Pre-Event Message Development Project

Year 1 Summary Report on Results of Focus Groups Conducted With Rural Caucasians

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I. Introduction

Caucasian participants from rural areas in Midwest and Southwest regions within the United States were asked to participate in four agent-specific focus groups. Each focus group emphasized a different terrorism agent within the hypothetical scenario rollout. The basic structure of the focus group guide for the general public included the following sections:

1. Introduction & ice breaker
2. Current knowledge and attitudes about the national color alert system and different types of terrorist threats
3. Three part scenario rollout based on specific type of agent: radiological, chemical (VX), or biological (plague or botulism)
4. Pre-testing of available agent materials

Focus group transcripts were analyzed using the designated coding protocol. Coding proceeded from macro domains to smaller units of coding material. Coding and recoding were completed on transcripts by the moderating school. Final summary reports were utilized to create findings for the rural Caucasian focus groups that follows.

II. Demographics

Rural White Individual Focus Group Demographics

Focus Group #	1	2	3	4
Agent	Plague	Chemical	Nuclear	Botulism
University	SLU	SLU	UOK	SLU
Population:	Rural White	Rural White	Rural White	
Age Minimum Maximum Mean Standard Deviation	17 68 51 18.26	31 60 44 11.04		19 77 48 24.37
Gender % Female % Male	79% 22%	50% 50%		75% 25%
Education No high school Some High School HS Diploma Some College College Degree Some Graduate Graduate Degree	- 11% 33% 33% 11% - 11%	- - 33% 33% - - 33%		- - - 75% - - 25%
Marital Status Single Married Divorced Widowed	11% 89% - -	- 100% - -		25% 50% - 25%
Income Below $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 Above $100,000 Mean	- - - 11% - 11% 44% - - - - $60,000-$70,000	- - 17% - - 17% 17% - 17% - - $50,000-$70,000		- 25% - 25% - - - - - - 25% $30,000-$40,000

Second Order Analysis- Rural Caucasians

Overall focus group demographic characteristics (N = 19)

Characteristic	Category	N (%)	Mean/SD
Age			49 (17)
Sex	Male	6 (32%)	
	Female	13 (68%)	
Education	Less than high school	0	
	Some high school	1 (5%)	
	High school diploma or GED	5 (26%)	
	Some college	8 (42%)	
	College degree	1 (5%)	
	Graduate degree	4 (21%)	
Agent	Plague	9 (47%)	
	Botulism	4 (21%)	
	VX	6 (32%)	
	Radiology	0	
Language in home	English	19 (100%)	
	Other	0	
Marital status	Single	2 (10%)	
	Married or living with partner	16 (84%)	
	Divorced or separated	0	
	Widowed	1 (5%)	
Children	Yes	17 (90%)	
	No	2 (10%)	
Employment	Yes	12 (63%)	
	No	7 (37%)	
Family income	Less than $10,000	0	
	$10,000-$19,999	1 (8%)	
	$20,000-$29,999	1 (8%)	
	$30,000-$39,999	2 (15%)	
	$40,000-$49,999	0	
	$50,000-$59,999	2 (15%)	*
	$60,000-$69,999	5 (38%)	*
	$70,000-$79,999	0	
	$80,000-$89,999	1 (8%)	
	$90,000-$99,999	0	
	$100,000 or more	1 (8%)	
	Missing	6 (32%)	
Population	Urban	50 (56%)	
	Rural	40 (44%)	

* = median

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III. Findings

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

The moderator's guide was split into three parts:
- Part One- General knowledge of preparedness and bioterrorism.
- Part Two- Presentation of a hypothetical terrorism attack scenario in which a different agent is used, depending on the individual focus group.
- Part Three- Presentation of pretest materials to participants for reactions.

A. Pre-event knowledge

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

Color Alert System

Almost all participants had heard of the color alert system and many of them had some knowledge of what the different colors signified. Quite a few knew that red was the highest level of alert.

> FG 4, pg 2 "It's of varying degrees I think. Green means everything is fine. Yellow minor caution. Orange is serious caution. And red is better watch out."

Protection knowledge in case of an attack

Participants differed on the beliefs regarding protecting themselves from an attack. Some felt there were steps they could take, while others felt there was nothing they could do.

- Many participants felt that being knowledgeable on what to look out for or take notice of, such as unfamiliar trucks or cars, is a good way to protect against a terrorist attack.

  FG 4, pg 2 "I think knowledge as much as anything and what to look for or what to notice. And I think that is very important because you don't notice that you've noticed it until it happens. And also to know what's available—protection."

  FG 3, pg 2 "Well I think that's kind of easy here because we pretty well know everybody and if you see a truck or a car going down the road, you are pretty sure of who it is. And anybody that is different kind of stands out. You know, a visitor or a . . ."

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- Some participants felt that nothing can be done to prevent certain attacks.

  FG 2, pg 2 "Nothing. I mean there's really nothing you can do."

Terrorist threat knowledge (Chemical, radiological, and biological)

Participants had limited knowledge about what chemical, biological and radiological threats are. Many of them provided very obvious answers when asked (i.e. when asked what a chemical threat is some participants stated "chemicals") which indicated their limited understanding of these threats.

  FG 3, pg3 "Maybe like a nuclear bomb. Something like that. Would that be radiation?"

B. Hypothetical Attack

The focus group participants were asked to respond to a hypothetical attack scenario that was rolled out in a number of sections. As each section was presented participants were given more agent-specific information. Between each section, participants were asked a series of questions.

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

Anger, fright, and other related emotions were immediately obvious. For some, additional information helped relieve these feelings, for others it did not.

- For all agents participants overwhelmingly responded that they were scared, shocked, or angry.

  FG 3, pg 4 "Scared to death."

  P4, pg 4 "Shock."

  P2, pg 4 "Anger. I think I'd show anger and wonder who was behind it."

- In the VX group anxious feelings were alleviated with more information and the belief that the situation was being taken care of.

  P3, pg 9 "I would feel more like it seems like it's under control. Get what information I need. If I need to go I'll do what I need to protect myself and my family, but they're confirming everything, they're decontaminated everybody, apparently it's something that's under control. I wouldn't worry about it."

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

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

- Participants wanted as much information as possible including information regarding keeping their family and friends safe, and possible symptoms to look for.

  FG 4, pg 7 "What are the symptoms that I need to look for . . . skin peeling off?"

- In addition to the general questions regarding an emergency situation, botulism focus group participants were concerned with how to avoid a panic situation.

  P3, pg 12 "And how many people are going to want to know? There's going to be some panic. Where can I go to be checked out? Should I be going to the hospital or what? And like you said, the local aid stations or something. You've probably put that panic factor in there. Okay, how can we avert that panic or evade it or whatever. What can we do?"

- Plague participants wanted to know how the agent would be released and information about vaccines.

  P8, pg 4 "The medium of what they think it is. Is it the water? Is it the crop spraying? What?"

- Participants for a number of different groups wanted to know specific action steps that they could take to prevent infection and reduce the effects on themselves.

  P8, pg 9 " Prevention. If you were exposed or say, like they said, you interact with somebody who was in that mall, what are your chances?"

  Pg 4 "…steps to take so we could prevent it from affecting us more; I mean what would you do to take preventative steps?…"

- In the case of a nuclear attack, participants also wanted specific information about the event—time, blast area, how many miles from its center were affected, wind direction, and weather conditions.

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

Participants mentioned seeking information first from local officials. Participants also mentioned getting information from media sources such as television, radio, newspaper, and the Internet.

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- Participants would initially seek out local officials for information, and only mentioned the radio as a potential media source.

  FG 3, pg 4 "Sheriff's department."

  FG 3, pg 6 "I would maybe listen to the radio."

- Some group participants mentioned an overall trust of any information that would be released by the government during a time of crisis.

  pg 8 "I think I would probably pretty much trust anything that came out at a time like that of crisis from a government agency."

- Some participants mentioned seeking further information from foreign media and alternate sources listed in the newspaper.

  FG2, pg 4 " I would go not only to American media but the foreign media. Check out B.B.C. and some of the other places because not only do you get what's being said in this country but you're getting some information from other countries that have quite a bit different view…"

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

Participants did not agree on what the best reaction to an event would be, fleeing or sheltering in place.

- Certain participants mentioned they would immediately leave the area.

  FG2, pg 4 " I'd probably leave the area."

- Others said they wouldn't leave their home, instead they would shelter in place. Stocking up on essential items, similar to natural disasters such as a hurricane, was mentioned.

  FG2, pg 4 "Not go any place."

  FG2, pg 7 "The water. Just like you would prepare for a hurricane or something of that sort. You could trust this because I think you would begin not to trust public water supplies."

What are the participants' perceptions about government and preparedness?

Participants showed a range of confidence in the government's ability to respond. Some participants felt the government could handle an attack, while others did not. Interestingly, while participants felt the government would withhold information, the information released was considered trustworthy.

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- Plague and Botulism participants felt that strides have been made since September 11th, but there was concern about a lack of experience.

  Pg. 8 " I just think that yeah, since September 11 from a hospital standpoint, we've done a tremendous amount of work and spent a lot of time. And I know the health department has too. We have even bought equipment particularly for biological terrorism."

  Pg. 10 "See I'm more confident in my local officials here lately. Maybe they are doing a snow job on me, but I think I've been noticing that they have been trying to be more aware of preparedness."

  Pg. 10 "I think again I wouldn't be very confident just because I know that a lot of them have not dealt with something like this before, so they don't have any experience."

- Other participants had a critical assessment of the government's efforts to increase preparedness. Bureaucratic changes are affected by lack of timeliness and budget-based decisions.

  Pg. 11 "I don't think there is enough that has been focused on quite yet. I think that more and more with bigger threats every day there's going to be more and more done, but we are talking about bureaucracy. And how quickly it is going to be done and how much is going to be done is all going to be based on lowest bidder. Who can do it cheapest rather than who can do it the best."

- In the radiological and VX group, the participants thought vital information would be withheld, but the information released would be considered trustworthy.

  Pg. 8 "And you know they would be trying to prevent panic and all that so you wouldn't be able to trust them…"

  Pg. 18 "…and sometimes I guess maybe I'm a little too naïve, but I know the government has things they can't disclose to everyone but I don't think there's this huge conspiracy to cover up our well being. I know there are things they can't tell us…"

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

Among participants there was the belief that the media plays an important part in dissemination of information, however, there was concern that the media may cause panic.

- Participants from some groups felt that the local media should be the best source to disseminate information.

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FG2, pg. 11 "…I think that local media is really where you can get the information out best. I would hope that the people that are working at the radio stations are thinking along the proper lines and at least give it to you."

- However, participants also realized that if frightening information is released in a careless manner it could instill panic.

  FG 3, pg 10 ". . . That's why the media is a two-edged sword. It can be very informational. It can tell you to stay away from a particular area because of it, but then it can turn around and increase your heart rate by maybe what they've said. You know, there are 30 cases today, 12 hours later now there are 60 cases. Well that instills panic."

C. Materials Pre-test

Pretest materials were presented after the scenario. The materials used were those easily available online from the CDC. In some cases, the materials tested were created for purposes different than the ones in which they were used in this study, so the materials were found to be inadequate and included a number of serious information gaps. For example, the plague materials were meant to address plague as a naturally occurring disease, not as a disease that may be used as a terrorist weapon.

How well do preliminary message materials address information needs?

All groups learned from the fact sheets. The usefulness of information gained differed across the materials.

- The plague sheets addressed naturally occurring plague rather than a plague outbreak that would occur as a terrorist attack. This left participants with unanswered questions apart from those regarding symptoms and transmission, which were covered.

  FG 3, pg 13 "The question I had was kind of about pets because people might think to keep their pets inside away from rodents. But I don't know if that would be better or not, because if you bring your pets inside they are going to draw fleas no matter where they are. The dog could give it to you if it's inside."

  FG 3, pg 13 "I don't think there's that much information about how to protect yourself. It lists the symptoms and how it's transmitted and all that, the rest of the information. . . there isn't that much there."

- VX participants felt that some of the information provided was useful while, like the other groups, participants found some parts were unclear or ambiguous.

FG 2, pg 15 "Yeah, I found a couple of points in here. It talks about how [???] she mentioned that. It talks about being the most potent of all nerve agents and then it goes on a couple lines further down how it says it's the least volatile of nerve agents. Now, a lot of people are going to get those confused. It's okay. I had to read that twice when I first read that. It's like, okay, you're saying it's the least volatile and two paragraphs ago it said it was the most potent. Which is it?"

- Botulism participants recognized treatment and prevention as the main points of the botulism fact sheets but were left with some unanswered questions as well.

  FG 3, pg 14 "I thought treatment is a main point. The question is there a cure for botulism, people are going to be very interested in that."

  FG 3, pg. 14 " And prevention…"

- Radiological participants generally felt that the message materials were helpful, and addressed their informational needs.

  p. 26 "I think it's helpful and it's written in a way that most people can understand – real easy to understand, I think it gives you information as far as what to do."

What are unmet information needs?

Overall, the findings from the groups differed depending on the agent being discussed. Participants in the plague and botulism focus groups felt that the preliminary message materials left them with a lot of unanswered questions. Plague participants were concerned that the educational materials addressed naturally occurring plague rather than plague that may occur from a terrorist attack. VX participants felt that while some of the information provided was useful, other parts of it were just confusing. Participants in the radiological group felt that the preliminary message materials met most of their information needs.

- The materials presented to the focus groups left the participants with an unclear understanding about the agent discussed.

  FG 2, pg 16 "And I took this as an exaggeration. On the very first sheet it says it's an oily liquid that's amber in color and very slow to evaporate. It evaporates about as slowly as motor oil. Motor oil will not evaporate. Is that an exaggeration or is there something else you can compare it to? If it evaporates as slow as motor oil it will be here forever, and that will be a very big concern for a lot of folks, I mean if it's correct, if it evaporates as slowly as motor oil. It's a petroleum base and it will not evaporate. So if there's something else you can compare it to. . ."

- Participants asked questions about actions to prevent exposure. Preventing food contamination was mentioned specifically, along with more general concerns.

  FG2, pg 18 "There are things here in the food that aren't addressed, which are prepared foods, chips, pudding, anything like lunchmeat, bread. These are all things you can't boil or really cook. What about, there should be something about what you can do with these foods."

  FG 3, pg 13 "I don't think there's that much information about how to protect yourself [From Plague]. *It lists the symptoms and how it's transmitted and all that, the rest of the information. . .there isn't that much there."*

- The materials left some participants with an unclear understanding of the symptoms to expect if exposed. Also, they were confused regarding how various levels of exposure would affect different individuals.

  p. 26 "…it really doesn't say anything about symptoms… doesn't tell you what might happen if you were exposed [to radiological agents]… *it doesn't give you any range of how long the exposure might be a danger to you."*

  FG 4, pg 16 "Does it [Botulism] *hit the elderly and children stronger? We talked about how HIV patients are at an added risk. But if your immunity is down I would expect that anything is going to hit you harder and that goes for HIV or age. But I don't know."*

- Participants wanted to know what to do if they were exposed including: when treatment should be sought, and where to go for treatment?

  FG 4, pg 16 "My question was in the management section. We talk about early diagnosis, but what if you go over to your grandmother's house and she's further along than early diagnosis? When is it too late for treatment [for VX]*?*

- The participants also wanted to know event specific information such as where, when and why the agent was released, and what steps were being taken to alleviate the situation.

How do participants respond emotionally to preliminary message materials?

Emotional response of participants encompassed a wide range from comfort, fear, surprise, and all the way to the desire to get additional information. Participants felt that the material made them better informed and provided them with a certain level of confidence. The knowledge gained from reading the fact sheets made them feel safer, as well as proactive in terms of watching for symptoms and immediately seeking treatment if found.

- In general, participants felt that just reading the materials made them feel safer, and would eliminate feelings of worry. Plague participants noted that the materials gave them some confidence by informing them about plague, but expressed some surprise that plague still existed. VX participants expressed feelings of comfort after receiving the materials.

  FG 3, pg 13 "It gave me a little more confidence that I know this much about it. I did not know as much before hand so I know this much. The first time I heard plague was still around I was really surprised. I thought it was a "dead" disease."

  FG3, pg 20 "I'd feel a lot safer after reading this rather than being worried about the idea of needing inoculations and all the worries about that."

  FG 4, pg 21 "I think I said it earlier, it makes me happy to know how easy it is to prevent it. If we were told there was a botulism outbreak and that food has been infected with botulism, if I don't have it, it will be very easy to prevent getting it. That makes me feel good. Also that treatment is available for it rather than if you've got it and you're going to die, period, that's it. It's good to know that there is treatment available, not a cure. The treatment is explained and… "

- The botulism focus group mentioned an overall concern for their family and seeking additional information on safety of family members and preventive measures.

  FG 2, pg 17 "I'd be checking up, as I said, my relatives who may not have as much access or maybe don't see people on a daily basis, make sure that they are okay. Also, once again, the prevention, preventative measures would be [???] and I'd be watching myself and family for any symptoms to show up. And as soon as they do, go for treatment."

- The radiological participants expressed feelings of anxiety. They also questioned why some of the information was presented during the fact sheet, and wondered if it was purposely done to elicit fear.

  p. 27 "…did they try to shock us or scare us by bringing these two examples up… Russia and Japan, you know, we've read about it in a history book but it doesn't click in your mind that this could happen here, and so it's like reading you know, fantasy or something."

How credible are the preliminary message materials?

The credibility of the material was questioned by almost all groups. Based on the materials, some groups thought them to be credible because of the inclusion of reasonable information and action steps. Other groups felt the materials were less credible because they had confusing information or recommendations that did not make sense.

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- Participants in the botulism group felt the materials were credible because the actions recommended were feasible and sensible.

  FG 1, pg 20 "I don't know how credible it is, but it all seemed reasonable to me. I mean there wasn't anything that was really out there that I wouldn't believe or anything like that."

- Plague participants questioned the statement regarding the availability of antibiotics in case of emergency.

  FG 8, pg 11 " I don't believe they've got enough antibiotics. I believe that they are getting them somewhere within 12 hours just because of modern transportation. None of the nurses in this room are old enough to remember when there wasn't outdates. I remember when a drug didn't have an outdate on it. You used it until you looked at it and maybe it discolored and you were told not to use it. Now they have shelf life and things like that. How could they possibly have a lot if they were in need? I believe they gave some statistics in there of 150,000 people could be infected."

- Participants in the VX group were a little hesitant to say that the materials were credible given the fact that they did not know much about VX to begin with.

  FG 2, pg 22 "Well, I mean if you don't know anything about VX, how do you know how credible it is? The average citizen is not going to. . .they're going to see this as one hundred percent credible and they're going to follow it."

  FG 2, pg 22 "You're going to hope it's correct. You don't know. You don't know who put it together. But you're going to hope it's correct and you're going to take it out and. . ."

- The members of the radiological focus group questioned the credibility of the materials, because of questionable recommendations.

  Pg. 15 "Well, how many government people have tested getting in a building and covering up the windows with a piece of plastic to see if that's going to help…"

How successful are materials in fostering self-efficacy?

Self-efficacy seemed to be related to the quality of the educational materials. For those groups with materials that related to the agents' use in a terrorism situation and included action steps, it seemed to promote self-efficacy of participants within those groups. When materials were designed for other reasons, such as naturally-occurring plague, self-efficacy was not prevalent among participants.

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- Plague participants said they felt that a little uncertain about what they could do to protect themselves.

  FG 3, pg14 "I think just be a little bit more specific about what we can do to protect ourselves."

- Participants in botulism, VX, & radiological groups felt somewhat more confident that they could carry out the actions recommended in the fact sheets. Within some groups such as the botulism group, participants displayed a clear willingness to carry out recommendations.

  p. 15 "I'm extremely confident, but like I heard him say, I couldn't write a better list myself… just the fact that they are taking these precautions that have been approved and recommended generally makes people feel better, that they're protecting their family and doing the right thing… gives you some action steps, might engender more security…"

  FG 4, pg 17 "I think that definitely the one main thing you would want to do is be sure that you abided by those preventions with your boiling and cooking thoroughly…"

  p. 19 "… with something like this we can carry it out. I work for the government and we've got plans for everything."

What are participants' recommendations for improving the materials?

Participants emphasized the need for available information that is appropriate for the situation, thoughtfully organized, and interesting to read.

- Participants emphasized that information be readily available, and that special attention be paid to how the materials are going to be used.

  FG 3, pg 14 "It's kind of like West Nile. We know how we can get rid of the mosquitoes, but unfortunately I don't think anybody is going to pay any attention to this until we have a case. When you have a case then everybody is going to want the information at the same time."

  FG 2, pg 25 "Well, again, I think it depends on how you're applying them. I mean if you're talking about handing these [after an event?], I think you need to make highlights of the important stuff that is going to be concerning people at this point. And top, front, center. I mean if it's going to be pre-event education, I think a lot of the stuff is good. I mean it depends on how you're using the application."

Participants recommended that the information be rearranged so that the more important information is at the beginning and there is a summary at the end.

FG 4, pg 22 "Yeah, that last paragraph on the back, disinfection, that is very important. It does not belong there at the end. Also you need a conclusion. There needs to be a summary paragraph.

FG 4, pg 22 "I agree. I kind of wanted to skip over all the stuff about children because I have none. I don't really care to read about that."

- Others suggested improvements included adding pictures, an Internet site, address, and phone number.

  p. 27 "I would still just make them two or three little pictures that tells you what to do, with very few words and just pictures… some people would have a problem reading all the words on it…"

- Some participants felt the presentation of the information should be made more interesting.

  p. 26 "I think this sheet's basically pretty dull and that most people wouldn't read this. It's not helpful in the sense that I could say, well, I read this, what did it tell me?"

What are participants' other recommendations for preparedness?

Participants in the various groups made recommendations on the dissemination of information and the availability of treatment and supplies.

- VX participants suggested disseminating the relevant information in stages, not just during an emergency. Another dissemination idea included creating a health campaign with a catchy slogan to help disseminate the message to a much wider audience.

  FG 1, pg. 23 "I looked at it as being news releases coming out at different times, not necessarily fact sheets, and then that people would have to acknowledge what's in here. And then at certain times some of this would come out to the public, how to protect themselves, what do if they have symptoms… at different times as you get more news out to the people."

  FG 2, pg 20 "So you can have one pamphlet that is nothing but the "Boil it, cook it, forget it". That could be a single pamphlet that would be at the grocery store simply for preparation. This is a good one for people who are wanting the information, but if you're trying to just get it out to everybody, use a much more generalized version…"

- Plague participants were concerned about the actual availability of the treatment.

- The radiological participants suggested that preparedness supplies, such as radiation detection devices and medical kits, be available at local store such as Wal-Mart.

  p. 16 "I think Wal-Mart should just sell this stuff right here in a little package and it say 'CDC recommends that each home stock this item'".

  p. 17 "Sell at Wal-Mart as a way to detect radiation"

IV. Discussion

A. Pre-event Knowledge

Almost all participants had heard of the color alert system and many of them had some knowledge of what the different colors signified. Quite a few knew that red was the highest level of alert.

Participants differed on the beliefs regarding protecting themselves from an attack. Some felt there was steps they could take, while others felt there was nothing they could do.

Participants had limited knowledge about what chemical, biological and radiological threats are. Many of them provided very obvious answers when asked (i.e. when asked what a chemical threat is some participants stated "chemicals") which indicated their limited understanding of these threats.

B. Hypothetical Scenario

Anger, fright and other related emotions were immediately obvious. For some, additional information helped relieve these feelings, for others it did not.

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

Participants mentioned seeking information first from local officials. Participants also mentioned getting information from media sources such as television, radio, newspaper, and the Internet.

Participants did not agree on what the best reaction to an event would be, fleeing or sheltering in place.

Participants showed a range of confidence in the government's ability to respond. Some participants felt the government could handle an attack, while others did not. Interestingly, while participants did feel the government would withhold information, the information that was released was considered trustworthy.

Second Order Analysis- Rural Caucasians

Among participants there was the belief that the media plays an important part in dissemination of information; however, there was concern that the media might cause panic.

C. Materials Pre-test

All groups learned from the fact sheets. The usefulness of information gained differed across the materials.

Overall, the findings from the groups differed depending on the agent being discussed. Participants in the plague and botulism focus groups felt that the preliminary message materials left them with a lot of unanswered questions. Plague participants were concerned that the educational materials addressed naturally-occurring plague rather than plague that may occur from a terrorist attack. VX participants felt that while some of the information provided was useful, other parts of it were just confusing. Participants in the radiological group felt that the preliminary message materials met most of their information needs. Where materials responded to information needs, they were considered more successful in fostering self-efficacy.

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.

VI. Implications for Emergency Response Communication

The rural focus groups findings can be used to help improve several aspects of emergency response communication. Based on these findings, several recommendations are suggested to help improve the materials that will be distributed, as well as for improving the overall information release process.

A. Implications for Materials Development

- Almost all participants had heard of the color alert system. Many had some idea as to what different colors signified and quite a few knew that red was the highest level. More information would be useful in helping the general public fully understand what colors signify. This information should include a description of each of the levels, what possible events would cause the system to be at each particular level, and the implications of these colors for the general public.

- Some participants felt that knowledge is key to preventing a terrorist attack. One way that participants illustrated knowledge was being aware of surroundings. They think this is especially important in determining whether something seems out-of-place, such as an unfamiliar car or truck. Encouraging the public to get involved in the community and gathering information can lead to feelings of empowerment. Rural residents appear to exhibit a heightened awareness of their surroundings, and were more confident that they would be vigilant.

- Participants had a number of questions after reading the materials. Almost all groups requested additional information on prevention. Specific questions that participants wanted answered and included in the material were:

  1. What should they do? What can be done to keep family and friends safe?
  2. Does the area they are in need to be evacuated? Where and who can they turn to for information regarding evacuation and other action that may need to be taken?
  3. In regards to a nuclear attack—participants want to know very specific info, including: the time of the blast, blast area, number of miles that will be affected by the blast.

- Participants had many diverse recommendations for the way that the pre-event materials can be improved. Suggestions that came up multiple times in many of the groups included:
    - Shortening
    - Adding visuals
    - Using simple, easily understood language
    - Adding contact information

More detailed information describing the different agents, their effects, and personal precautionary methods should be included. There is considerable confusion regarding the different possible agents.

- While many of the participants described the material as reasonable and thorough, participants generally felt that it was hard to comment on the credibility of the print materials with any certainty. Providing straight-forward, reasonable information along with the source of that information can help increase credibility.

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B. Implications for Dissemination

Rural audiences stand out in their tendency to seek information from local authorities first. In part, this appears to be due to the likelihood of knowing individual heal and law enforcement officials. In the event of an attack it will be important that timely & accurate information be disseminated through official channels and local media to best address rural audiences.

C. Other Recommendations

- As much information as possible should be provided to the general public, in advance of an actual bioterrorist event. Participants expressed a desire for information so they can peruse the information at their own leisure, and not in a pressure and panic situation such as an emergency.

- A multi-stage release of relevant information, instead of releasing all information when the emergency actually happens, would be more beneficial in giving the public the information needed to prepare for an attack. Creating a public health campaign to disseminate the information before an attack and taking effect after the event was one suggestion made in the groups.

- Having necessary medical kits, detection kits, and various supplies easily accessible at retail stores and providing directions for their use could help rural communities feel more secure.

Appendix A

Focus Group Moderator's Guide

INTRODUCTION (3 min.)

- Hi, my name is _____and I work for SLU.

- Thank you for helping us.

- We're developing <u>informational materials</u> regarding <u>possible emergency situations</u>.

- We've asked you to come here today to <u>think about these situations</u> and <u>look at some of our materials</u>.

- Before we begin, I'd like to <u>introduce our project team</u>. (Introduce team members by name). They are going to take <u>notes</u> 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 <u>purpose</u> of the discussion group and <u>what you can expect</u> while you're here.

- Let's go over the <u>key points</u>.

- First, I want you to know that your participation today is <u>voluntary</u> and you <u>don't have to answer any question</u> that makes you feel uncomfortable. You may <u>leave at any time</u> without penalty.

- Second, our discussion today will be <u>audio taped</u>. This will allow us to pay close attention to your comments and make our <u>notes more accurate</u>. <u>Your name will not be identified in any of our transcripts and only our project team will have access to those transcripts.</u>

- And finally, you will receive <u>$20 cash</u> after our discussion, which will last no more than <u>2 hours</u>.

- Possible <u>benefits</u> of participating in our discussion include:
  - Becoming <u>better informed</u> about bioterrorism and what to do in the event of an attack;
  - Experiencing <u>increased confidence</u> in your ability to make an <u>informed decision</u> about a possible bioterrorism attack; and
  - Having the opportunity to <u>discuss your fears and concerns</u> about a bioterrorism attack.

- Possible <u>risks</u> of participating in our discussion include:
  - <u>Feeling distress or anxiety</u> 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 <u>voluntary</u>, can refuse to answer any questions and still participate in the discussion group.

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

Guidelines (5 min.)

- Please try to <u>talk one at a time</u>.

- We're very <u>interested in your opinions</u>. There are no right or wrong answers, only different ideas. So please be <u>honest</u> 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 <u>questions</u> that you have about bioterrorism. We'd like you to <u>write them down</u>.

- We <u>won't be able to answer your questions</u> during the discussion, in part because the reason we're here is to see whether *the materials* <u>answer all your questions</u>.

- If we answer questions during the discussion this <u>could affect your response to the materials</u> you'll review later.

- I'm going to warn you, <u>you're going to feel frustrated</u> when we don't answer your questions right away.

- At the end of our discussion, a <u>bioterrorism expert</u> from the SLU Center for the Study of Bioterrorism will be available to <u>answer any remaining questions</u> you have.

- Also at this time please <u>turn off cell phones and pagers</u> if you are able to do so.

- We will also give you some <u>information sheets to take with you</u>.

- Are there any more <u>questions</u> 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 <u>introduce yourself</u> by saying your first name only [and title, department, etc.] and <u>telling us your favorite restaurant in St. Louis.</u>

- Ok, now <u>let's begin</u> 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 <u>color alert system</u> for terrorist attacks.

Questions:

- Has anyone heard of the <u>color alert system</u>?

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

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 <u>how you would feel</u> about this news?

- <u>What would you want to know</u>?

    – Would you want to know what the agent was?

- <u>What would you do</u>?

- Where would you go to get <u>more information</u>?

    – 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 <u>action</u> now?

  – Why did you not do <u>action</u> 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 <u>show you some materials</u> of the sort that might be released should such an attack like this ever happen.

- Please give us your honest <u>thoughts, feelings and responses</u> to these materials. Again, please keep in mind that there are <u>no right or wrong answers</u>; 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 <u>main points</u> of these fact sheets?

- After reading these fact sheets what <u>questions do you have about plague</u>?

- What parts of the fact sheets were <u>unclear or difficult to understand</u>?

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- – 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?

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- How <u>confident</u> are you that <u>you can carry out these recommendations</u>?

    – Why or why not?

- Which, if any, of the <u>recommendations do you intend to follow</u>?

Recommendations for Improvement
- Do you have <u>any other recommendations</u> 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 <u>leave the pre-test materials</u>, but you can take the rest of the folder with you.
- You can leave at any time but don't forget to see <u>(Nonverbal notetaker)</u> 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.

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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

<u>DOMAIN: EMOTIONAL RESPONSE</u>
[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 **<u>other than</u>** 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, <u>except for behavior(s) related to information seeking.</u> 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 & 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

<u>DOMAIN: EMOTIONAL RESPONSE</u>
[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, <u>except for behavior(s) related to information seeking.</u> 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

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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 & 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

<u>DOMAIN: EMOTIONAL RESPONSE</u>
[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, <u>except for behavior(s) related to information seeking.</u> 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 & 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

<u>Use the OTHER category for coding the responses to the following questions…</u>

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

<u>DOMAIN: RESPONSE TO GOVERNMENT</u>

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**

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**

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