



NATIONAL CENTER FOR DISASTER PREPAREDNESS

**HOW AMERICANS FEEL ABOUT TERRORISM AND SECURITY:
TWO YEARS AFTER 9/11**

AUGUST 2003

In Collaboration with The Children's Health Fund



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HOW AMERICANS FEEL ABOUT TERRORISM AND SECURITY: TWO YEARS AFTER 9/11

A Survey Conducted by The Marist Institute for Public Opinion

(Survey Commissioned by the NCDP and the CHF)

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INTRODUCTION

Understanding attitudes, concerns and reactions of individuals and families is critical to emergency planning efforts on all levels. In order to have effective implementation of a disaster plan, people need to be confident in (a) the reliability of information from official sources, (b) the capacity of government to perform effectively in a crisis and (c) the capability of response systems, particularly the health systems and first responders. Absence of confidence in response systems or leadership may undermine the best of crisis plans, leading to unnecessary panic and potential excess loss of life.

In August 2003, The National Center for Disaster Preparedness at Columbia University's Mailman School of Public Health, in collaboration with The Children's Health Fund, commissioned the Marist Institute for Public Opinion to conduct a survey of adults nearly two years after the multiple terrorist attacks on New York, Washington, D.C. and Pennsylvania. The survey included both a national and a New York City representative sample of households contacted by telephone.¹

Questions covered a wide range of issues including people's concern about potential new additional acts of terrorism in the U.S., the government's ability to protect citizens, and the health system's capacity to respond. Throughout, specific questions were asked of a subset of parents of children from four to eighteen years of age. To the extent possible, specific questions were replicated from four previous surveys commissioned by The Children's Health Fund since September 11, 2001 to identify trends in public attitudes and perceptions.

¹ The August 2003 national survey was conducted from August 5th through 14th, and 18th through 20th, 2003. In the national survey, 1,373 adults eighteen years of age or older within the continental United States were interviewed by telephone, of which 484 were parents with children age four through eighteen living in their household. There were 663 interviews with people employed by a company with 11 or more employees. In the New York City survey, 1,317 adults 18 years of age or older were interviewed, of which 456 were parents with children age four through eighteen living in their household. There were 640 interviews with people employed by a company with 11 or more employees. Telephone numbers were selected based on a complete list of telephone exchanges (nationally or within New York City) and selected for representation in proportion to the population. The results of the entire survey are statistically significant at +/-3%, +/- 4.5% for parents with children aged four through eighteen, and +/-4% for employees. Interviews were conducted in English or Spanish as necessary.

The August 2002 survey was conducted from August 12th through 22nd, 2002. In the national survey, 1,215 adults eighteen years of age or older within the continental United States were interviewed, of which 363 were parents with children age four through eighteen living in their household. In the New York City survey, 1,313 adults 18 years of age or older were interviewed, of which 361 were parents with children age four through eighteen living in their household. Telephone numbers were selected based on a complete list of telephone exchanges (nationally or within New York City) and selected for representation in proportion to the population. The results of the entire survey are statistically significant at +/-3% and +/-5% for parents with children aged four through eighteen. Interviews were conducted in English or Spanish as necessary.

Exact wording of the questions, and data tables, are available on request.

SUMMARY AND RECOMMENDATIONS

COMMUNITY AND INDIVIDUAL INVOLVEMENT

1. There is widespread and persistent concern that there will be another terrorist attack, coupled with a strong perception that the country is ill-prepared to protect its citizens or respond to any form of bioterrorism. Many people are not aware of or familiar with emergency plans in schools or at the workplace and very few Americans have made adequate emergency plans for their own families. Yet there is a great willingness among the public to help by participating in emergency planning for their own communities. **It is essential that the general public be more informed about and participate in preparedness planning. Individual, family and community-based strategies would be empowering to and well accepted by the public and should be part of disaster planning at every level. Inclusion in preparedness planning of existing local human resource assets such as community leaders, social workers, teachers, concerned religious leaders and volunteers will strengthen overall efforts to enhance homefront readiness and restore confidence in leadership.**

EVACUATION PLANNING

2. The overwhelming majority of Americans will not evacuate immediately if asked or ordered to do so. There may be instances in which immediate evacuation is necessary, so the reasons why they will not - which generally involve the need to ensure the safety of those close to them - must be addressed. **Enhanced family preparedness planning will contribute to the larger public health goal of disaster preparedness. This planning, however, needs to explicitly address the issues that would concern the public in a crisis such as being reassured about plans to protect children and reunite them with parents, clear information about what would be available to assist elderly or disabled relatives or friends and how to accommodate pets.**

WORKPLACE

3. While the federal Occupational Safety and Health Administration (OSHA) has mandated workplace emergency or evacuation plans for companies with eleven or more employees, there has been limited penetration into the nation's workforce. There can be little doubt that a disaster and evacuation plan for the World Trade Centers would have reduced the number of fatalities among both workers and first responders. **OSHA should step up its efforts to develop workplace preparedness, emphasizing worker awareness programs and training drills in the workplace. Local and state governments, as well as employers, should enhance the effectiveness and visibility of emergency planning protocols in all places of work.**

SCHOOLS

4. The level of preparedness at our nation's schools - as indicated by parent's awareness of the details of such plans - is inadequate. Parents, as expected, feel strongly that they must ensure their child's well being to evacuate immediately or take other mandatory steps in case of an emergency. **Schools must develop comprehensive disaster and evacuation plans, and parents must be informed about the details of these plans.**

TRAINING HEALTH PROFESSIONALS

5. Americans have a higher level of trust in a medical doctor with specific expertise in bioterrorism to give them the information they need than they do for their own medical provider. Yet, people often turn to their primary care providers as sources of information to help people understand and prepare to meet possible new challenges for themselves and their family's health. **There is a need for greatly enhanced bioterrorism training of public health leaders and health professionals in general.**

LEADERSHIP AND COMMUNICATION

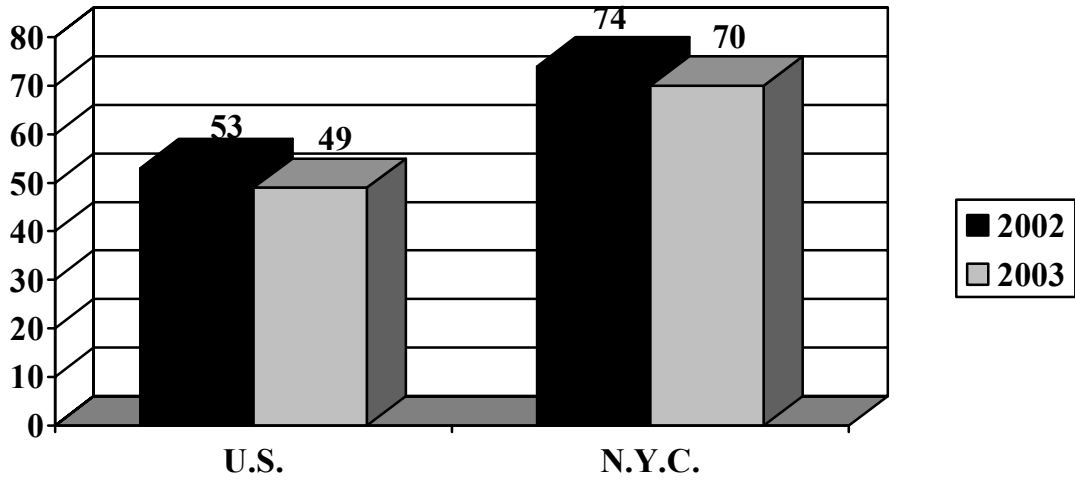
6. There is a pervasive lack of confidence in government's ability to protect local communities from acts of terrorism. We emphasize that this is a perception and may not reflect federal, state or local government's actual ability to do so. It does, however, indicate a need for improved disaster communication and leadership that inspires confidence and trust. While people may tend to trust high government officials, when it comes to preparedness for possible acts of terrorism or bioterrorism, they have a higher level of confidence for those with specific health expertise. **Based on these results, we recommend that the primary spokesperson for the federal government be the U.S. Surgeon General. The lead federal government agency for this issue should be the Centers for Disease Control and Prevention (CDC).**

KEY FINDINGS

Persistent Concerns:

- Two years after 9/11, 76% of Americans and 81% of New Yorkers are concerned or very concerned about the possible occurrence of additional terror attacks.
- Only 35% of people nationally and 23% of New Yorkers believe that their community has an adequate emergency response plan in place.
- New Yorkers made it clear that they consider the city to be a terrorist target, and they do not feel safe in the event of another attack.
- Nationally, the degree of concern about safety is virtually unchanged compared with one year ago. About half of parents (49%) reported being more concerned about personal and family safety with respect to possible terrorism. The figure is even higher in New York City (70%). The details are shown in figure one:

Fig. 1: Parents concerned about safety post-9/11



- Child concern or fear that there will be another terrorist attack is also virtually unchanged from one year ago. Nationally, one child in five (21%) is reported to have this concern, as are 39% of children in New York City.
- In this context, it is a source of concern that confidence in the government’s ability to protect their community in the event of another attack are virtually unchanged compared with one year ago. Nationally, more than one-third of adults are not confident their community would be protected.

Fig 2a: Confidence in government's ability to protect the local community, U.S. 2003

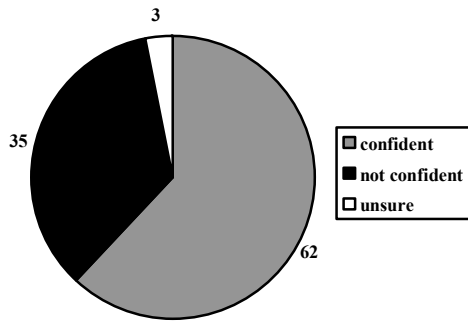
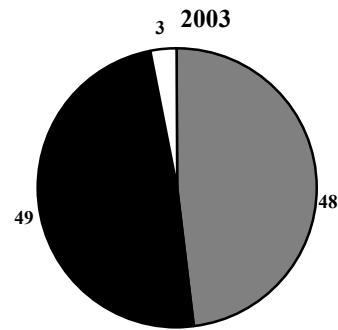


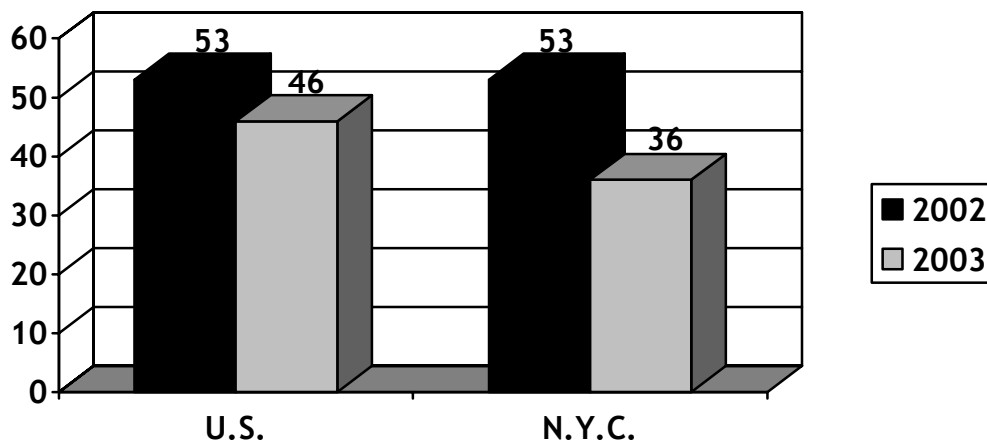
Fig 2b: Confidence in government's ability to protect the local community, New York City, 2003



- There are varying levels of confidence in government's ability to protect against specific threats. These levels of confidence remain essentially unchanged between 2002 and 2003. The figures below are from the 2003 survey:
 - Nationally, 41% lack confidence that the government is providing adequate airport security. In New York City, more than half (51%) lack confidence;
 - Nationally, 47% lack confidence that the government can protect the water supply from chemical or biological attack. In New York City, more than half (56%) lack confidence;
 - Nationally, 37% lack confidence that the government can protect nuclear facilities. In New York City, half (50%) lack confidence;
 - Nationally, more than half (51%) lack confidence that the government can protect against "dirty bombs" (explosive devices that release radiation). In New York City, the figure rises to 60% lacking confidence.
- **Nationally, people identified the U. S. Surgeon General as the government official whom they trust most (76%) to provide reliable and accurate information in the event of another terror attack. President Bush was trusted by 65%, as was Attorney General Ashcroft. Homeland Security Secretary Ridge was trusted by 68%, and Health and Human Services Secretary Thompson by 69%.**
- A higher level of trust was expressed for those presumed to have relevant medical expertise. **The government agency most trusted to provide reliable and accurate information was the Centers for Disease Control and Prevention (CDC, 84%), followed by the National Institutes of Health (NIH, 75%).** Eighty three percent trusted any medical doctor with expertise in bioterrorism.

- The level of confidence in one's own family doctor or health provider to supply the necessary information to prepare for a terrorist or bioterrorist attack is 54% nationally and 46% in New York City.
- While public confidence in government's ability to protect was generally unchanged between 2002 and 2003, there was one notable trend: a significant decline in confidence in the health system's capacity to respond effectively to a biological, chemical or nuclear attack. This trend was most dramatic in New York City. The details are in figure three:

Fig. 3: Confidence in the health system to respond to terrorism or bioterrorism



Given the high level of concern and low confidence, what are families doing to prepare for a possible disaster?

- Fewer than one in four (23%) families nationally has a basic emergency plan with the bare minimum of components: at least two days of food and water, a flashlight, a portable radio and spare batteries, emergency phone numbers, and a meeting place for family members in case of evacuation. In New York City, despite the higher level of concern about possible additional acts of terrorism, only 14% of families have made basic preparations.

Do parents know how the schools would handle emergency situations?

- Nationally, only 58% of parents, and 53% of parents in New York City, are aware of any emergency or evacuation plans at their child's school. Only 19% nationally and 15% in New York City were very familiar with the details of the school plan.

Are people prepared for emergencies in the workplace?

- The Occupational Safety and Health Administration (OSHA) mandates that any company with 11 or more employees must have an emergency or evacuation plan. Nationally, while 70% of people working in companies where this mandate applies reported being aware of emergency or evacuation plans, only 42% are very familiar with the details. In New York City, the situation is even worse. Only 59% reported awareness of a workplace emergency or evacuation plan, and 28% are very familiar with the details of the plan.

Would people evacuate in an emergency if directed to do so by officials?

- When asked whether they would evacuate an area immediately if directed to do so, after people thought through what may be involved, **90% nationally and 92% in New York City, reported that they would not** for at least one reason. The most prevalent concern (66 % of the national sample; 62% of New Yorkers) is the desire to ensure the whereabouts or safety of family members or friends. The specific reasons most often involve the need to ensure the safety and circumstances of others - children, elderly or disabled relatives, friends - even pets. Nearly one-third of New York City respondents (31%), and 28% nationally, cited the need to take some personal belongings with them as a reason not to evacuate immediately if so ordered.
- There is a strong sense of community and a desire to help in local emergency planning on the part of many Americans. **Nationally, and in New York City, 72% would likely volunteer their time to assist in the development of an emergency or evacuation plan for their community.**

What the National Center for Disaster Preparedness (NCDP) plans to do:

1. Develop a model "Community-Based Preparedness Plan." The goal will be to involve local leaders, first responders, social workers, community workers, business and religious leaders, teachers and school officials and others in the development of appropriate plans for coping with disasters or terrorism.
2. Expand the scope and content of training initiatives to develop response and communication skills regarding terrorism, disasters, and other threats among public health workers, first responders and health professionals, including primary care and community-based providers.
3. Enhance emergency planning for schools, congregate facilities (day care centers, nursing homes, etc.) and other institutions. The Center has begun work with relevant agencies to create national models for such programs.
4. Reinforce efforts to ensure that adequate planning for emergencies exists in the workplace, with programs to increase worker awareness and familiarity about such protocols.
5. Develop recommendations for the management of large scale disaster responses, including evacuation and quarantine plans.
6. Help define disaster preparedness as it applies to communities, schools and health care systems. The NCDP will develop preparedness benchmarks for institutions and communities, and mechanisms for calculating the costs of preparedness.
7. Ensure that the health system and public health terrorism and disaster preparedness planning has specified positive outcomes - while maintaining the essential core public health agenda .The goal of this EMSC targeted issues grant is to assess the unmet needs of children and provide federal, state, local and private disaster response organizations with the informational tools to enhance their response systems by creating a Model Pediatric Component for State Disaster Plans.

Contact Information

The National Center for Disaster Preparedness at the Mailman School of Public Health is an academically-based, inter-disciplinary program focused on the nation's capacity to prevent and respond to terrorism and major disasters. The NCDP provides curriculum development in bioterrorism, training for public health professionals and other first responders, development of model programs, a wide-ranging research agenda and public policy analysis around issues germane to disaster preparedness.

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The only accredited school of public health in New York City, and among the first in the nation, **Columbia University's Mailman School of Public Health** provides instruction and research opportunities to more than 800 graduate students in pursuit of masters and doctoral degrees. Its students and more than 200 multi-disciplinary faculty engage in research and service in the city, nation, and around the world, concentrating on biostatistics, environmental health sciences, epidemiology, health policy and management, population and family health, and sociomedical sciences. www.mailman.hs.columbia.edu

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The Children's Health Fund, founded in 1987, works to provide medical care to the nation's most medically underserved population - homeless and disadvantaged children. To date, The Children's Health Fund's national network of 16 pediatric programs has treated more than 300,000 children. More information can be found at The Children's Health Fund website at www.childrenshealthfund.org.

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