



Outlook on Bioterrorism: A Survey of Texans

Department of State Health Services

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Outlook on Bioterrorism: A Survey of Texans

Department of State Health Services

Executive Summary

The Department of State Health Services (formerly Texas Department of Health) External Communications Division commissioned SUMA/Orchard Social Marketing, Inc. to conduct a telephone survey of Texans' awareness and intentions related to bioterrorism and their perspectives on which government agencies, organizations, and media outlets would offer information and support during a bioterrorism event.

Interviews were completed with 815 Texans mirroring the state's general demographics (including English/Spanish dominance) in Austin, San Antonio, Dallas/Fort Worth, Houston and the Rio Grande Valley from July 26, 2004, to August 12, 2004.

Key Findings

1. Awareness of bioterrorism is low. Often it is confused with terrorism in general.
2. Hispanics know significantly less about bioterrorism than other groups.
3. Most Texans know smallpox and plague are contagious but know less about Ebola, anthrax, tularemia, and botulism.
4. Half of respondents believe Texas is somewhat prepared for bioterrorism, but three-fourths do not believe there are enough medicines to use as treatment.
5. Forty-five percent believe a bioterrorism incident is very or somewhat likely I their community, while 39% say it is not likely.
6. Reacting to an attack, half would go to a hospital; one-third would go to their doctors. Two-thirds are willing to take medicines with strong side effects for 60 days if needed.
7. Local television is the preferred media source for up-to-date information.
8. DSHS and Homeland Security are seen as the most reliable government sources of information. Locally, police and health departments would be contacted for information.

Recommendations

1. Clearly introduce fundamentals of bioterrorism to the public.
2. Clearly define "preparedness."
3. Communicate which state or local agency is primarily responsible for informing the public.
4. In campaign messages and media, give special consideration to the differences in perceptions of Spanish-dominant, Hispanic and Rio Grande Valley residents.
5. Field test all messages with attention to cultural and linguistic diversity.
6. Target communications training and community outreach to local health care providers, including family doctors, clinics, hospitals and local health departments.
7. Focus media outreach to prepare for emergencies on local television, national network affiliates and radio networks.

Outlook on Bioterrorism: A Survey of Texans

Department of State Health Services

Summary

Introduction

The Department of State Health Services (formerly Texas Department of Health) External Communications Division commissioned SUMA/Orchard Social Marketing, Inc. to conduct a telephone survey among Texans to determine their levels of awareness about issues relating to bioterrorism. Lines of inquiry probed for the following types of awareness.

- Perception
- Knowledge
- Beliefs
- Intentions
- Perspectives on which local and state government agencies or organizations will offer information or support during a bioterrorist incident
- Media delivery of messages on bioterrorism

Methodology

Calls to Texans in Austin, San Antonio, Dallas/Ft. Worth, Houston and the Rio Grande Valley were made from July 26, 2004 to August 12, 2004 with 815 completed interviews. The ratio of numbers dialed to completed interviews was 53:1. Specific quotas were implemented in these categories to mirror general Texas demographics by gender, age, ethnicity, and language dominance (Spanish/English). The following table illustrates the demographic spread of respondents.

City	%
Dallas/Ft. Worth	22
Houston	22
San Antonio	19
Austin	19
Rio Grande Valley	19
Language of Interview*	%
English	81
Spanish	19
Gender*	%
Male	39
Female	61
Ethnicity*	%
Anglo	48
Hispanic	35
African American	12
Other	5

Highest Level of Education	%
Primary (Grades 1-8)	7%
Secondary (Grades 9-12)	27%
Some college	26%
College graduate	26%
Attended graduate school	3%
Completed graduate school	10%
Average Age*	45
Average Number of People Currently in Household	3
Average Number of Children Under 18 Living in Household	2

Significant findings are at the 95% confidence level, meaning there is less than a 5% possibility that the difference occurred based on chance alone.

Key Findings

Key Finding #1: Awareness about bioterrorism is generally low and often confused with terrorism in general.

- A little more than one-third overall (34%) have heard anything recently concerning bioterrorism, with only 12% recall hearing a public announcement.
- Of those who say they have seen or heard bioterrorism related information recently, many do not differentiate between bioterrorism and terrorism.
- While there are some mentions of specifics like “anthrax” or “biological threats,” etc. there are also a number of mentions of “terrorism threats” and “alerts.”

Key Finding #2: Spanish dominant and Hispanic respondents have significantly less knowledge about bioterrorism than other groups; Hispanic and Spanish-dominant responses to specific questions are often more vague.

- When asked to define agents of bioterrorism, Anglos are slightly more likely to mention Anthrax, Small Pox, and Ebola than Hispanics, and say ‘don’t know’ significantly less than all other ethnicities.
- Anglos are also more likely mention air and water as ways to spread bacteria and viruses at a slightly higher percentage than other ethnicities.
- Those respondents completing the interview in Spanish, or who self-identify as Hispanic tend to give more vague responses when asked to describe bioterrorism. For example, when asked to give examples of bioterrorism, these respondents tended to offer general definitions, such as “terrorism,” “use of bombs,” “anything used to scare people,” or “mass destruction.”

Key Finding #3: Specific knowledge of the contagion of small pox & plague are well-known; however, many less know about Ebola, anthrax, tularemia, and botulism.

- The vast majority of respondents know that small pox and plague are contagious (91% and 85% respectively), but three-fifths of respondents also believe Ebola and anthrax are contagious. Almost half of respondents believe Botulism and Tularemia are contagious, and a significant number say they don’t know.

Key Finding #4: Perceptions about preparedness are contradictory.

- While half of respondents say they think the State of Texas is somewhat prepared for bioterrorism, three fourths do not believe there are enough medicines to use as treatment in a bioterrorism incident. Spanish-dominant and Hispanic respondents perceive the State of Texas to be in a higher state of readiness than English-dominant or Anglo respondents.

Key Finding #5: Respondents are divided on their belief in the likelihood of a bioterrorism incident in their community.

- Forty-five percent (45%) say they believe a bioterrorism incident is very or somewhat likely, while 39% say it is not likely.

Key Finding #6: Intentions for actions to take during an attack vary according to the amount of knowledge possessed. Most respondents say they would take medicines with strong side effects for up to sixty days if needed.

- Spanish-dominant and Hispanics respondents have a higher tendency to give vague or generalized responses answers when asked what specific actions they would take in the event of a bioterrorist attack.
- For treatment in a bioterrorism incident, half of respondents say they would go to the local hospital. One-third would
- One-third would go to their personal doctor.
- Two-thirds of all respondents say they would take medicines that have strong side effects or have to be taken for 60 days.
- Those 55 years and older have a higher tendency to say they would visit their doctor than other age groups, and a lower tendency to say they would take medicines with strong side effects for 60 days.

Key Finding #7: Local television is the preferred media source for up-to-date information.

- Most respondents (69%) mention local television as the media source where they would get the most up-to-date information. Half of respondents also mention radio and national television. When it comes to reliability, three-fifths of respondents mention local and national television as the most reliable source of information during a bioterrorist incident.

Key Finding #8: While DSHS and Homeland Security are seen as most reliable sources of information from government, other agencies are also expected to have information. Locally, police and local health departments would be contacted for information.

- Texas Department of Health receives the most mentions as an agency that provides bioterrorism information. However, Texas Homeland Security receives the highest number of mentions as agency most responsible for providing this information. Spanish-dominant and Anglos mention Texas Homeland Security less often than English-dominant and other ethnicities.
- For general information in a local bioterrorism incident, responses are more distributed among groups, with 23% saying they would go the local police department and 14% saying they would go to the local health department.

Recommendations

1. *Clearly introduce fundamentals of bioterrorism to the public.*

- Create messages to clearly define bioterrorism
- Differentiate it from other forms of terrorism, especially chemical warfare.
- Describe how it spreads (not necessarily from bombs)
- More complex messages, such as the contagion of specific viruses and bacteria do not lend themselves to PSA, television or radio spots. Other venues for this information, such as programs at a community-based level, will be more effective for conveying complex messages.

2. *Clearly define “preparedness”*

Contradictory findings indicate a need for qualitative research to understand how the public understands the concept of “preparedness.” Certainly, DSHS could put out a message proclaiming that “we’re prepared,” but based on these findings, it is uncertain how such news would be understood by the public.

3. *Clearly communicate which state or local agency is most responsible for presenting information.*

While DSHS is described as agency most likely to offer information, Homeland Security is viewed as the most responsible agency for giving information. However, other agencies such as DPS and TCEQ are viewed almost equally as responsible. This indicates confusion about which agency’s message to listen for, and could be a predictor of chaotic telephone connections to the wrong agency in the event of an incident. These agencies may also need to be brought into a communications partnership to reinforce the message that it is DSHS, and not them, that are the responsible agency.

4. *Campaign messages and media should give special consideration to the significant differences found in perceptions of Spanish-dominant, Hispanic and RGV residents.*

- National networks such as Univision and Telemundo, and more community-based approaches to message delivery would be more effective for these audiences.
- Messages should be designed with the idea that these audiences know significantly less than English-dominant audiences about most of the concepts raised in this survey.

5. *Field test all messages for clarity, relevance, acceptability, comprehensibility, believability and persuasiveness.*

- Bearing in mind audience differences, messages should be field-tested to ensure that they are understood in the ways in which they are intended.
- Spanish messages should not be direct translation of English messages, but rather, should be tailored to meet the audience where they are, and created with sensitivity to cultural diversity.
- Be aware that calls to action that request making a telephone call or checking web sites will probably not be the first response of Spanish-dominant, Hispanic or Valley residents.

Field test calls to action to ensure that they are “doable” for the intended audiences, and if not, investigate other means of crisis communication that more directly address diverse needs.

6. *Communications training and community outreach should be targeted by DSHS to local health care providers, including family doctors, clinics, hospitals and local health departments, as respondents indicate that local sources are where they will turn for information.*

- Further research is needed to know whether a heavily advertised toll free number would supersede the tendency to call local health care providers for further information.
- Local law enforcement should also be considered in communications partnerships, as Hispanics and Spanish-dominant respondents especially indicated they would call police or sheriff departments for more information or to report an incident.

7. *Media outreach to prepare for emergencies should be most heavily focused to local television, national network affiliates and radio networks.*

Newspapers and local sources were secondary sources for most people in the event of an incident or a crisis. If working with budget constraints on protocols for crisis communication, priority should be given to forming relationships with both locally owned and operated and local affiliates of national networks, as well as cable stations, and to radio stations. Internet and newspapers will not be a primary source of information for most people in a crisis situation. Internet web sites will best be used for general educational purposes.



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Department of State Health Services

August 2004

Presentation

Contents

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- Research Findings
 - Perception
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 - Beliefs
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Objective

- Conduct a telephone study with Texas residents to determine:
 - Level of awareness of bioterrorism including:
 - Perceptions
 - Knowledge
 - Beliefs
 - Intentions
 - Trust in authorities/government as support during a bioterrorist incident
 - Media delivery of messages on bioterrorism

Methodology

- Specific quotas were implemented in these categories to mirror general Texas demographics by:
 - Gender
 - Age
 - Ethnicity
 - Spanish/English speaking

- Dialing was focused to five major Texas metropolitan cities:
 - Austin
 - San Antonio
 - Dallas/Fort Worth
 - Houston
 - Rio Grande Valley

- Calls were made from July 26, 2004, to August 12, 2004, with 815 completed interviews.

Dialing Summary	
Initial refusal	5,590
Qualified refusal	56
Terminated in middle	51
No answer	8,601
Busy	2,862
Answering machine	9,157
Wrong number	725
Call back	3,762
Disconnect	10,101
Fax/Modem	829
Over quota	401
Complete	815
TOTAL DIALINGS	42,950
Ratio dialing to completed interviews:	53:1

- Throughout the report, significant findings by demographic groups are noted in the “Demographic Trends” columns.
 - Significant findings are at the 95% confidence level, meaning there is less than a 5% possibility that the difference occurred based on chance alone.
 - The “Demographic Trends” column shows those subgroups that have a slightly higher tendency towards that particular answer.
- Some questions allow for multiple responses from the respondent resulting in a base that adds up to more than 100%. These cases are noted on appropriate slides.

Demographics (N=815)

City	%
Dallas/Ft. Worth	22
Houston	21
San Antonio	19
Austin	19
Rio Grande Valley	19
Language of Interview*	%
English	81
Spanish	19
Gender*	%
Male	39
Female	61
Ethnicity*	%
Anglo	48
Hispanic	35
African American	12
Other	5

Highest Level of Education	%
Primary (Grades 1-8)	7
Secondary (Grades 9-12)	27
Some college	26
College graduate	26
Attended graduate school	3
Completed graduate school	10
Average Age*	45
Average Number of People Currently in Household	3
Average Number of Children Under 18 Living in Household	2

*Controlled to represent proportions of the general Texas population

Key Findings

Key Finding #1: Awareness about bioterrorism is generally low and often confused with terrorism in general.

- A little more than one-third overall (34%) have heard anything recently concerning bioterrorism; only 12% recall hearing a public service announcement.
- Of those who say they have recently seen/heard bioterrorism-related information, many do not differentiate between bioterrorism and terrorism in general.
- While there are some specific mentions like “anthrax” or “biological threats,” there are also a number of mentions of generalities, like “terrorism threats” and “alerts.”

Key Finding #2: Spanish-dominant and Hispanic respondents have significantly less knowledge about bioterrorism than other groups.

- When asked to define agents of bioterrorism, Anglos are slightly more likely to mention anthrax, smallpox, and Ebola than Hispanics, and say ‘don’t know’ significantly less than all other ethnicities.
- Anglos are also slightly more likely to mention air and water as ways to spread bacteria and viruses than other ethnicities.

Key Finding #2 (con’t): Hispanic and Spanish-dominant responses are often more vague.

- Those respondents who completed the interview in Spanish (compared with those in English), as well as those stating they are Hispanic (compared with all other ethnicities), tend to give more vague responses when asked to describe bioterrorism.

Examples of Anglo/English Responses	Examples of Hispanic/Spanish Responses
Chemicals Biological warfare Germ/bacteria warfare	Terrorism Use of bombs Anything to scare Mass destruction

Key Finding #3: Knowledge of the contagion of smallpox & plague are well-known; many know less about Ebola, anthrax, tularemia, and botulism.

- Overall knowledge varies about contagious bacteria/viruses. Almost all respondents know that smallpox and plague are contagious (91% and 85% respectively), while three-fifths of respondents also believe Ebola and anthrax are contagious
 - Almost half of respondents believe botulism and tularemia are contagious, and a significant number say they don't know.

Key Finding #4: Perceptions of preparedness are contradictory.

- Half of respondents think the State of Texas is somewhat prepared for bioterrorism.
 - Spanish-dominant and Hispanic respondents perceive the State to be in a higher state of readiness than English-dominant and Anglo respondents.
- But three-fourths of respondents do not believe there are enough medicines to use as treatment in a bioterrorist incident.

Key Finding #5: Respondents are split on their belief in the likelihood of a bioterrorism incident in their community.

- Respondents are split in the likelihood that bioterrorism could occur in their community.
 - 45% say it's very or somewhat likely, while 39% say it is not likely.

Key Finding # 6: Intentions for actions to take during an attack vary according to the amount of knowledge possessed. Most respondents say they would take medicines with strong side effects.

- Spanish-dominant and Hispanic respondents have a higher tendency to give vague answers when asked what actions they would take in the event of a bioterrorist attack.

Sample Hispanic/Spanish Responses
Seek help
Run/hide
Take measures to protect family
I wouldn't know what to do

- For treatment in a bioterrorism incident, half of respondents say they would go to the local hospital. One-third would go to their personal doctor.
- Two-thirds of all respondents say they would take medicines that have strong side effects or have to be taken for 60 days.
- Those 55 years and older have a higher tendency to say they would visit their doctor than other age groups, and a lower tendency to say they would take medicines with strong side effects for 60 days.

Key Finding #7: Local television is the preferred media source for up-to-date information.

- Most respondents (69%) mention local television as their preferred media source for the most up-to-date information.
 - Half of respondents also mention radio and national television.
 - Three-fifths of respondents mention local and national television as the most reliable source of information during a bioterrorist incident.

Key Finding #8: While the Department of State Health Services, DSHS, and Homeland Security are seen as most reliable sources of information from government, other agencies are also expected to have information. Locally, police and local health departments would be called for information.

- Texas Department of Health receives the most mentions as an agency that provides bioterrorism information.
 - However, Texas Homeland Security receives the highest number of mentions as agency *most responsible* for providing this information.
 - Spanish-dominant and Anglo respondents mention Texas Homeland Security less often than English-dominant and other ethnicities.
- For general information in a local bioterrorism incident, responses are more distributed among groups, with 23% saying they would go the local police department and 14% saying they would go to the local health department.

Bioterrorism Defined

“What do you consider bioterrorism to be?”

Definition		Demographic Trends	
Chemicals/chemical warfare	24%	English-dominant/African American	34%
Weapons made from chemicals/germs/diseases	4%	20-34	
Releasing chemicals/gases into environment	6%	None	
Biological warfare/organic in nature	15%	English-dominant/Anglo	33%
Plague/disease/virus	6%	None	
Anthrax/poison	6%	None	
Germ/bacteria warfare	6%	Anglo/55+	
Any agent used to threaten/kill a population	14%	English/Anglo/African American	33%
Terrorism	13%	Spanish/Hispanic/Other/20-34	
Releasing agent into air/water/food with intention to harm	13%	Anglo/35-54	
Mass destruction/killing/violence	7%	Spanish	
Use of bombs	7%	Spanish	
Any person from another country wanting to harm us	7%	Spanish/Hispanic/African American	
Bad/terrible/dangerous	6%	Spanish/Hispanic	
Anything used to scare/intimidate	5%	Hispanic	
Spreading anything harmful	3%	English/Anglo	
Any tactic to disrupt lives	2%	None	
Related to war	1%	Hispanic	
Politically motivated	1%	None	

Base: N=815

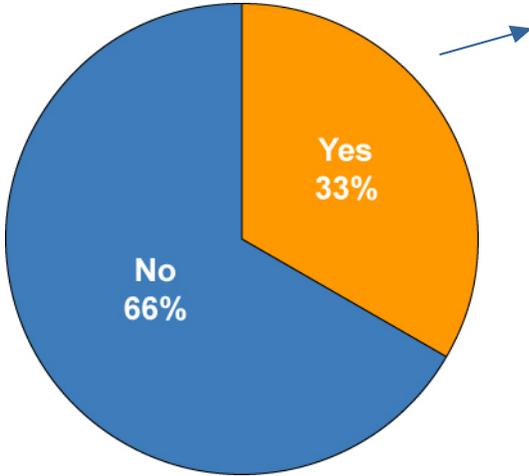
Multiple responses accepted.

Base may add up to more than 100%.

Recent Message Recall About Bioterrorism

Recent Bioterrorism Messages

Heard anything lately about bioterrorism?



Base: N=815

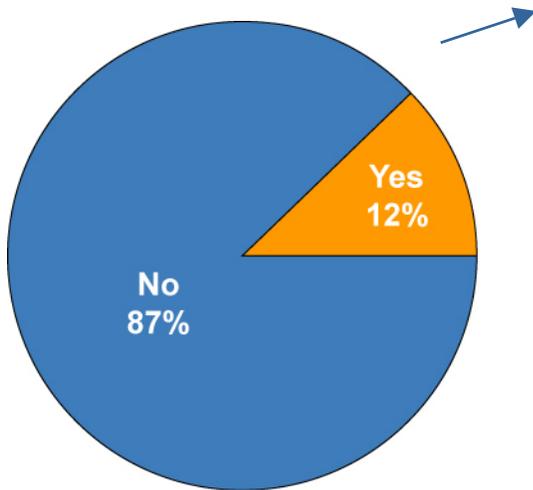
Where did you hear it?		Demographic Trends*
Television/news	39%	English/Anglo
Newspapers	13%	None
National news	8%	African American
Local news	5%	None
Radio	5%	None
<i>Other mentions by less than 4% each; multiple responses accepted</i>		

Base: (N=276) Those who have heard something lately concerning bioterrorism.

*Groups who show a significantly higher tendency for this mention.

Public Announcement Message Delivery About Bioterrorism

Heard/seen public announcement on bioterrorism?



Base: N=815

Where did you hear it?		Demographic Trends*
Television	85%	Anglo
Newspapers	11%	None
Radio	6%	None
<i>Other mentions by less than 4% each; multiple responses accepted</i>		

Base: (N=276) Those who have heard something lately concerning bioterrorism.

*Groups who show a significantly higher tendency for this mention.

Recent Recall of Public Service Announcements Relating to Bioterrorism

What did you hear?		Demographic Trends*
Terrorism alert status increased/could happen	18%	African American/55+
Anthrax related	15%	Anglo
Biological threats/wars	9%	None
Danger of biochemical/harms people	7%	None
Threats to target major building	6%	None
Worldwide/national threat	6%	Hispanic
War against Iraq/Al Qaeda/9-11	6%	Spanish
Looking for biological weapons of mass destruction	4%	African American
People need to be alert/be prepared	4%	None
<i>Other mentions by less than 7% each</i>		

Multiple responses accepted.

Base: (276) Those who have heard something lately concerning bioterrorism.

Recall of Recent Announcements

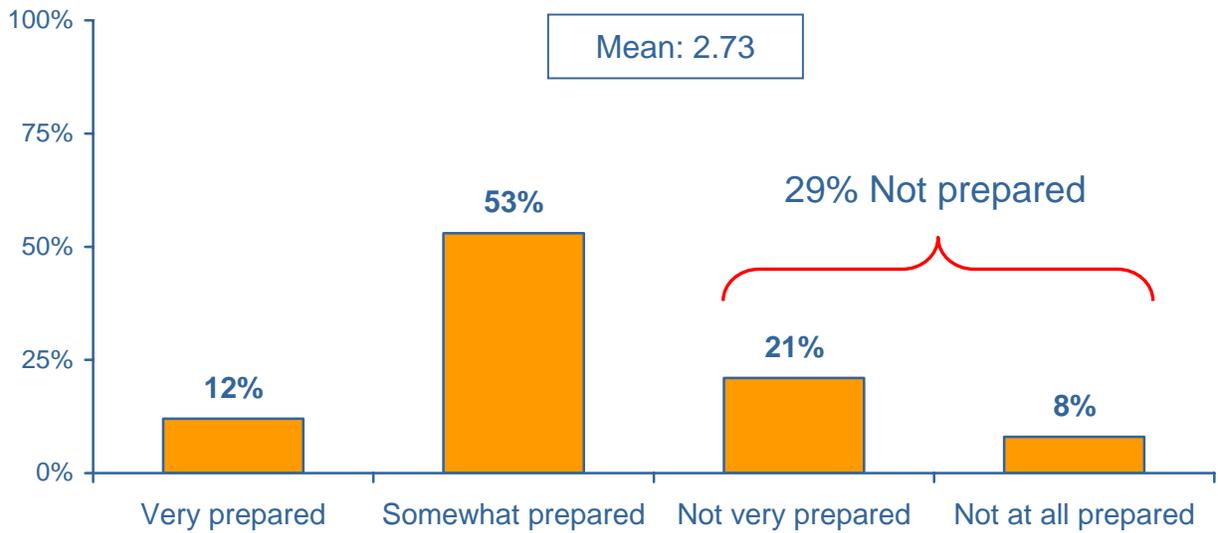
What do you recall about it?		Demographic Trends*
Told me what to do/safety precautions	15%	African American
Warning levels/alert status	14%	None
Terrorism/terrorist threats	12%	Other
Anthrax related	6%	None
Various reports of suspicious activities	5%	Spanish
Classes offered/what to do	5%	None
Be aware of surroundings	4%	Spanish/Other ethnicities
<i>Other mentions by 3% or fewer each; multiple responses accepted</i>		

What was the main message?		Demographic Trends*
Be aware of surroundings	15%	20-34
Urged people to have a plan/be prepared	14%	Anglo
Terrorism/terrorist threats	11%	Spanish/Other
Told me what to do/safety precautions	9%	None
Be more cautious/don't trust anyone	9%	Spanish/20-34
Still fighting terrorists/not safe	6%	None
Report anything suspicious to authorities	6%	None
<i>Other mentions by 5% or fewer each; multiple responses accepted</i>		

Base: (94) Those who have heard Public Announcement lately concerning bioterrorism.

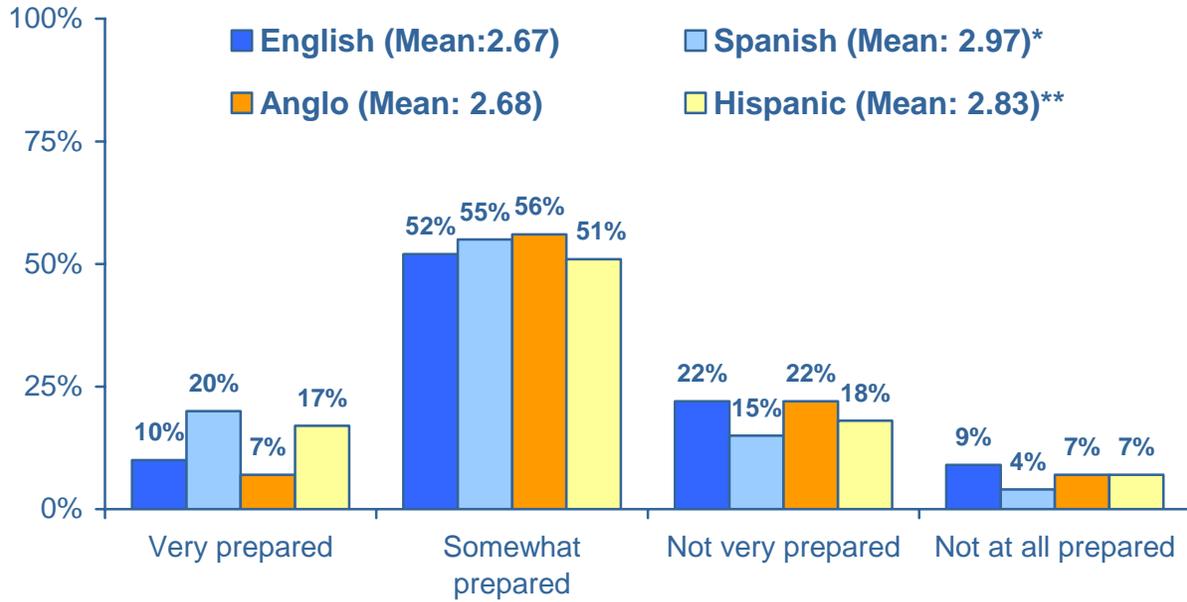
Perceptions of Preparedness

“How prepared is the State of Texas for a bioterrorism incident?”



Base: N=815

“How prepared is the State of Texas for a bioterrorism incident?”

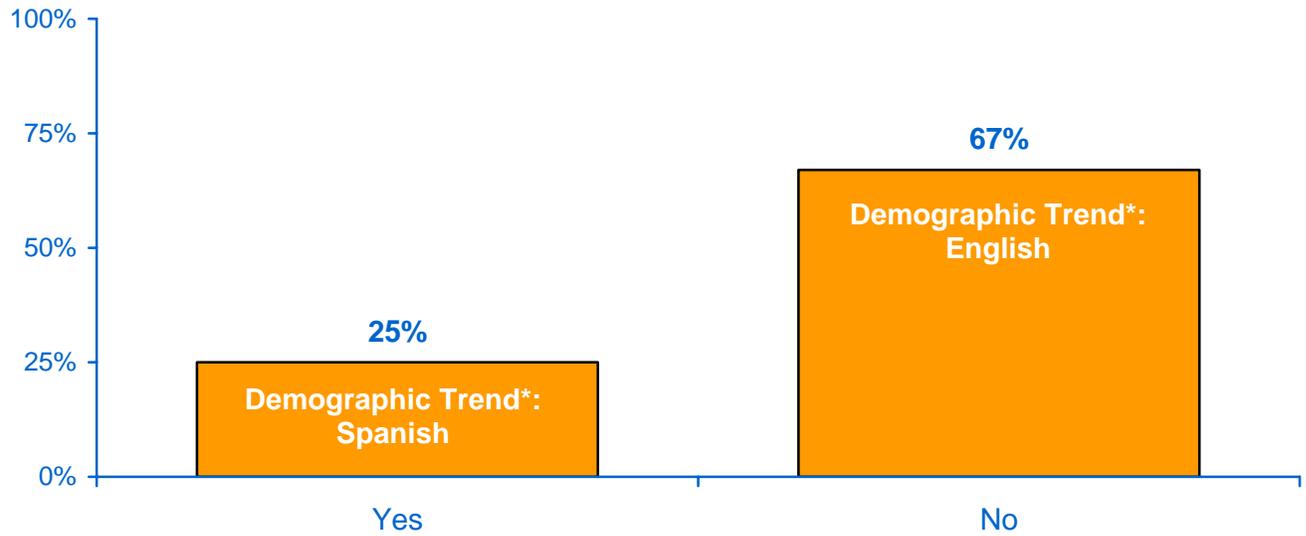


Base: N=815

* Significantly different than English

** Significantly different than Anglo

“Do you believe there are enough medicines available to treat viruses or bacteria in a bioterrorism incident?”



Base: N=815

*Groups who show a significantly higher tendency for this mention.

Knowledge of Bioterrorism

Knowledge of Bacteria/Viruses

Possible Bacteria/Viruses for Bioterrorist Use

Bacteria/Virus	% Total Mentions	% 1st Mention	Demographic Trend*
Anthrax	66	58	Anglo/20-34
Smallpox	24	11	English/Anglo
Ebola	7	2	Anglo
Plague	6	1	Anglo/55+
None/Don't know	11	11	Hispanic/African American/Other
<i>Other mentions by less than 5% each; Multiple responses accepted</i>			

Base: N=815

Multiple responses accepted.

*Groups who show a significantly higher tendency for this mention.

Possible Methods to Spread Bacteria/Virus

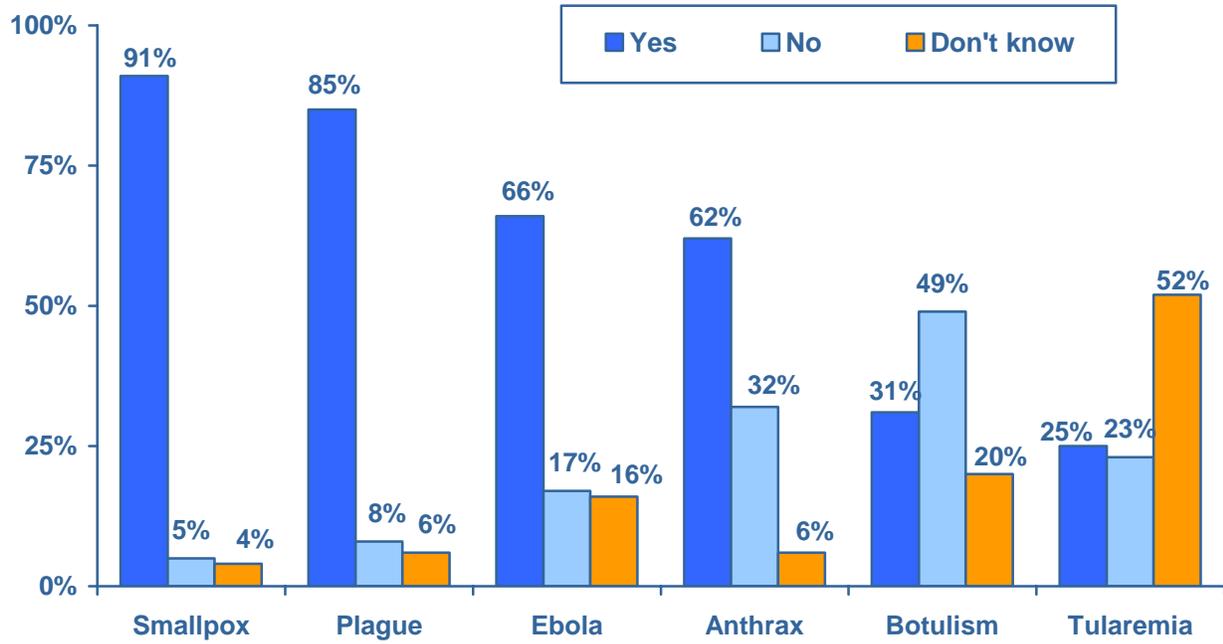
Bacteria/Virus	% Total Mentions	% 1st Mention	Demographic Trend*
Air	68	44	Anglo
Water (water supply)	51	19	Anglo
Food	32	6	None
Mail (US Post Office)	16	7	African American
Contact	19	8	Other ethnicities
<i>Other mentions by less than 7% each: Multiple responses accepted</i>			

Base: N=815

Multiple responses accepted.

*Groups who show a significantly higher tendency for this mention.

Knowledge of Bacteria/Viruses: Are they Contagious?

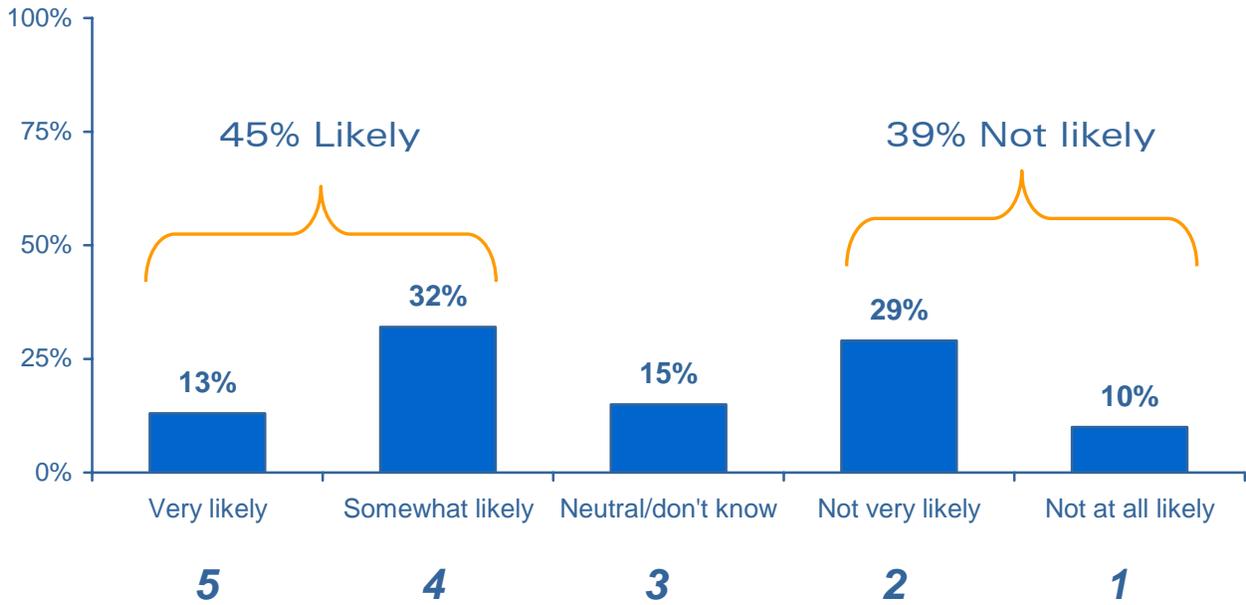


Base: N=815

Beliefs about the Likelihood of a Bioterrorism Incident

Likelihood of Bioterrorism in Local Community

City	Mean
Total Sample	3.08
San Antonio	3.35
Houston	3.19
Dallas/Ft. Worth	3.10
Austin	2.94*
Rio Grande Valley	2.77**



Base: N=815

* Significantly lower than San Antonio

**Significantly lower than all other cities, other than Austin

Actions to Take in a Bioterrorism Incident

Action		Demographic Trend*
Isolate/quarantine/stay in my house	22%	35+
Tune in to news sources for information	17%	None
Take measures to protect myself/family	12%	Spanish/20-34
Carry out authorities' instructions	12%	English
Leave/evacuate	10%	None
Go to hospital/seek medical help	9%	Hispanic/African American
Pray	8%	None
Prepare by getting safe food/water	8%	None
Make house air-tight	8%	None
Seek protective shelter	7%	None
I wouldn't know what to do	6%	Spanish/Hispanic
Call authorities for instructions	6%	None
Get/use protective equipment	6%	None
Educate myself as much as possible	6%	None
Seek help from authorities	5%	Spanish/Hispanic
Check on family/friends	5%	None
Panic/cry	5%	20-34+
Obtain treatment	5%	None
Avoid groups/public event	3%	None
Run/hide	3%	Spanish/Hispanic
Report incidences to warn authorities	3%	African American
Stay away from threatened area	3%	None
Die/get sick	3%	Other ethnicities
Turn off air ventilation	2%	English/Anglo/Afr. American
Try to help others	2%	None
Call my physician for instructions	2%	55+

Base: N=815

Multiple responses accepted.

Base may add up to more than 100%.

Treatment During Bioterrorism Incident

Potential Treatment	% Yes	Demographic Trends*
Would you take medicines if they possibly have strong side effects like vomiting, severe diarrhea, unusual bleeding, headache, etc?	69	20-54 yr olds
Would you take the medicine if you heard you had to take it for 60 consecutive days?	74	20-54 yr olds

Base: N=815

*Groups who show a significantly higher tendency for this mention.

Media Preferences

Most Up-To-Date Information Sources During Bioterrorism Incident

Where would you get the most up-to-date information?	%	Demographic Trends*
Local television	69	English/Anglo
Radio	52	English/Anglo/35+
National television	50	African American
Internet Web sites	23	Anglo/Other/20-54
Community/neighborhood sources	23	Spanish/Hispanic/Other
Government agency	14	Spanish/Hispanic
Newspaper	12	55+
<i>Multiple responses accepted; Other mentions by 1% or less</i>		

Base: N=815

*Groups who show a significantly higher tendency for this mention.

Most Reliable Information Sources During Bioterrorism Incident

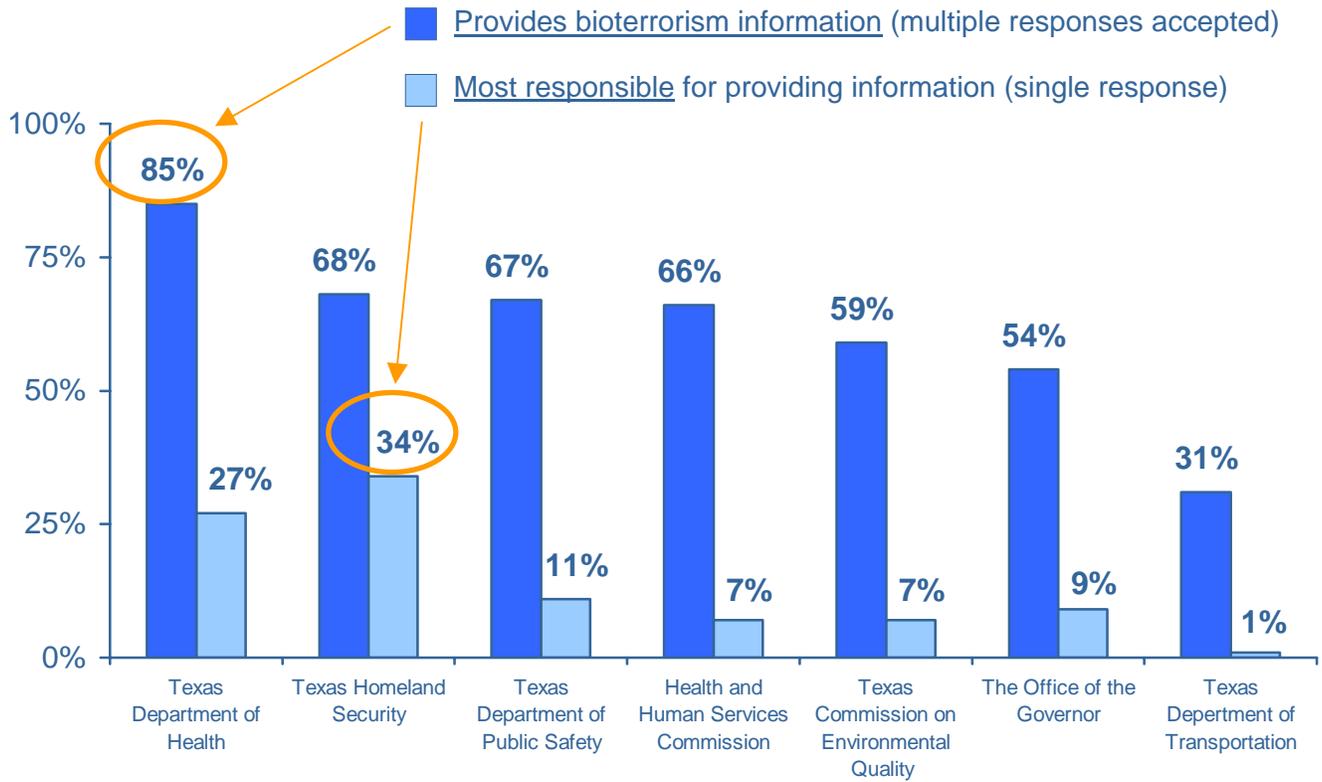
Who is <u>most reliable</u> for providing information?	% Total Mentions	% 1st Mention	Demographic Trends*
Local television	65	32	Anglo/Hispanic/African American
National television	57	33	Spanish/Hispanic
Radio	42	14	Anglo/Hispanic/35+
Newspaper	20	6	Hispanic
Internet web sites	14	6	English/Anglo/20-54
<i>Total mentions: multiple responses accepted; Other mentions by 6% or less each</i>			

Base: N=815

*Groups who show a significantly higher tendency for this mention.

Other Reliable Sources of Information

State Governmental Agencies Responsible for Providing Information



Base: 815

Agency Most Responsible for Providing Information: Demographic Trends

	English %	Spanish %	Anglo %	Hispanic %	African American %	Other %	
Texas Homeland Security	39	11	45	18	35	41	→ Hispanics mention Homeland Security significantly less than other ethnicities
Texas Department of Health	28	22	23	27	37	32	→ Significantly higher than Anglos
Texas Department of Public Safety	9	23	9	16	7	10	→ Hispanics mention Department of Public Safety,
The Office of the Governor	7	18	7	13	6	7	→ Office of the Governor, and Commission on Environmental Quality
Texas Commission on Environmental Quality	6	14	4	12	7	2	→ significantly more often than Anglos
Health and Human Services Commission	6	9	6	9	5	2	
Texas Department of Transportation	1	1	1	1	0	0	

Base: N=815

Reliable Spokespersons for Bioterrorism Announcements

Scale: 1 (not at all reliable) to 10 (very reliable)

Source	Mean Score
A public health official from the State Health Department in Austin	7.84
A local health official, such as a doctor, head of the city/county health department	7.61
State or federal law enforcement official	7.51
Environmental protection officials	7.36
A statewide public official	6.98
Local law enforcement	6.95
A local public official	6.43
Local community or social service leaders	5.75
Local religious or spiritual leaders	4.97

→ Spanish speaking respondents rate *state or federal law officials* highest, second being *local health officials*, and *public health officials* third

Base: 815

Treatment and Information During a Local Bioterrorism Incident

If a bioterrorism incident occurred, who would you call for...?

Information?	%	Demographic Trends*
Local police department	23	Spanish/Hispanic
Local health department	14	Anglo/African American
Local hospital	11	Other ethnicities
TV/news stations/media	10	Anglo/55+

Base: 815

Other mentions by less than 6% each.

*Groups who show a significantly higher tendency for this mention.

Conclusions & Recommendations

Clearly introduce the fundamentals of bioterrorism to the public.

- Create messages to clearly define bioterrorism.
- Differentiate it from other forms of terrorism, especially chemical warfare.
- Describe how it spreads (not necessarily from bombs).
- More complex messages, such as the contagion of specific viruses and bacteria do not lend themselves to public service announcement, television or radio spots. Other venues for this information, such as programs at a community-based level, will be more effective for complex messages.

Clearly define “preparedness.”

- Contradictory findings indicate a need for qualitative research to understand how the public understands the concept of “preparedness.”

Clearly communicate which state or local agency is most responsible for presenting information.

- While DSHS is described as the agency *most likely* to offer information, Homeland Security is viewed as the *most responsible* agency for giving information. However, other agencies such as Department of Public Safety and Texas Commission on Environmental Quality are viewed almost equally as responsible.

Campaign messages and media should give special consideration to the significant differences found in perceptions of Spanish-dominant, Hispanic and Rio Grande Valley residents.

- National networks such as Univision and Telemundo, and more community-based approaches to message delivery would be more effective for these audiences.
- Messages should be designed with the idea that these audiences know significantly less than English-dominant audiences about most of the concepts raised in this survey.

Field test all messages for clarity, relevance, acceptability, comprehensibility, believability and persuasiveness.

- Bearing in mind audience differences, messages should be field tested to ensure they are understood in the ways in which they are intended.
- Spanish messages should not be direct translation of English messages, but rather, should be tailored to meet the audience where they are.
- Be aware that calls to action that request making a telephone call or checking web sites will not be the first response of many Spanish-dominant, Hispanic or Valley residents.

Communications training and community outreach should be targeted by DSHS to local health care providers, including family doctors, clinics, hospitals and local health departments, as respondents indicate local sources are where they will turn for information.

- Further research is needed to know whether a heavily advertised toll free number would supersede the tendency to call local health care providers for further information.
- Local law enforcement should also be considered, as Hispanics and Spanish-dominant respondents especially indicated they would call police or sheriffs for more information or to report an incident.

Media outreach to prepare for emergencies should be most heavily focused to local television, national network affiliates and radio networks.

- Newspapers and local sources were secondary sources for most people in the event of an incident.

EDITED: _____ EDITED PICK-UPS: _____ START TIME: _____ VALIDATED: _____ MONITORED: _____

 1 2 3 4

#10-9947
7/21/04
Draft #3

**TELEPHONE SURVEY
BIOTERRORISM STUDY**

NAME _____ TELEPHONE # _____

INTERVIEWER _____ DATE _____

Hello, my name is _____ of SOSM, a Texas based marketing research company. Today we are conducting a statewide survey and would like to include your opinions. We are not selling anything nor will we put your name on a mailing list.

1a. Would you prefer to do this interview in...?

English ()
or
Spanish ()

1b. First of all, are you the...?

Male head of household 1
Female head of household 2

1c. Have you or has any member of your family ever worked in any of the following industries?

	<u>YES</u>	<u>NO</u>
Marketing research	()	()
Advertising/marketing.....	()	()

IF YES, THANK, TERMINATE & TALLY _____
--

1d. Which of the following best describes your ethnic background:

- | | | |
|-----------------------|---|----------------|
| Hispanic | 1 | } CHECK QUOTAS |
| Anglo | 2 | |
| African American..... | 3 | |
| Asian | 4 | |
| Other | 5 | |

1e. Which of the following best describes your age? Would it be...?

- | | | |
|----------------|---|----------------|
| Under 25 | 1 | } CHECK QUOTAS |
| 25 – 34 | 2 | |
| 35 – 44 | 3 | |
| 45 – 54 | 4 | |
| 55 – 64 | 5 | |
| 65 – 74 | 6 | |
| Over 74 | 7 | |
| Refused..... | 8 | |

1f. In what county of Texas do you reside?

1g. What is the highest level of education that you completed? Is it ... (READ LIST)

- | | |
|--------------------------------|---|
| Primary (Grades 1-8) | 1 |
| Secondary (Grades 9-12)..... | 2 |
| Some college | 3 |
| College graduate..... | 4 |
| Attended Graduate School..... | 5 |
| Completed Graduate School..... | 6 |
| Refused (DO NOT READ) | 7 |

1h. Including yourself, how many people currently reside in your household? (DO NOT READ LIST)

- | | |
|--------------------------|---|
| One | 1 |
| Two | 2 |
| Three..... | 3 |
| Four..... | 4 |
| Five | 5 |
| Six or more..... | 6 |
| Don't know/refused | 7 |

1i. How many children currently reside in your household? (DO **NOT** READ LIST)

- None 0
- One 1
- Two 2
- Three..... 3
- Four..... 4
- Five 5
- Six or more..... 6
- Don't know/refused 7

2a. Now I am going to begin asking questions relating to the topic of this survey, which is bioterrorism. To begin, what do you consider bioterrorism to be?

2b. Have you heard anything lately about bioterrorism?

- No 2
- Yes..... 1

(IF YES, PROBE)

What specifically have you heard or read about bioterrorism? Where did you hear or read about it?

3. If I were to ask you to list bacteria or viruses that might be used for bioterrorism, what is the first one that comes to mind? (DO NOT READ LIST) What others come to mind?

	<u>FIRST</u>	<u>OTHER</u>
	<u>RESPONSE</u>	<u>RESPONSE</u>
Anthrax.....	1.....	1
Tularemia	2.....	2
Botulism	3.....	3
Plague.....	4.....	4
Small Pox.....	5.....	5
Ebola.....	6.....	6
Other (specify) _____	7.....	7

4a. I am now going to read you the list of bacteria and viruses that may be used for bioterrorism. Please tell me which of these you think are contagious. (READ LIST)

	<u>DON'T</u>		
	<u>YES</u>	<u>NO</u>	<u>KNOW</u>
Anthrax.....	1.....	1.....	X
Tularemia	2.....	2.....	X
Botulism	3.....	3.....	X
Plague.....	4.....	4.....	X
Small Pox.....	5.....	5.....	X
Ebola.....	6.....	6.....	X
Other (specify)_____	7.....	7.....	X

4b. If you were asked to list the ways in which bacteria or viruses could be spread in a bioterrorism incident, what first comes to mind? (RECORD FIRST RESPONSE)
What others?

	<u>1ST</u>	<u>OTHER</u>
Mail (US Post Office).....	1.....	1
Packages	2.....	2
Letters	3.....	3
Air.....	4.....	4
Food.....	5.....	5
Water (water supply)	6.....	6
Other (specify)_____	7.....	7

5a. What would you do if a bioterrorism incident occurred?

5b. If a bioterrorism incident was announced in your area, where would you go for the most up-to-date information? (RECORD FIRST ANSWER) (DO NOT READ LIST)

	<u>YES</u>	<u>NO</u>
Newspaper	1	2
National television	1	2
Local television.....	1	2
Radio.....	1	2
Internet web sites	1	2
Community or neighborhood sources	1	2
Government agency.....	1	2
Other (specify)_____	1	2

Where else? (READ LIST AND RECORD RESPONSES)

	<u>YES</u>	<u>NO</u>
Newspaper	1	2
National television	1	2
Local television.....	1	2
Radio.....	1	2
Internet web sites	1	2
Community or neighborhood sources	1	2
Government agency.....	1	2
Other (specify)_____	1	2

5c. I am going to read to you a list of state governmental agencies. Please tell me whether you believe the agency provides the public with bioterrorism information. (ROTATE)

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW/ UNSURE</u>
Texas Department of Health	1	2	3
Texas Commission on Environmental Quality.....	1	2	3
Texas Department of Public Safety.....	1	2	3
Texas Department of Transportation.....	1	2	3
Health & Human Services Commission	1	2	3
The Office of the Governor.....	1	2	3
Texas Homeland Security	1	2	3

5d. Of the agencies I just listed, which one do you think is most responsible for giving information to the public about bioterrorism?

- Texas Department of Health
- Texas Commission on Environmental Quality
- Texas Department of Public Safety
- Texas Department of Transportation
- Health & Human Services Commission
- The Office of the Governor
- Texas Homeland Security

5e. What media sources do you consider the most reliable for providing bioterrorism or a bioterrorism incident information? (RECORD UNDER FIRST MENTION) What others do you consider reliable? RECORD UNDER OTHER MENTION)

	<u>FIRST</u> <u>MENTIONED</u>	<u>OTHER</u> <u>MENTION</u>
Newspaper	1	2
National television	1	2
Local television.....	1	2
Radio.....	1	2
Internet web sites	1	2
Community or neighborhood sources	1	2
Government agency.....	1	2
Other (specify) _____	1	2

6. I am now going to read to you a list of a variety of authorities. Please rate how reliable you feel these authority figures are on a '1' to '10' scale where a '1' represents *not at all reliable* and a '10' represents *very reliable*. Is this person of authority a reliable source to give a public service announcement with information about a bioterrorism incident? Would it be...?

	<u>NOT AT ALL</u> <u>RELIABLE</u>										<u>VERY</u> <u>RELIABLE</u>									
A Statewide public official, such as the governor, lieutenant governor, attorney general or legislator.....	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
A local public official, such as your mayor, city council member, or county commissioner	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
A public health official from the StateHealth department in Austin	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
A local health official, such as a doctor, head of the city or county health department, or local hospital	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
State or federal law enforcement official, like someone from the Dept. of Public Safety or FBI	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Local law enforcement, such as the local police, or sheriff's department.....	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Environmental protection officials	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Local religious or spiritual leaders	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10
Local community or social service leaders	1	2	3	4	5	6	7	8	9	10	1	2	3	4	5	6	7	8	9	10

7a. Do you recall recently seeing or hearing any advertisement or public service announcement giving information about bioterrorism?

Yes..... 1

(IF YES, ASK)

Where did you see or hear the advertisement or public service announcement?

	<u>YES</u>	<u>NO</u>
TV	1	2
Radio.....	1	2
Newspaper	1	2
Billboard	1	2
Internet website/email	1	2
Other (specify) _____	1	2

No 2 → (SKIP TO Q9)

7b. What do you recall about the advertisement or the public service announcement?

7c. What was the main message of the advertisement or public announcement?

8a. If a local bioterrorism incident occurred, whom would you call for treatment? (DO NOT READ LIST)

	<u>TREATMENT</u>
Local hospital	1
Your personal doctor	1
Local health department.....	1
State health department.....	1
Local police department	1
Environmental protection agency	1
Other law enforcement.....	1
Other (specify) _____	1
Unsure/don't know	1

8b. If a local bioterrorism event occurred, whom would you call for general information?
(DO NOT READ LIST)

INFORMATION

- Local hospital..... 1
- Your personal doctor 1
- Local health department 1
- Local health department 1
- Local police department 1
- Environmental protection agency 1
- Other law enforcement 1
- Other (specify) _____ 1
- Unsure/don't know 1

9a. Based on what you know or have heard, do you believe there are enough medicines available to treat viruses or bacteria that might be used in a bioterrorism incident?

- Yes..... 1
- No 2
- Unsure/don't know 3

9b. In the event of a bioterrorism incident would you take medicines if they possibly have strong side effects like vomiting, severe diarrhea, unusual bleeding, headache and other unpleasant symptoms?

- Yes..... 1
- No 2
- Unsure/don't know 3

9c. Would you take the medicine if you heard you had to take it for 60 consecutive days?

- Yes..... 1
- No 2
- Unsure/don't know 3

10. How likely do you think it is that a bioterrorism incident could occur in your community? Would you say...?

- Very likely..... 5
- Somewhat likely 4
- Neutral/don't know 3
- Not very likely..... 2
- Not at all likely 1

11. Based on what you know or have heard, how prepared do you think the State of Texas is to face a bioterrorism incident? Would you say...?

- Very prepared 4
- Somewhat prepared..... 3
- Not very prepared 2
- Not at all prepared..... 1
- Unsure/don't know 5

In case my supervisor would like to verify that I conducted this survey with you, I need to confirm that I'm taking to:

NAME _____

And that I called: TELEPHONE (_____) _____

That concludes our survey. Thank you for your time and attention.

INTERVIEWER _____ DATE _____

END TIME: _____