, pg. 32: How confident are you that the actions recommended in the fact sheets will keep you safe? Are you confident that the actions will keep you safe?**

**P2, pg.32: If you follow them.**

**Q46, pg. 33: How confident are you that you can carry out these recommendations?**

**P?, pg. 33: Very.**

**P?, pg. 33: Very confident.**

**P2, pg. 33: You find yourself having to find a place to carry them out. So you know it just depends on where you at when it happens.**

*P3, pg. 33: You know you can prepare for a drill, but it doesn't necessarily mean that you're going to follow it step by step. A drill and the actual real thing is something totally different. In that situation you can try to do to the best of your ability. You really don't know.*

*P?, pg. 35: Where you stay in the highest part tape it up. They said duck tape it up. Take the vents off and duck tape the vents and the windows up and you stay in the highest part.*

*P6, pg. 35: It's not necessarily guaranteed to stop everything from coming in, but it will minimize it.*

*P?, pg. 35: If it will give you a higher ratio of living then nine.*

*What are participants' recommendations for improving the materials?*

- In general, participants felt that the fact sheets were useful.
- Clarify how a person would know if he/she had been exposed to VX.
- The beginning of the fact sheet is difficult to understand.
- Don't understand the word "organophosphate."
- Liked the "Sheltering in Place" fact sheet.
- Some of the participants recommended distributing the information before an event happens.
- Some participants suggested using more pictures in the materials.

*P8, pg. 24: Because I don't know, okay get back to this, I don't know how to identify if it's odorless and tasteless. Suppose I have this going on with me and then that going on with me. I could be confused because I ain't going to know if this is gas or something.*

*Q33, pg. 25: Is the information useful?*

*All, pg. 25: Oh yeah. Very.*

*P2, pg. 25: Oh, yeah. It's good.*

*Q35, pg. 25: Where there any parts of the fact sheets that were unclear or more difficult to understand?*

*P?, pg. 25: At the beginning.*

*P10, pg. 25: I'm having trouble with this word here. [organophosphate]*

*P?, pg. 28: Reports. That's the same thing. You know even though they may not take it seriously it's going to mentally still be putting them there. Like this. This right here, this is the best one I like about the safe sheltering place. This is the best one. It just talks about what would you do in an emergency. Stay home and listen to broadcasting.*

*Q39, pg. 28: Do you think it would be useful to disseminate any of this information before anything happens?*

*Many, pg. 28: Yes.*

*P?, pg. 28: No, I don't think so.*

P?, pg. 28: In all the times, since recent occurrences. Yes.

***Q44: Is there anything you could do to make the fact sheets even more credible?***

P6, pg. 32: Pictures

*What are other participants' recommendations for preparedness?*

- On participant recommended the production of a “chemical warfare kit,” similar to a first aid kit but containing items appropriate for responding to a chemical attack.
- One participant recommended having different alerts for different types of attacks.
- Another participant recommended the use of the emergency broadcast system.

P3, pg. 27: Okay. This is what I think. I think that... just like they made the first aid kit that you can go to K-Mart and pick up they should start making may be a chemical warfare kit. You know that comes with all the safety tools for each household. Along with the you know the paper that goes into the hospital.

P2, pg. 34: Now I think when you're talking chemical attacks though I think the alert ought to be different. Yeah, so like the alarms you get different types of alarms for different things.

P?, pg. 34: See that's why emergency broadcasts is gonna come on because they don't anticipate panic half the time when they don't exactly know what's hitting them. If something like this stuff here and you hear an emergency chemical ??? that identifies that this is a chemical attack.

# **PRE-EVENT MESSAGE DEVELOPMENT PROJECT**

## **Summary report of qualitative analysis of focus group**

**Population: Urban African American**  
**Agent: VX**

Region: Midwest  
Focus group date: July 29, 2003  
Intercoder reliability: 70%

Prepared by the Health Communication Research Laboratory  
Saint Louis University School of Public Health  
Report date: October 22, 2003

## GROUP CHARACTERISTICS

What are the characteristics of the group?

Demographics of the group are presented in Table 1.

**Table 1. Group demographics**

Characteristic	Category	N (%)	Mean/SD
Age	Missing	0	40.75/6.67
Sex	Male	9 (100.0)	
	Female	0	
	Missing	0	
Education	Less than high school	0	
	Some high school	2 (22.2)	
	High school diploma or GED	6 (66.7)	
	Some college	1 (11.1)	
	College degree	0	
	Graduate degree	0	
	Missing	0	
Ethnicity/race	African American/Black	8 (88.9)	
	American Indian/Alaska Native	0	
	Caucasian/White	0	
	Other	0	
	Other (specified)	--	
	Missing	1 (11.1)	
Language in home	English	8 (88.9)	
	Other	0	
	Other (specified)	--	
	Missing	1 (11.1)	
Marital status	Single	4 (44.4)	
	Married or living with partner	2 (22.2)	
	Divorced or separated	2 (22.2)	
	Widowed	0	
	Missing	1 (11.1)	
Children	Yes	6 (66.7)	
	No	2 (22.2)	
	Missing	1 (11.1)	
Employment	Yes	0	
	No	8 (88.9)	
	Missing	1 (11.1)	
Family income	Less than \$10,000	2 (22.2)	
	\$10,000-\$19,999	1 (11.1)	
	\$20,000-\$29,999	3 (33.3)	*
	\$30,000-\$39,999	0	
	\$40,000-\$49,999	0	
	\$50,000-\$59,999	0	
	\$60,000-\$69,999	0	
	\$70,000-\$79,999	1 (11.1)	
	\$80,000-\$89,999	0	
	\$90,000-\$99,999	0	
	\$100,000 or more	0	
	Missing	2 (22.2)	

\* = median

### **Focus group #10 demographic characteristics (N = 9) Urban African American, VX**

The 9 participants in Focus Group 10 (urban, African American; VX) ranged from 30 to 48 years of age, with an average age of 40.75 (SD = 6.67). All 9 (100%) were male. Most (6; 66.7%) had a high school diploma or GED, 2 (22.2%) had some high school, and 1 (11.1%) had some college. Most (8; 88.9%) were African American, and 1 (11.1%) did not report a race/ethnicity. Most (8; 88.9%) reported that their main language spoken at home was English, while 1 (11.1%) did not report on language spoken at home. Four (44.4%) were single, 2 (22.2%) were married or living with a partner, 2 (22.2%) were divorced or separated, and 1 (11.1%) did not report a marital status. Most (6, 66.7%) had children, while 2 (22.2%) did not, and 1 (11.1%) did not respond to the question. Most (8; 88.9%) were not employed, and 1 (11.1%) did not respond to the question. The median family income was in the \$20,000-29,999 range (2; 22.2% did not respond).

This group of male African Americans was conducted at a community organization. Everyone was talking at once and engaging in loud verbal conflicts. Too many people were trying to talk at the same time and over one another. This group was competitive, so men had to push to be heard, making it harder for some to participate. This group of African American men in recovery got a bit raucous at times, however there was much useful discussion, especially in formative section (less so in pre-testing). The men appeared too comfortable at times; they joked a lot and talked about things other than the subject at hand. The group went off on a lot of tangents. Lots of cross-talk and arguments made the discussion seem realistic, but hard to make sense of in retrospect. Some of the discussion was less serious (more banter) so quality of the information might suffer. Thus, some discussion points should be taken with a grain of salt. The focus group ended in an abrupt and unorganized fashion.

## **RESULTS OF ANALYSIS**

### **Executive summary of top concerns and topics of discussion**

- Participants were anxious at the presentation of the scenario and remained anxious even after the release of the pre-test materials.
- This group was wary of the government and who will be taken care of first in a crisis situation.
- Perception that the media and local authorities will instruct participants of what to do in the event of an attack.

### **Results of qualitative analysis, by conceptual domain:**

#### **Pre-event knowledge**

*What is participants' current awareness of the CAS, precautions, and different threats?*

Second Order Analysis- African Americans

- Generally knowledgeable about color alert system
  - P7, pg. 2: High risk, low risk, potential positive might happen kind of where is the divide zone levels
  - P?, pg. 2: Red, yellow, orange
  - P?, pg. 2: Green
  - P10: The higher they get the dangerous situations we get into.
- Less knowledgeable about the different types of bioterrorist threats
  - M, pg. 3: No there are different types of terrorist threats. Can anybody tell me what a chemical threat is?
  - P8, pg. 3: Small pox
  - P?, pg. 3: Anthrax
  - P8, pg. 3: Is that clustered gas. Dirt bombs.
  - Q9, pg. 3: So which one is a chemical threat?
  - P8, pg. 3: Small pox
  - P?, pg. 4: Anthrax
  - P8, pg. 4: Mustard
  - P?, pg. 4: Asian orange or ??
  - P7, pg. 4: How about vapor? Vapor gas.
  - P?, pg. 4: ? bomb?
- Reported vigilance as a type of protective action
  - P2, pg. 3: Observe strangers.
  - P?, pg. 3: You observe strangers. Strange looking or strange acting people. Not looking, they're acting.

### **Response to hypothetical attack**

*How do participants respond emotionally to a suspected or actual emergency?*

- Participants had feelings of panic
  - P?, pg. 5: Panic
  - P?, pg. 5: Confused
  - P?, pg. 5: Glad that you're not there.
  - P1, pg. 7: You panic.
  - P6: Well basically I'm still going to with the panic.
  
- Some felt less fear with the release of more information, however many remained panicked
  - P?, pg. 12: I would feel panicked.
  - P4, pg. 12: I'd feel a little better.
  
  - M, pg. 12: You'd feel a little better? How come?
  
  - P4, pg. 12: I'm still ten miles away. Never once have they said it's going to be [???] because everything is covered.
  - P?, pg. 12: They got it contained already.
  - P4, pg. 12: Then I can gain composure. You know like sit still at home.

*What do participants want to know in the event of an emergency?*

- Participants wanted to know how the agent was transferred (air, water, etc.)
  - P3, pg. 6: Is it going to spread?
  - P2, pg. 6: You see depending on what ray it is it might, yeah if it was airborne. If it's not airborne it might just be a certain radius and might not even affect you.
  
- Group was concerned about who was affected
  - P8, pg. 5: Thoughts would be racing through my mind on how to prepare myself. What type of equipment I will have to use. Are they isolating those people at the stadium? How are they treating them?
  - P?, pg. 5: Is it contained?
  - P?, pg. 5: What kind of chemical was it?
  - P?, pg. 5: The knowledge of the spray. Is it contagious? You know body contact. Like can the next person carry it out? Are there going to be survivors? You know what do I have to do in order to protect myself?
  - P2, pg. 5: What kind of injuries?
  
- Also had concern about where the aftermath of the attack was headed.

P?, pg. 9: Is it a major amount of dosage that will kill you. Is a small amount going to hurt you or you know what's going to happen next?

P?, pg. 13: At first I think I would want to know, I would feel panicked, but then I would want to know where, know where my area is if any of this infection is near my area or is it approaching my area. I would want to know this and then I would want to know what I have to do after that.

*Where do participants seek information in the event of an emergency and why?*

- Participants would turn to the media, especially the TV since they would be covering the situation during a game

P?, pg. 6: I would stay in the house and watch the news first because I wouldn't want to run outside. It was free ten miles away. If I run out of the house I don't know if I'm going to run into a cloud of it.

P1, pg. 7: Radio broadcasts for television, emergency broadcast

P?, pg. 7: Yeah, emergency broadcast service.

P?, pg. 14: No, we're talking about specific channels for like local.

P?, pg. 14: Well we basically ???, so I would go local news. Local news, they are automatically with the game.

- Would also look to local authorities for answers and guidance

P2, pg. 11: I think the fire department would be a good place to...

M, pg. 11: To find out information?

P2, pg. 11: Information

Q20, pg. 11: Where else would you go to find out information?

P6, pg. 11: That's exactly what I said.

P?, pg. 11: Nearest military base.

P6: All emergency personnel are trained in all types of emergencies, even something like this. Even though it's not something that you would think of happening just on a daily basis or money basis. But they have to be prepared for all types of situations and emergency personnel ought to know it.

P2, pg. 12: Hopefully somebody would be riding around with a bullhorn. You know like the police or fire department.

P?, pg. 17: I haven't been with motion. I've got military training. Now I had training in chemical warfare when I was in the service, but that only went to a certain degree. You know and then I've been out of the service so long. You know and all this got to all this ??? But like I said you're right. We can't be prepared for everything, but we do have some degree of education and training and if didn't happen chemical our best bet, I'm not going to say we're in trouble cause like I said I'd put my confidence in emergency help.

*What actions would participants take in the event of an emergency?*

- Many would seek shelter and remain indoors

P4, pg. 6: Firstly, I would stay in the house ??? (all talking at once)

P3, pg. 7: I would say stay in your house because if the situation like that they have ??? options.

P?, pg. 8: Yeah, like down below. If it's on top. You understand what I'm saying. Like to me that's why I be going down up under ground because everything up top dies up there, I got a chance of going down there.

P2, pg. 15: But I wouldn't go outside until I found out what was going on.

*What are participants' perceptions about government and preparedness?*

- There was a controversy as to the extent of the government's preparedness

P2, pg. 15: I'm confident in St. Louis.

P?, pg. 15: I'm confident because they have drills. They have these drills quite frequently on your radios, on you TV's. They even sound the sirens around here. They've been doing that quite frequently.

P8, pg. 16: Not really. Not everything has been upgraded cause they still one that ??? senator gets shot in the New York courtroom. We're going to have to subtract that. When ??? have all this stuff happening in New York City this guy just got shot last week. They're still trying to wonder if it's the levels that should be up, so high up in there. How did that happen up there? Murphy's Law, anything can still happen.

- September 11<sup>th</sup> was mentioned several times both positively and negatively in reference to governmental response

P3, pg. 16: And it takes them some time to find out and know what's going on because with the 9/11 situation they still wasn't aware of what was going on until the second plane hit. Then they realized it was an attack. So in that point of time you know, even though you're waiting on the media to get the information for you, you know they still at that point in time have to analyze and assess to see what they need to do.

P3, pg. 18: I'm just going to say September 11<sup>th</sup> I was actually there when the situation happened and they shut that city down within forty-five minutes. I was actually at the twin towers.

P3, pg. 18: No, no, no. Let me explain something to you. I was on the train. The train was under the trade center when the plane hit. They made...we... they told us what to do. We came on out and then they evacuated everybody from the area. Do you understand. Within forty-five minutes they had each borough under control. I'm telling you.

- There was a feeling that disparities may be present when safety measures may be distributed in the St. Louis area.

P2, pg. 18: It depends on what part of the city you are in. Okay, that's what it's all going to be all based up on.

P?, pg. 18: I'm going to disagree because...

P2, pg. 18: Now when you try to bring that into all the ??? getting down into districts then that's where the problem starts. Once the state gets it from the president down to the mayor once it start branching out to all the men, then it's a problem.

*What are participants' perceptions about the role of the media?*

- The group felt that the media was the place to go for information.

P8, pg. 7: Well they claim that for a time that the guy first of all the Homeland Security is supposed to have all this covered. So you gonna have your radio and T.V. on because that's what the instructions do in case of terrorists. Homeland Security has got it covered in the event. It will be publicized on your television and radio. They've been talking about this thing since they blew up them buildings. Now they have the color code.

Q21, pg. 12: So what are your best sources of information?

P?, pg. 12: Radio

P?, pg. 12: Television

P3, pg. 14: I would say the radio. You can call your local policeman. I would think they would know what's going on. And the television.

P?, pg. 14: I would use the T.V. and the radio and that's it.

*What are other participants' perceptions of interest?*

None.

Materials pre-test response

*How well do preliminary message materials address information needs?*

- Symptoms of VX exposure are adequately described
- Good understanding of the basic properties of VX, including: amber color, slow to evaporate, can see in air, is heavy, how it can be transmitted
- Participants understand that VX exposure can be fatal if not treated immediately
- Participants know that if VX is suspected, they should go to higher ground, not lower ground, because VX stays close to the ground

P3, pg.23: This is an answer to your question. It does say that in ? cases right. It also lets you know that it's ??? that is amber in color and very slow to evaporate. It's letting you know that if it's in the air you will see it. You will know.

P6, pg. 24: My concern with this is it's real heavy. It don't evaporate fast and the main thing is if you are exposed to it and um you don't get treated I mean immediately it's fatal. This is some bad stuff.

P3, pg. 25: I think it's letting you know what it looks like, what it smells like, what to do if something happens, you know how to protect yourself you know if the situation happens. It goes through all. It goes into all of it.

P?, pg. 25: Right. The important thing I found out was I was talking about going lower you said don't go lower go higher. That's what that is. If you go lower and something sticks to the ground. That's what that is.

*What are unmet information needs?*

- Some symptoms of VX exposure are similar to common medical problems that a person might have. Participants wondered how they would know if they had been exposed to VX, rather than just being sick due to normal circumstances.
- How can VX be identified if it's odorless and tasteless?

P8, pg. 23: My concern is like okay I am reading some of this I get hot, I got a runny nose, blurred vision, coughing, chest tightness, rapid breathing, but I don't have any urination, confusion, drowsiness, weakness, head aches, slow or sometimes fast abnormal blood pressure. I'm having some of the things now. And I did have a loss of consciousness one time.

P8, pg. 24: Because I don't know, okay get back to this, I don't know how to identify if it's odorless and tasteless. Suppose I have this going on with me and then that going on with me. I could be confused because I ain't going to know if this is gas or something.

*How do participants respond emotionally to preliminary message materials?*

- The materials helped participants realize how serious a VX attack would be and increased their anxiety about the consequences of a VX attack.

P6, pg. 24: My concern with this is it's real heavy. It don't evaporate fast and the main thing is if you are exposed to it and um you don't get treated I mean immediately it's fatal. This is some bad stuff.

P2, pg. 30: Alert. Aware.

P?, pg. 30: More anxious.

P4, pg. 31: It's a real threat.

*How credible are the preliminary message materials?*

- All participants felt that the information in the fact sheets was credible.
- They felt that the information presented contained useful information about protecting oneself in the event of a VX attack.
- Some participants suggested using more pictures in the materials.

P?, pg. 30: It's kind of like propaganda.

Q42: *Do you feel like the information in the fact sheets are credible?*

All, pg. 31: Yes.

P?, pg. 31: *It's more than what we have.*

Q43: *What about the fact sheets make you think it's credible?*

P?, pg. 31: *The information that's on there.*

P?, pg. 31: *What you need to protect yourself.*

Q44: *Is there anything you could do to make the fact sheets even more credible?*

P6, pg. 32: *Pictures*

*How successful are materials in fostering self-efficacy?*

- Participants are somewhat unsure how they would receive the information in the fact sheets. The emergency broadcasting system and hospitals were mentioned as two possibilities.
- Participants expressed a high level of confidence in the actions recommended by the fact sheets, although recognized that it was difficult to predict how they would act if a situation were to occur for real.

P2, pg. 26: *This information, where does it go. Does it go to, is this coming from the emergency broadcasting service or is this something that would be given out to residents.*

P3, pg. 27: *Because you're going to have a lot of people coming in, like he said. You know he has a valid point. He's going to want to know does he have symptoms or you know is it just a regular cold or whatever. So, oh yeah. If they had information at the hospital so that when you go in this is what you need to look for if it's a chemical weapon.*

Q45, pg. 32: *How confident are you that the actions recommended in the fact sheets will keep you safe? Are you confident that the actions will keep you safe?*

P2, pg.32: *If you follow them.*

Q46, pg. 33: *How confident are you that you can carry out these recommendations?*

P?, pg. 33: *Very.*

P?, pg. 33: *Very confident.*

P2, pg. 33: *You find yourself having to find a place to carry them out. So you know it just depends on where you at when it happens.*

*P3, pg. 33: You know you can prepare for a drill, but it doesn't necessarily mean that you're going to follow it step by step. A drill and the actual real thing is something totally different. In that situation you can try to do to the best of your ability. You really don't know.*

*P?, pg. 35: Where you stay in the highest part tape it up. They said duck tape it up. Take the vents off and duck tape the vents and the windows up and you stay in the highest part.*

*P6, pg. 35: It's not necessarily guaranteed to stop everything from coming in, but it will minimize it.*

*P?, pg. 35: If it will give you a higher ratio of living then nine.*

*What are participants' recommendations for improving the materials?*

- In general, participants felt that the fact sheets were useful.
- Clarify how a person would know if he/she had been exposed to VX.
- The beginning of the fact sheet is difficult to understand.
- Don't understand the word "organophosphate."
- Liked the "Sheltering in Place" fact sheet.
- Some of the participants recommended distributing the information before an event happens.
- Some participants suggested using more pictures in the materials.

*P8, pg. 24: Because I don't know, okay get back to this, I don't know how to identify if it's odorless and tasteless. Suppose I have this going on with me and then that going on with me. I could be confused because I ain't going to know if this is gas or something.*

*Q33, pg. 25: Is the information useful?*

*All, pg. 25: Oh yeah. Very.*

*P2, pg. 25: Oh, yeah. It's good.*

*Q35, pg. 25: Where there any parts of the fact sheets that were unclear or more difficult to understand?*

*P?, pg. 25: At the beginning.*

*P10, pg. 25: I'm having trouble with this word here. [organophosphate]*

*P?, pg. 28: Reports. That's the same thing. You know even though they may not take it seriously it's going to mentally still be putting them there. Like this. This right here, this is the best one I like about the safe sheltering place. This is the best one. It just talks about what would you do in an emergency. Stay home and listen to broadcasting.*

*Q39, pg. 28: Do you think it would be useful to disseminate any of this information before anything happens?*

*Many, pg. 28: Yes.*

*P?, pg. 28: No, I don't think so.*

*P?, pg. 28: In all the times, since recent occurrences. Yes.*

*Q44: Is there anything you could do to make the fact sheets even more credible?*

*P6, pg. 32: Pictures*

*What are other participants' recommendations for preparedness?*

- On participant recommended the production of a “chemical warfare kit,” similar to a first aid kit but containing items appropriate for responding to a chemical attack.
- One participant recommended having different alerts for different types of attacks.
- Another participant recommended the use of the emergency broadcast system.

*P3, pg. 27: Okay. This is what I think. I think that... just like they made the first aid kit that you can go to K-Mart and pick up they should start making may be a chemical warfare kit. You know that comes with all the safety tools for each household. Along with the you know the paper that goes into the hospital.*

*P2, pg. 34: Now I think when you're talking chemical attacks though I think the alert ought to be different. Yeah, so like the alarms you get different types of alarms for different things.*

*P?, pg. 34: See that's why emergency broadcasts is gonna come on because they don't anticipate panic half the time when they don't exactly know what's hitting them. If something like this stuff here and you hear an emergency chemical ??? that identifies that this is a chemical attack.*

# **PRE-EVENT MESSAGE DEVELOPMENT PROJECT**

## **Summary report of qualitative analysis of focus group**

**Population: Rural African American**  
**Agent: Plague**

Region: Midwest  
Focus group date: July 29, 2003  
Intercoder reliability = 88%

Prepared by the Health Communication Research Laboratory  
Saint Louis University School of Public Health  
Report date: August 29, 2003

## GROUP CHARACTERISTICS

What are the characteristics of the group?

**Table 1. Group characteristics**

Characteristic	Category	N (%)	Mean/SD
Age	Missing	0	30.07/9.09
Sex	Male Female Missing	8 (57.1) 6 (42.9) 0	
Education	Less than high school Some high school High school diploma or GED Some college College degree Graduate degree Missing	0 0 10 (71.4) 4 (28.6) 0 0 0	
Ethnicity/race	African American/Black American Indian/Alaska Native Caucasian/White Other Other (specified) Missing	14 (100.0) 0 0 0 -- 0	
Language in home	English Other Other (specified) Missing	14 (100.0) 0 -- 0	
Marital status	Single Married or living with partner Divorced or separated Widowed Missing	7 (50.0) 7 (50.0) 0 0 0	
Children	Yes No Missing	11 (78.6) 3 (21.4) 0	
Employment	Yes No Missing	10 (71.4) 4 (28.6) 0	
Family income	Less than \$10,000 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999 \$40,000-\$49,999 \$50,000-\$59,999 \$60,000-\$69,999 \$70,000-\$79,999 \$80,000-\$89,999 \$90,000-\$99,999 \$100,000 or more Missing	3 (21.4) 6 (42.9) 2 (14.3) 1 (7.1) 1 (7.1) 0 1 (7.1) 0 0 0 0 0	*

\* = median

Second Order Analysis- African Americans

The 14 participants in Focus Group 8 (rural, African American; plague) ranged from 18 to 53 years of age, with an average age of 30.07 (SD = 9.09). Six females participated (42.9%) and there were 8 males (57.1%). Most (10; 71.4%) had a high school diploma or GED and 4 (28.6%) had some college. All (14; 100%) were African American. All (14; 100%) reported that their main language spoken at home was English. Seven (50.0%) were single and 7 (50.0%) were married or living with a partner. Most (11, 78.6%) had children, while 3 (21.4%) did not. Most (10; 71.4%) were employed and 4 (28.6%) were not employed. The median family income was in the \$10,000-19,999 range.

## RESULTS OF ANALYSIS

### Executive summary of top concerns and topics of discussion

- Anxious about topic of bioterrorism
- Wanted lots of information
- Willing to leave area if there were an outbreak
- Materials should include pictures and details of disease (make it scary)
- Very distrustful of government-both local and federal
- Group not too interested in what content expert could add- only 1 stayed

### Results of qualitative analysis, by conceptual domain:

#### Pre-event knowledge

*What is participants' current awareness of the CAS, precautions, and different threats?*

- Limited knowledge about the color system, but participants did reflect awareness of what the system tells people.
- Participants had some ideas about what to do to protect themselves, in terms of vigilance, and keeping an eye on the news.
- Also, limited knowledge about distinctions between threats: named chemical threats when asked about biological.

Q2: Do you know what the different colors mean?

P: There are different levels of them.

P5: The higher the risk the...

Q3: What does the system tell you?

P2: To be more alert.

P5: When dangers are more heightened for terrorist attack on home soil.

P10: To get prepared.

Second Order Analysis- African Americans

### **Response to hypothetical attack**

*How do participants respond emotionally to a suspected or actual emergency?*

- Fear and concern, heightened as scenario rolls out.

P?: Scared

P?: Worried.

Q14: So how do you feel now [after scenario 2]?

P8: I'm gonna die.

P5: I've been scared since 9/11.

*What do participants do in the event of an emergency?*

- A fair amount of confusion over what to do. Several participants emphasized that they would “try to get as far out of [state] as possible.”
- Others emphasized staying home.
- Some participants expressed despair at not being able to do anything, except to pray, or cross their fingers.

*What do participants want to know in the event of an emergency?*

- Participants had a lot of questions, and indicated interest in a number of topics at the prospect of such an emergency. They wanted to know:
  - What to do; how to protect themselves; countermeasures; vaccines
  - The nature of the weapon
  - Where to go to seek help, symptoms, incubation period (“How many minutes or seconds will you have.”)
  - About those who carried out the attack
- They expressed concern that officials and authorities might withhold needed information, and emphasized the importance of complete disclosure: “Just tell us everything, instead of just giving us bits and pieces.”

P?: What I need to do? Precautionary measures?

P3: How many minutes or seconds will you have.

P2: Early symptoms or something like that.

Second Order Analysis- African Americans

P?: Well I would have to know exactly what the plague, what are the symptoms that you know that it is all in affect, the virus. What are the first days and the last days and how much time I got to live. And what, if they have to try and find a cure for what's going on.

*Where do participants seek information in the event of an emergency and why?*

- While some participants mentioned the media in passing, they emphasized local authorities as their information sources of first resort.

P2: You probably call your local recruit station. They should have information also.

P10: Hospitals.

P5: Hazmat. You can go to them too.

***M: Where do you think the best place to go would be? We've heard a number of different places.***

P6: Police station.

*What are participants' perceptions about government and preparedness?*

- These rural participants expressed no confidence at all in overall systems for preparedness, nor in their local elected officials or emergency responders.
- They suggested that as Mayor they would emphasize complete disclosure.

***Q27: How confident are you that there are systems in place that will respond in a way that could keep you safe in the situation?***

All: Not at all.

P2: In southeast Missouri? You hang it up.

P13: I'm not very confident because when things break out the government has... they have the right to hide things that you really need to know. They have like classified information they'll be [???] those are important things to us, as citizens or whatever you want to call it need to know. And I don't think they should be able to hide that because that could save our life. Because everything, let us down on everything that's going on and what's... I mean about the situation. Maybe you can live longer.

Q28: Does anybody want to tell me why they don't have confidence?

P8: Withholding information.

P13: They ain't got it together.

P?: Well if you pay attention to what's going on you can see they're pretty much scamming and doing everything up under the table. So that's a lack of confidence right there. Can't trust your own government.

Q30: What about your medical and emergency responders? Do you think they...?

P8: No, it'll take five hours to get to where...

P?: Look what happened when SARS happened. Hospitals had to close and everything. They weren't ready for that one.

Q31: So you feel they aren't ready?

P4: They weren't ready for SARS. I know they can't be ready now.

Q32: If you were the mayor of your town, what would you tell people in a situation like the one you just heard?

P4: I'd tell them the truth.

P13: Well, I would have to tell them from a to z. I would not just classify them because I'm white or cause I'm black. I wouldn't discriminate thinking that some of the people that are lower class shouldn't know just because I'm in a higher office. I wouldn't just take the cure and tell the people that there's not a cure. That ain't right.

*What are participants' perceptions about the role of the media?*

- Participants had very few comments regarding the media

*What are other participants' perceptions of interest?*

- Late in the group, one participant expressed a curious question regarding the motivation for the focus group. There was the essential sentiment of lack of trust in the government, and a high potential for conspiracy thinking in this group.

### **Materials pre-test response**

*How well do preliminary message materials address information needs?*

- Participants expressed comprehension of main points of the fact sheet.

P?: It's telling us there are plagues out there and you may get it.

Second Order Analysis- African Americans

M: Anybody else? What was the main point?

P11: Fleas

P3: The main point is how it's transmitted.

P5: The symptoms, precautionary measures, and everything.

*What are unmet information needs?*

- Participants raised the concern about other similar diseases, or new diseases that might have been manufactured (along the lines of the previously mentioned conspiracy)

*How do participants respond emotionally to preliminary message materials?*

- Participants noted that the materials made them nervous, just by raising their awareness about plague.

*How credible are the preliminary message materials?*

- Participants felt the materials were very credible. However, at this point, they noted deficiencies in content, responding to the question of how the materials could be made more credible.

Q50: Would there be anything that would make this information more credible to you?

P2: Just go a little bit more in detail that's all.

P8: A cure.

P?: Just saying how to treat it.

P?: Treat the symptoms of it.

P?: Especially if you catch it early enough.

P?: Yeah

*How successful are materials in fostering self-efficacy?*

Second Order Analysis- African Americans

- Participants were confident in their ability to avoid animals and follow cleanliness recommendations.
- They also expressed willingness to get tested and treated if they felt they were infected.
- They felt positively that the information in the worksheets could keep them safe.

*What are participants' recommendations for improving the materials?*

- Participants felt that the materials should be as complete as possible.
- They recommended including pictures of people with plague, suggesting that frightening people is the best way to get their attention.

Q58: Anybody else? How could we make these more catchy? If you got something like this would you read it?

All: Yeah

P?: I'd read it, but I think it would have to be something scarier that will draw my attention to the situation.

P?: Cause in the format that it's in, it's all right, but there are no pictures. You have -if you get -you tell us what you have to do, but you don't even have stages or anything like that. It's a start, but you can tell from this sheet that you all aren't finished researching.

*What are other participants' recommendations for preparedness?*

- Participants recommended disseminating information via volunteer groups, and through kids.

**PRE-EVENT MESSAGES DEVELOPMENT  
PROJECT**  
**Final Summary report of qualitative analysis of focus  
group**

**Population: Rural African American**  
**Agent: Botulism**

Region: Southeast  
Focus group date: August 2, 2003  
Submitted: October 23, 2003

Prepared by:  
Pre-Event Messages Team  
School of Public Health  
University of Alabama at Birmingham (UAB)

## GROUP CHARACTERISTICS

Characteristic	Category	N (%)	Mean
Age	Missing		39.6
Sex	Male Female Missing	2(29%) 5(71%)	
Education	Less than high school Some high school High school diploma or GED Some college College degree Graduate degree Missing	1(14%) 4(58%) 2(28%)	
Ethnicity/race	African American/Black American Indian/Alaska Native Caucasian/White Other Other (specified) Missing	7(100%)	
Language in home	English Other Other (specified) Missing	7(100%)	
Marital status	Single Married or living with partner Divorced or separated Widowed Missing	3(43%) 3(43%) 1(14%)	
Children	Yes No Missing	6(86%) 1(14%)	
Employment	Yes No Missing	3(43%) 4(57%)	
Family income	Less than \$10,000 \$10,000-\$19,999 \$20,000-\$29,999 \$30,000-\$39,999 \$40,000-\$49,999 \$50,000-\$59,999 \$60,000-\$69,999 \$70,000-\$79,999 \$80,000-\$89,999 \$90,000-\$99,999 \$100,000 or more Missing	2(29%) 1(14%) 2(29%) 1(14%) 1(14%)	

## RESULTS OF ANALYSIS

### Context

This group took place in a rural county in the Southeastern United States. The population of the entire county is less than 12,000. This county is 60% Caucasian and 40% African-American. The group took place in a county extension office outside of the downtown area. The room was fairly large with an adjoining kitchen. This made it possible for participants to get up during conversation and serve themselves. Other than participant movement, there were no other significant distractions. The room was quiet, brightly colored, and the temperature was comfortable. Dress was casual, as was the mood of the entire group. The group was moderated by an African-American male, with a Caucasian female serving as note-taker.

The group included 5 women and two men. This group included one married couple, with one child present. Other participants of note included a gentleman with a sincere distrust of government and research. This person sat away from the group, but remained vocal throughout the entire session. The group also included two community health advisors (CHA's) who have UAB ties. Everyone in the group participated in the conversation, with no one participant dominating the conversation. The entire process took 90 minutes.

### **Executive summary of top concerns and topics of discussion**

- ❖ Participants indicated significant levels of distress in response to scenarios presented during the focus group. As the scenarios progressed from non-specific to specific, the distress escalated as the situation became clearer. Specific concerns included self-protection, concern for family and friends, and sources of contamination.
- ❖ Participants could not readily distinguish between chemical, biological, and radiological terrorism. Agent-related terms were used interchangeably in participant responses.
- ❖ Participants in this group displayed distrust and lack of confidence in the police, fire, and emergency response system. This distrust extended to local elected officials and statewide officials as well.
- ❖ Participants indicated they would seek out information about specific threats from a variety of sources. These sources included radio, local news programs and national news programs. Hospitals and emergency responders were also named as sources of information.
- ❖ Participants' responses to the fact sheets were by and large positive. Responses suggest high levels of self-efficacy to complete tasks outlined by the fact sheets. Negative comments related to readability, confusing concepts, and lack of information about places to go if an attack occurred.

### **Results of qualitative analysis, by conceptual domain:**

#### **Pre-event knowledge**

*What is participants' current awareness of the CAS, precautions, and different threats?*

- ❖ Participants exhibited some evidence of knowledge of the CAS. Participants had a loose knowledge of colors and levels.

Second Order Analysis- African Americans

- ❖ Participants could not easily distinguish between the different categories of threats, often mixing jargon and terminology between the three.
- ❖ Participants were more aware of concepts and precautions for nuclear and biological, rather than chemical.

“I know that when it is red I know we are just about out of here. The high alert and the severe alert and the codes, the different codes, I can’t really pronounce it, the codes like yellow and orange and red and....”

“Yeah, the highest code is red.”

### **Response to hypothetical attack**

*How do participants respond emotionally to a suspected or actual emergency?*

- ❖ Participants exhibited significant levels of distress.
- ❖ Perceived susceptibility to attack exists at high levels even in a rural setting.

“The population is not that large so what do we have here, like to protect us, you know?... It is not that large a county and we have no protection.”

- ❖ Participants suggest an action of “flight” in response to a suspected attack.

“I’ll get up and leave.”

- ❖ Participants indicated that in times of stress and uncertainty that they would turn to spirituality.

“I would fall on my knees. I would just start praying to save my soul.”

“The only thing they are saying is about putting the plastic up at your window and get to one room. I don’t see that would have no affect on you either. The only thing I see is to say your prayers and hope that you are surviving.”

*What do participants want to know in the event of an emergency?*

- ❖ Source of the threat
- ❖ What will happen in the future
- ❖ Self-protective measures
- ❖ Where to go
- ❖ Government and emergency response to the situation
- ❖ What supplies are needed to survive the threat

“Exactly what it is, maybe we might know how to deal with it, you know, and sometimes it is a possibility that if they have a red alert, it can be false. So you really want to try to find out more information concerning it.”

“Where it came from? What happen?”

*Where do participants seek information in the event of an emergency and why?*

- ❖ Participants favored the radio as the preferred method for getting information.
- ❖ Other sources included:
  - Local news reports
  - National news reports
  - Hospitals
  - CDC website
  - Calling Other People

“I think after praying, I would turn on my television and radio and see if I can find out more about it and see exactly what is going on.”

“Yea, I like to listen to the news on the radio too. That is where I get most of my news from.”

“I guess I would have to get on the telephone cause I never listen to a radio. You will have to call me.”

“I think they go some kind of way themselves to get across on that wave on the radio and that is the reason they want you keep the radio, even if the electricity, buy batteries, a radio can run off batteries and keep that radio on.”

*What are participants’ perceptions about government and preparedness?*

- ❖ Participants were distrustful of the government.
- ❖ Participants exhibited lack of confidence in the government’s ability or desire to protect them from a threat of any sort.
- ❖ In addition, participants expressed a lack of confidence that the police department, fire department, and emergency response systems would respond.

“And like [in a nearby city], they have a shelter, but a lot of blacks don’t know where it is, it is for the white people.”

“I don’t feel like we don’t have nobody protecting us”

“If it is election time, then that is about the only time you would see them.”

“Politicians have lied so much. They have been let down so many times, especially the black people, they have been let down so many times and mislead, like you go to a door to door campaigning, and you tell them what you going to do, what you going to do for

the community, what you going to do for health care and all this and when the time comes, they are like “oh, oh, ok”

*What are participants’ perceptions about the role of the media?*

- ❖ Specific roles of the media were not covered in this focus group.

*What are other participants’ perceptions of interest?*

- ❖ Participants likened WMD events to weather events.
- ❖ Participants likened botulism to an invisible gas, more than a biological toxin

“Just another thought, I think it all depends on which way the wind is blowing, you know, if the wind is blowing in our direction, yes, we would be affected. But if the wind is blowing in another direction, maybe not. The wind carries it. So it just depends on which way the direction the wind is blowing.”

### **Materials pre-test response**

*How well do preliminary message materials address information needs?*

- ❖ Participants saw the fact sheet as positive.
- ❖ Participants feel the fact sheets provide good information on response and self-protection.

“It is good information.”

“It gives you answers you were looking for.”

“It is showing you that it can be dangerous but it is controlled.”

“It is something that even with this being a focus group here, it is something we can, you know, just tell others about certain things, you know, and how to keep food, and, you know, how the spores are grown, how the bacteria grows on certain food and it said if you can’t clean it, you can’t boil it then forget it, throw it away. That means there are some things you just need to count as a loss. Other things was like, if countertops and how boiling it to a Fahrenheit of 75-85 degrees, you know, and if you can’t boil it, then you need to put it in the oven to cook it at, at least, I guess, 375 or 325 degrees until, and that leaves out the rare. You know, if this food might have botulism in it, eating rare it’s not good, because you still are not cooking it out, you know, because it has to be cooked out.”

*What are unmet information needs?*

- ❖ Participants felt that the fact sheets met their basic informational needs.
- ❖ Participants felt that no information was being withheld.

- ❖ Participants felt an obligation to help or educate others

“ No, but I did see a web site on here didn't I? A way you can get information as it becomes available.

Another thing, why this information is important, because we can give it to other people. This is information we can give it to other people, this is information that we can share with others to educate them on it.

*How do participants respond emotionally to preliminary message materials?*

- ❖ Some participants reported a feeling of empowerment from the information on the fact sheet.
- ❖ Other participants reported that the length of the document could cause distress.

“Well you know, people are discouraged because of the lack of knowledge, and with the information we have gotten here, it has increased our knowledge about this particular thing here, so if anybody around us, if this scenario that we were going through had had information on botulism, they would have said, you know, hey, will we know how it comes, we know what you need to do, and don't have a panic attack and those panic attacks would cause people to go into exile for a while if they didn't have this information that we have here today. So if someone would have had the information when we were panicking, everybody wouldn't have panicked because somebody would have had, you know, hey, it is going to be ok.”

“First of all, this is a lot of information if a person doesn't like to read.”

*How believable are the preliminary message materials?*

- ❖ Participants commented that materials seemed believable.
- ❖ One participant mentioned that even though the material seemed believable, additional sources of information would be sought out.

“Oh, I believe it because I have studied bacteria. I am a cosmetologist and we talked about the helpful bacteria and the unhelpful bacteria and spores or one of the ones we studied. Bacteria cause infection and other disease. One of the things we learned was the difference between a bacteria and a virus.”

“I believe it, but I wouldn't rely solely upon it. I would go and do other research to make sure.”

*How successful are materials in fostering self-efficacy?*

- ❖ Participants indicated high self-efficacy for carrying out recommendations outlined by the fact sheets.

“I feel pretty good, like boil your water, countertops in bleach.”

“Using Clorox to get rid of germs.”

“Make sure that my children’s bath water was hot.”

*What are participants’ recommendations for improving the materials?*

- ❖ Participants agreed that the length of the fact sheet was excessive.
- ❖ Participants agreed that literacy levels were too high.
- ❖ Participants had a desire for a list of places to go in the event of an attack.
- ❖ Participants wanted to see a bulleted list of simple directions.
- ❖ Participants would like the source of information identified.
- ❖ Participants would like additional sources of information identified.

“If you did put some of the other types of information, you would let them know they could go to these other sources and find this information.”

“Cause a lot of times when they see information like this, which is helpful and good, but when they start looking at those big words they are going to put it down because they going to feel like they can’t understand it.”

“One thing I would suggest is that, with anything you are giving to the community, is to make sure it is on the level that everybody can understand it.”

*What are other participants’ recommendations for preparedness?*

- ❖ Participants indicated the best way to be prepared for an attack is to “stock up” with supplies.

“Stock up on can foods and stuff like that, water.”

“Now, you know when we had the millennium coming in, 2000, and they were talking about all these things that were suppose to happen, there were some terrorism threats, you know, attacks that were in their mind and people stocking up on water, propane tanks”

# **PRE-EVENT MESSAGE DEVELOPMENT PROJECT**

## **Summary report of qualitative analysis of focus group**

**Population: Rural African American**  
**Agent: Chemical VX**

Region: Midwest  
Focus group date: September 9, 2003  
Intercoder reliability: 84%

Prepared by the Health Communication Research Laboratory  
Saint Louis University School of Public Health  
Report date: October 20, 2003

**Focus group #12 demographic characteristics (N = 9)**  
**Rural African American, VX**

Characteristic	Category	N (%)	Mean/SD
Age	Missing	0	48.78/9.47
Sex	Male	0	
	Female	9 (100.0)	
	Missing	0	
Education	Less than high school	0	
	Some high school	0	
	High school diploma or GED	0	
	Some college	5 (55.6)	
	College degree	3 (33.3)	
	Graduate degree	1 (11.1)	
	Missing	0	
Ethnicity/race	African American/Black	9 (100.0)	
	American Indian/Alaska Native	0	
	Caucasian/White	0	
	Other	0	
	Other (specified)	0	
	Missing	0	
Language in home	English	9 (100.0)	
	Other	0	
	Other (specified)	0	
	Missing	0	
Marital status	Single	3 (33.3)	
	Married or living with partner	0	
	Divorced or separated	6 (66.7)	
	Widowed	0	
	Missing	0	
Children	Yes	6 (66.7)	
	No	3 (33.3)	
	Missing	0	
Employment	Yes	9 (100.0)	
	No	0	
	Missing	0	
Family income	Less than \$10,000	0	
	\$10,000-\$19,999	2 (22.2)	
	\$20,000-\$29,999	5 (55.6)	*
	\$30,000-\$39,999	0	
	\$40,000-\$49,999	1 (11.1)	
	\$50,000-\$59,999	0	
	\$60,000-\$69,999	0	
	\$70,000-\$79,999	0	
	\$80,000-\$89,999	0	
	\$90,000-\$99,999	0	
	\$100,000 or more	0	
	Missing	1 (11.1)	

\* = median

**Focus group #12 demographic characteristics (N = 9)**

Second Order Analysis- African Americans

## **Rural African American, VX**

The 9 participants in Focus Group 12 (Rural African American, VX) ranged from 31 to 59 years of age, with an average age of 48.78 (SD = 9.47). All were female. Most (5; 55.6%) had some college, 3 (33.3%) had a college degree, and 1 (11.1%) held a graduate degree. All (9; 100%) were African American. All (9; 100%) reported that their main language spoken at home was English. Three (33.3%) were single, and 6 (66.7%) were divorced or separated. Most (6, 66.7%) had children, while 3 (33.3%) did not. All (9; 100%) were employed. The median family income was in the \$20,000-\$29,999 range (1; 11.1% did not respond).

The focus group was conducted at a community advocacy organization. Focus group participants were active on the organization's Minority Advisory Board. Participants were from a number of different small towns in the Southeast Missouri Bootheel Area. Participants were very well informed and were able to verbalize their concerns and information needs effectively.

## **RESULTS OF ANALYSIS**

### **Executive summary of top concerns and topics of discussion**

- Participants were concerned with personal and family safety as well as preventing the spread of disease in the event of an attack.
- Many believed that the governmental response for an attack in their rural community would not be equal to the response to a similar attack in a large city.
- Members of the group were grateful for any information and felt more empowered after reading the materials.

### **Results of qualitative analysis, by conceptual domain:**

#### **Pre-event knowledge**

*What is participants' current awareness of the CAS, precautions, and different threats?*

- The participants had general knowledge of the color alert system and ideas of precautions to take during an attack.

P4, pg2: Dangerous signals. The danger level.

P2, pg2: The highest is red. Orange is the next.

P4, pg2: Stay at home.

P2, pg2: Well it depends on what kind of terrorist attack is done; because if it is a physical attack where it's just ammunition/artillery that's one thing. But if it's bioterrorism where you don't know if there are spores being released into the air or not, then there's really nothing you can do because you can't go and seal yourself in a room and hope that in 10 hours that everything has been cleared away.

Second Order Analysis- African Americans

P5, pg2: And I think too that we should be on alert and get as much information as you can about what's going on around us. I think that is one of the keys – is being alert and being informed.

P7, pg2: Be cautious. Pray.

- There was some knowledge about the different types of threats.

P2, pg3: That would be something similar to the Anthrax scare I believe. Where people were touching it, and it caused a physical almost instantaneous reaction within the body.

P9, pg3: Or smallpox.

P?, pg3: West Nile Virus too.

P5, pg3: I think hospitals have to be very careful when it comes to that.

P?, pg3: And food, restaurants because that can get into your system.

M, pg3: So one way that a threat would be introduced would be foods, hospitals? Is there any other way?

P6, pg3: The water supply.

P5, pg4: And like I said, insects.

P9, pg4: And just in the air.

### **Response to hypothetical attack**

*How do participants respond emotionally to a suspected or actual emergency?*

- Initial news of the attack elicited feelings of fear and concern for loved ones.

P8, pg4: Scared. Upset.

P?, pg4: Really frightened.

P2, pg4: I think you would automatically think do you have any family members there, and if so what type of medical attention can they get because if it's something that has been sprayed on them, can you touch them? If you touch them, will it go through your skin into your system? So you wouldn't know. You would be confused for a moment about what to do.

P?, pg5: You would panic at first, but then you would have to get yourself together.

- More information about the situation had a calming affect on participants.

P9, pg8: I know I would feel better if I knew the top people were on there way in.

P4, pg12: I know it's a hard thing to say, and first may be self-preservation but try and stay as calm as you can. And that's hard, but stay calm.

*What do participants want to know in the event of an emergency?*

- Many had basic questions about the agent and concern about personal safety after first hearing of the incident.

P5, pg4: What caused it? Who and why?

P?, pg4: And what actually did they spray?

P2, pg4: What measures are being taken to contain it?

P?, pg4: How harmful is it?

P?, pg4: And will they do it again? Is it coming closer to here?

P9, pg5: Is there an antidote?

P8, pg5: Is it deadly?

P?, pg5: And how you can protect yourself from it.

P4, pg5: The long-term effects, just that particular area would have.

P9, pg5: And you would also need to know if you have to get out of town.

P9, pg5: You may also want to know if this happened anywhere else if you are being attacked, maybe some other small town or cities or whatever or if you are the only one.

- After learning more about the agent, the participants were interested in the specifics about VX and what was being done to fix the situation.

P?, pg6: Why this particular area?

P4, pg6: The proper disposal, the people that have died...what's going to happen? What are you going to do? What's the government going to do about that?

P2, pg10: Now that those people had been taken care of as much as they can, then what about the rest of the community? Because if it is airborne and just out there, you could have children outside playing outside when it happened or whatever and what hospital do you take them to? Like she said, what hospital do you go to if you see those symptoms that are being broadcasted? What do you need to do next? If once you see someone

displaying these symptoms, where do I need to go next? Do I need to stay here? Do I need to take them to the hospital? Do I need to have the ambulance come here or what?

P6, pg11: I may be the dummy in the crowd, but what is VX?

P7, pg11: Does it travel in the air? And how far?

P?, pg11: So it could settle on crops? It could settle in water?

P?, pg11: And what will kill....you know, how you get rid of it.

P9, pg11: And if it were sprayed in the air, you might want to know if any of the animals or birds are falling to the ground.

P7, pg11: So it is contagious? After being infected by it, is it contagious?

P8, pg12: And also by now they should have caught the people responsible or give us an update on it. Are you trying? What's happening with that?

P2, pg12: Are they dropping it somewhere else?

*Where do participants seek information in the event of an emergency and why?*

- The members would turn to governmental agencies, the media, local officials and the church for information.

P5, pg4: Call Atlanta, Georgia. That's where the disease control....especially if you don't know what it causing it.

P?, pg5: And the CDC.

P2, pg7: Well, I know the media would be immediately on it. Television, radio, newspapers.

P8, pg7: Police department.

P7, pg10: Keep the radio on at the local stations.

P5, pg12: Ministers.

P9, pg12: Church groups.

P8, pg12: The experts in the field. Somebody who really knows what they are talking about.

P4, p12: Experts and then the ministers.

P?, pg12: The President.

P4, pg13: Right. And the media.

*What are participants' perceptions about government and preparedness?*

- The group felt that the national government would have the knowledge to protect the citizens of the area but would not necessarily help out the community if such an attack were to occur.

P4, pg 8: I agree with what she said. The CDC and the government would be the two people I feel would know more, have more information concerning this whatever. But you would get enough information to protect your area. So you wouldn't have a panic. That's one thing that the government doesn't want to....the whole area mass panic. And you would get enough information from the government or CDC. And I feel that those are your two best sources of information. Through them and then local officials on down.

P8, pg13: And one of my fears would be if something happened in a small town, and the system, I'm not talking the local system but the presidents and the experts if you will, wouldn't treat it as something that happened in a large city. I don't feel that we would get the same attention or care or whatever as a larger....I don't think we would.

P4, pg13: I agree.

P2, pg13: It would just take longer and they would just drag it on before anyone came here. But if 3000 people got killed in St. Louis, then the President would be there. If 3000 people got killed down here, it might be a week before we see him show up.

***M, pg13: Do you think that there is something that could be done about that? What do you feel like they might be able to do to encourage....say anything or do anything?***

P5, pg13: They just have to do it.

P9, pg13: Well they say a lot of things when it comes down to....but they don't always carry through with what they promise. So to me this would be national. A person would need to be confident that as a part of this nation that every care and everything that needs to be done is going to be done as quickly as possible. And that's irregardless of race, creed, color or whatever.

- Participants lacked confidence in the government overall.

M, p13: So do you feel confident that that would be done?

P4, pg13: I haven't reached that point yet.

P5, pg13: I don't have any confidence in the local, state, federal...none of it. I don't have any confidence in any of them from what I've seen. I don't trust them in other words.

P2, pg13: I think it would be done if they saw a whole town wiped out. That's what it would take. It would take everyone in that town either ill or dead before they said oh, you know we need better alerts for people in the rural areas. We need to keep them informed a little bit better. It would take a major disaster before anyone really turned an eye to see what measures need be taken. Because people in the city, they usually have some...every kind of ...you can walk on the street and watch TV. You don't have to go into your home. You can be right there and sit there and watch TV and know what's going on. You know here if it's not by word of mouth or if you don't have a television or radio, which most people do these days but some don't. And then you know you're just kind of out there just waiting to die almost.

- The group recommended honesty and helpful information from the local government.

P3, pg15: Well I feel being the mayor he or she would probably tell the people that he had it under control and he'll contact the different agencies and help is on the way and they're in the process of everything. He probably would tell them to contact him or her if you have any more questions and they are going to be on post.

P5, pg15: And tell them how to get help if they need it.

P3, pg15: And most time when a big emergency would occur the lines and everything are tied up, so you got to think that your not really going to be able to make all of those phone calls because the lines are just going to get tied up. Everybody's going to be calling.

P5, pg15: And one thing she said that really counts – don't panic. And that's one thing. If you do panic [inaudible]. Because if everybody panics, what good are you? You don't have any help. If I am going to panic, she better not panic. Somebody's got to hold it together. If you don't, we're both gone. So even though I might be scared from the top of my head to the sole of my feet, but I better have enough stamina in me, especially if I'm tired, you better have enough stamina in you to be able to control the situation when you're scared. And a lot of times you be so scared your adrenaline takes over. You get strength from...you don't even know you got. I'll tell you what, you got a child? Let that child get in danger, you will get strength from somewhere that you don't know where it's coming from to help that child because all you can see is that your child is in trouble.

P8, pg15: I think...well the mayor, I would like for him to be honest. Be honest, tell the facts as best as he knows them. Be open and be prepared. Already have a plan. Don't wait until this thing happens. Plan for it in advance and tell your people. Be honest. Don't be lying about it. Tell it like it is.

P7, pg15: And if there isn't already a plan before it happens, get one together after it does as to what they should do to prevent this from happening again.

P8, pg15: And make sure all of the residents know about it.

P3, pg15: Now in XXXX where I live, they are working on plan and all of the business people and police department are coming together. And they meet like for 45 minutes to discuss. And they are sending some to St. Louis for training. But the training is so expensive, but we voted that they send one staff from the police department because if something really would happen they would be one of the key persons that we would need. So they are supposed to come back and train us. They are working on it.

P9, pg18: But as a nation, we need to be on guard anyway because the incidents that have already happened – the September 11 incident. That happened in our nation with our people, our planes, our buildings, everything. So I think that if the government knows something in advance, and I'm not saying tell it to panic the people, but to me we don't need to be kept in the dawn about everything that's going on. There are some things that are vital for us to know. I mean, they are limited on what they can tell, true enough, but they need to tell something so you can be on the lookout.

P4, pg18: I think that is extremely important in this area. Your officials knowing about chemicals and how to handle a situation if it occurs.

*What are participants' perceptions about the role of the media?*

- The media was the first place the group would turn for information realizing that all information may not be completely accurate.

P2, pg7: Well, I know the media would be immediately on it. Television, radio, newspapers.

P2, pg7: Right because that would be the top priority. So any of those you could get information from.

P7, pg8: Might not get all accurate information though.

P?, pg8: Well they would still be in danger even for coming in to report it.

P?, pg8: But they would still do it.

M: So media might be a place you can get information but no always accurate.

P7, pg8: Sometimes it is distorted, most often.

P2, pg8: They may not give you all of the details, but they will give you enough information to allow you to know where you need to go if you think you have been

effected by it immediately, who to call, who to contact to have people come out. They may not give you the whole scenario, but they will give you enough to stop the panic for a minute.

*What actions do participants take in the event of an emergency?*

- This group would contact local officials and hospitals for information, check on relatives, shelter in place, and be alert of symptoms.

P2, pg 5: I think I would contact the police and the health departments to find out what's going on first.

P4, pg5: Contact the hospitals too.

P3, pg6: I was thinking I would contact my relatives to let them know the problem that was going on to see if they were having any problems where they were and if they have heard anything.

P9, pg9: Well if I were home and not at the game but I learned about it through the media, then I would get on the phone and notify...I'd first start calling my family to make sure they do not go into the area if they aren't already in the area or whatever. And then if I do have family members there, I'm going to try and find out what I can do to help my family members. Where can I go get a suit and go in and help them.

P7, pg9: The first thing I would do is shut all of my windows so the air would not be circulating through drifting into my house.

P9, pg9: Well I think even with that, making sure your house was secure, if you knew what symptoms to look for. What if you already have some of the symptoms or whatever. You may be at home and still not able to go and help the person. You may have symptoms. If the media doesn't get that information to us, then....

- Participants would also try to help others in need.

P8, pg9: I think I would probably see what help I could be. I am not saying go into that area, but they may need phone calls made or maybe some help you can do from where you are to assist the situation.

P1, pg9: Or maybe they need supplies or something.

P8, pg9: Yeah. See what we could do as a community. After I find out about my family then I would probably see. Family is first regardless. Then I would probably see what service I could be.

*What are other participants' perceptions of interest?*

- The group voiced concern about spreading the agent to others and had a number of questions pertaining to this issue.

Second Order Analysis- African Americans

P8, pg7: And the people they said to go home and shower and wash their hair and put their clothes in a bag, that's not enough. They need to be carried on to a hospital or something and be quarantined. That wouldn't be enough for me.

P3, pg7: They sent them home nude.

P8, pg7: They wouldn't send me home because what you got you are going to carry home. They shouldn't be saying go home.

P3, pg7: First they said undress....

P?, pg7: Because if it is still in your hair, it's going to wash off into....

P?, pg7: They don't need to go home.

P4, pg7: Actually you are carrying it yourself when you move. If it's in you hair, as you move through some is going to drift off of you. So you are going to have a trail.

M, pg7: So keeping people in one place maybe?

P4, pg7: And isolate.

P8, pg7: Yeah, they don't need to go nowhere. Not home anyway.

P2, pg7: They need to be quarantined immediately.

P?, pg7: There needs to be make shift buildings or something there and take care of them.

P?, pg7: They got the resources to do that too.

- The group had little confidence that their area would be of concern to the government even after an attack in the community.

P5, pg13: This is just a forgotten area.

P7, pg13: And your scenario is about the Bootheel. As bad as the problems are, as bad as the census tells the whole nation that they are, we're still not getting the services we need in this area. So you know that kind of tells the story right there. Why would things be any different? Because they have constantly been very, very low substandard in the boot heel.

P2, pg14: It would take a major disaster, a major disaster to happen.

P5, pg14: And then too, one of the reasons why the things are they way there are is because some have the mentality of hey they don't care about us anyway.

Second Order Analysis- African Americans

P7, pg14: I guess we will just have to make a big noise about it.

P4, pg14: If you will look at this area, if some of the scenarios concerning this area...if you think about what do we have, what is in this area that is of importance to the outside world? What do they have here that is important to the outside world? Nothing.

P1, pg14: Not even crops.

***Q17, pg14: So you feel like people might not respond because you don't have anything that is important?***

P4, pg14: Yes. Basically it's nothing...

### **Materials pre-test response**

*How well do preliminary message materials address information needs?*

- The materials seemed to provide basic knowledge about the agent and symptoms, as well as how to decontaminate.

P9, pg16: Well you learn what VX is.

P8, pg16: What to do about, if VX is sprayed or let out in your area. And tells about the shelter in place. The best place...if you are at home, stay home and where's the best place to go to. And don't do what most of us do - go try to get those kids out of school.

P5, pg16: Now see, I got some of these symptoms now...

P7, pg16: And how to take off contaminated clothing.

P2, pg16: Yeah. Don't pull it over your head. That was a good one.

P7, pg16: And then put it in a double plastic bag.

P?, pg16: And make sure you pull the windows.

P7, pg16: It seems like to me I read in there that high temperature will evaporate it, make it a vapor. So it lasts so long....

P8, pg16: And the higher up you are too. And we were saying about, not this scenario you gave about they should stay there, but this said you need to move to fresher air.

P9, pg16: I think in reading what they said the immediate signs and symptoms I think some people who maybe were not at the site would probably start taking on some of these symptoms and feel like my nose is ....It might be psychological, but I think they'll start claiming they have it.

*What are unmet information needs?*

- The materials were unclear about protective activities, access to medical care and long-term affects.

P2, pg16: Well I have a question about the sheltering in place. It says that after a few hours you should be able to come out of the shelter, but what happens if it's not resolved in those few hours? Can someone stay somewhere that airtight overnight or 48 hours? What happens if it's not contained? Then what is your next step then because you've done just about everything you can do in that shelter? That is a good question because in this area we have a lot of people who....we have a lot of asthmatics in this area and they can't stay sealed up for 48 hours. So what do we do in southeast Missouri if this happened and they didn't get to us immediately and they kept saying stay in the shelter? I mean you are not going to leave your children at school for two days? You are not going to want to stay in an air tight sealed room for two days either.

M, pg17: So more information on what to do in the long-term?

P2, pg 17: Right, right.

P9, pg17: Something I just thought of in your larger cities, you have more hospitals that are available where people can be taken, but here everything is so far. So transporting people to Sikeston to Cape Girardeau, we don't have that many hospitals around. And all of them would be needed but you still got that distance you would have to travel. So would there be other forms of transportation? It may be that you want to go and get checked out or whatever, but where would you go? Would you go to the nearest one? Or would all hospitals be involved? Or would there be one location? How far away is that? Because from here to Cape you're looking at an hour.

P2, pg19: How they confirm it's a VX attack? Where it is found and how it's used is really....they really didn't go into it. It just kind of skimmed over.

P5, pg19: What else does this stuff cause? What are the symptoms besides these? Something needs to stand out?

P6, pg19: I have a question. VX – what is the name for that, VX?

*How do participants respond emotionally to preliminary message materials?*

- Preliminary materials provided hope and power to the group.

P5, pg20: Well when I was reading them it felt like I had more power because I know some facts. If I can take this to be fact. [Inaudible]

P8, pg20: Well it did say that there's an antidote for it. So that gave some hope.

P8, pg20: And once it hit an area, I was surprised how long they say it could last.

*How credible are the preliminary message materials?*

*Providing the source of the information would increase the credibility of the materials.*

**M, pg20: Just have another couple of questions and then we can talk with X. Do you feel that you got credible information from the sheets?**

P?, pg20: Yeah.

P?, pg20: It needs to be identified....who put this out there.

P9, pg20: We need a source of who gave this information. This came from where?

*How successful are materials in fostering self-efficacy?*

- Participants were more knowledgeable about the severity of VX.

P4, pg18: I've got sons in the military. One is in Kuwait now. He is licensed to drive hazardous equipment, but I hear him talk a little bit about nerve gas and all. And I know that it's nothing to play with. I have a little bit of information about it.

P4, pg19: Some of these...if you don't get an injection, you're dead.

*What are participants' recommendations for improving the materials?*

- Including the necessary information and making the materials a little simpler were the only recommendations of the group.

P9, pg18: And you still can take this and break it down even some more.

P?, pg18: And then a number if you want more information.

**M, pg18: So we have to improve on where people can go for more information. What actions do you think these sheets tell you to take? Do you feel like they were pretty straightforward?**

Most, pg 18: Yes.

M, pg19: Do you feel like there is enough information on how VX is spread?

Most, pg19: Yes.

P7, pg19: I didn't see where it comes from. I just have to assume that it would always be an intentional act for this to be spread into the environment. It cannot be accidentally exposed. This would just have to be an intentional...because I don't see where it's coming from. It's like something that was created or manufactured in the 1980's and it's not natural in your environment.

*What are other participants' recommendations for preparedness?*

- The materials should be posted and released early enough for people to prepare.

Second Order Analysis- African Americans

P2, pg18: This information is easy enough to understand. Some of the stuff they release you almost have to have a medical degree to read it. And that's the problem right there, because if I see something and it's dictionary size on one thing, I'm not going to read it. But if maybe they can create fact sheets about it that could be posted in areas where people can actually go and get them when they need them....like if you go to the grocery store. If you can see something, if it's an alert or whatever, they can post it. And it's easier to scan a fact sheet than to go through a whole booklet of information, especially in this area.

***M, pg18: So do you feel like you would want this information to be available to you now rather than waiting until after? Do you think people would want that information?***

P7, pg18: I would think so. It's just like when there was suppose to be this great big earthquake, everybody was preparing for the earthquake. They were storing up water. They were storing up flashlights. They were doing this and doing that. The earthquake didn't come but they were still prepared for it. So if you are prepared then if it does happen, you'll know. We are none the worse for it.

P4, pg20: Something like when you have the siren for the weather. There should be a siren if there happens to be an attack or whatever, something to notify the general public so you know not to go into the area.