



Columbia University
MAILMAN SCHOOL
OF PUBLIC HEALTH

NATIONAL CENTER FOR DISASTER PREPAREDNESS

HOW AMERICANS FEEL ABOUT TERRORISM AND SECURITY: THREE YEARS AFTER SEPTEMBER 11

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In Collaboration with The Children's Health Fund



THE Children's
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HOW AMERICANS FEEL ABOUT TERRORISM AND SECURITY: THREE YEARS AFTER SEPTEMBER 11

A Survey Conducted by the Marist Institute for Public Opinion
Commissioned by NCDP and CHF

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INTRODUCTION

The following is a product of The National Center for Disaster Preparedness (NCDP) at Columbia University's Mailman School of Public Health, commissioned in collaboration with The Children's Health Fund (CHF), and conducted by the Marist Institute for Public Opinion.

NCDP is a major national and international resource in disaster and terrorism readiness. NCDP includes one of the original Academic Centers for Public Health Preparedness, funded by the Centers for Disease Control and Prevention (CDC) prior to September 11, 2001.

This White Paper summarizes the latest in a series of surveys designed to identify trends and public attitudes related to the terror attacks of September 11, 2001. Over time, these surveys have also been useful in monitoring the impact of subsequent events, including the crash of American Airlines flight 587, the unresolved anthrax attacks, the ambiguity over smallpox vaccinations, the wars in Afghanistan and Iraq, the issuance of color-coded security alerts and government requests for enhanced public vigilance.

EXECUTIVE SUMMARY

Understanding attitudes, concerns and reactions of individuals and families is critical to emergency planning efforts on all levels. To have effective implementation of a disaster plan, people must be confident in:

- The **reliability** of information from official sources
- The **capacity** of government to perform effectively in a crisis
- The **capability** of response systems, particularly the health systems and first responders. Absence of confidence in response systems or leadership may undermine crisis plans, leading to unnecessary panic and excess loss of life

In July 2004, The National Center for Disaster Preparedness (NCDP) at Columbia University's Mailman School of Public Health, in collaboration with The Children's Health Fund (CHF), commissioned the Marist Institute for Public Opinion to conduct a national survey of adults nearly three years after the terrorist attacks on New York and Washington, DC.

The July 2004 NCDP/CHF Marist survey reveals that three years after the terrorist attacks of September 11, confidence in the federal government's ability to protect Americans has fallen to a crisis level. Concern about another terrorist attack has not declined in the past year indicating that Americans feel no safer now than they did in the summer of 2003. Nonetheless, fewer than one-fourth of Americans have a basic family emergency preparedness plan, essentially unchanged from 2003.

Based on these findings, NCDP makes the following recommendations:

- Congress and the U.S. Department of Health and Human Services should dramatically increase the level of funding for public health systems and hospital preparedness
- The Department of Homeland Security, in cooperation with local offices of emergency management, should specifically detail the public's role in emergency preparedness and response
- When possible and feasible, communications about threats and emergencies should come from trusted local authorities
- Congress should appropriate funds to support the expansion of community-based public preparedness programs
- The color-coded alert system should be accompanied by specific instructions for the public at each threat level

The 2004 NCDP/CHF Marist Survey was conducted from July 19 through July 26, prior to the elevation of threat levels in New York City and Washington, DC. Adults eighteen

years and older throughout the continental United States were interviewed by telephone on a wide range of issues including their concern about potential new acts of terrorism in the United States, the government's ability to protect citizens, and the health system's capacity to respond. Results are statistically significant within plus/minus three percentage points. Further details on methodology for this survey, and those done in August 2003 and August 2002, can be found in the notes section.

KEY FINDINGS

I. CONCERN ABOUT ANOTHER TERRORIST ATTACK

- Three years after September 11, three-fourths (76%) of Americans are concerned that another attack will occur in the United States. This is the same level of concern found in the NCDP/CHF Marist survey of August 2003.
- Despite these high levels of concern, only 39% believe their community has an adequate emergency response plan.
- Concerns about another possible attack are highest in the east at 81%. Concern is lowest, but still quite high in the west (71%), where no terrorist attacks have occurred. This finding is consistent with that of the August 2003 survey. These findings strongly suggest that terrorism has no “psychological ground zero.” Not having experienced a terrorist attack in the area in which one lives does not seem to mitigate the pervasive sense in the U.S. no longer being safe from another act of terrorism.
- Beyond minimal regional variations, we found differences in concern between rural and urban communities to be slight. In rural areas, 80% described themselves as concerned about another attack on the homeland compared with 75% in urban areas. Notably, urban areas have been the focus of most identified terror targets.

II. A CRISIS OF CONFIDENCE IN GOVERNMENT

- Confidence in the federal government to protect the homeland from terrorism has steadily declined since 2002. Barely half of Americans (53%) are confident in the ability of government to protect the area in which they live from a terrorist attack. This is down from 2002 when 58% expressed confidence, and far below the 62% level of confidence in 2003.
- With respect to regional variations, confidence in government to protect the area where one lives is lowest in the east at 43%. Confidence in government to protect is virtually identical in urban and rural communities, at 46% for large cities and 47% in rural areas.

CHART 1

Percent of Americans concerned about another terror attack

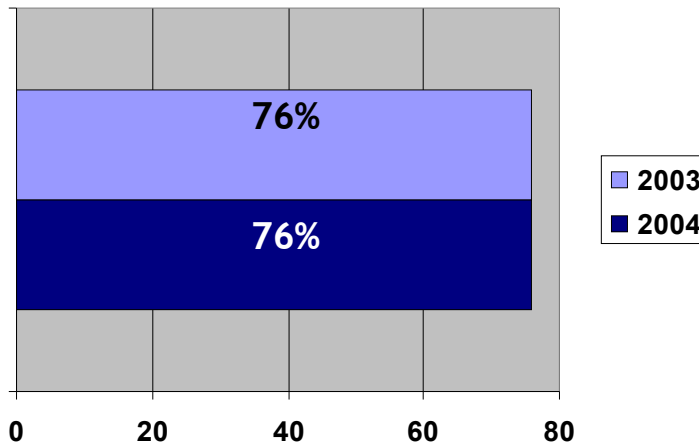
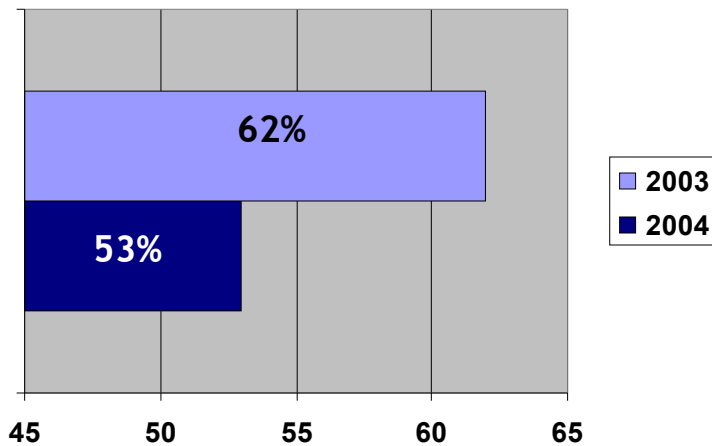


CHART 2

Percent of Americans that trust that the government will protect the area in which they live



- When asked about specific threats, 52% of Americans feel confident the government can protect nuclear power facilities, down from 57% in 2002 and unchanged from 2003. Only 40% of Americans feel confident that government can protect them from a “dirty bomb” -an explosive device that releases radiation. This is down from 57% in 2002 and 49% in 2003.
- There has been an increase in confidence to 61%, up from 54% in 2002 and 59% in 2003, for airport security, where new procedures to protect against terrorism are most visible. However, only 43% of Americans feel that other forms of public transportation such as trains and buses are protected. This figure decreases even more when regional and community factors are taken into consideration. Just one

third (33%) in the east and 34% in big cities feel confident that their mass transit systems are protected from terrorism.

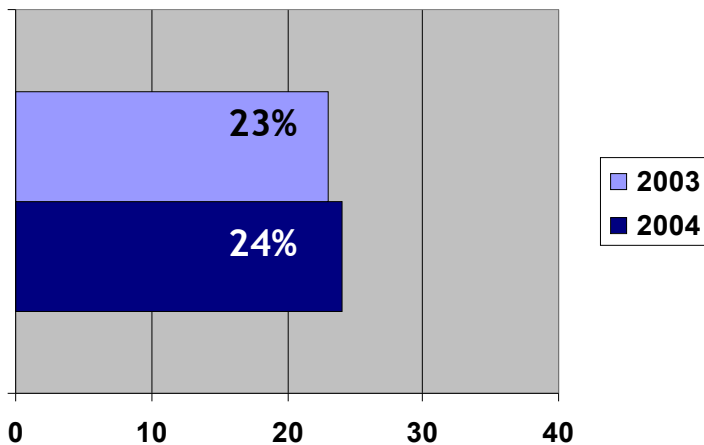
- The primary means by which the government communicates the degree of terror threat is the color coded alert system managed by the Department of Homeland Security. **Only half (50%) of Americans are confident in the color coded system, with only 7% saying they are “very confident” in the alerts.** This is a serious problem as communicating risk is a major element in the government’s role to keep public fears in perspective and prepare individuals and families. Effective risk communication consists of what government representatives say, who specifically is communicating the risk, what actions are taken in response to potential threats, and how these actions correspond to what was communicated. Integrating an understanding of the potential psychological impact of communicating a terrorist threat to the public, and using the appropriate level of language complexity, are essential to effective public preparedness. Appropriate risk communication can promote resilience in the face of another terror attack -and failing to communicate effectively can lead to greater confusion and anxiety.
- **When asked whom people trust within the federal government for accurate and reliable information about what to do in the event of a terror, the Centers for Disease Control and Prevention (CDC) at 82%, the National Institutes of Health (NIH) at 78%, and the U.S. Surgeon General at 75%, received the highest response.** These results are similar to those in 2003.
- However, when asked whether people have confidence in the *readiness* of the health care system to respond to a biological, chemical, or nuclear attack, the results are different. **Only 39% of Americans are confident in the ability of the health care system to respond to an act of terrorism, a sharp and steady decline from a high of 53% in 2002 followed by 43% in 2003.** In retrospect, it is possible that issues around the still unresolved anthrax attacks and confusion about whether (and whom) to vaccinate against smallpox before there is any specific threat, have contributed to an erosion of confidence in the health care system’s response capability.

III. ARE AMERICANS PREPARED?

- The overwhelming majority of Americans are not taking the necessary steps to be prepared in the event of a terrorist attack. **Nearly two-thirds (63%) of Americans have no family emergency preparedness plan. Barely one-fourth (24%) have a plan that meets the minimal criteria for preparedness -at least two days of food and water, a flashlight, a portable radio and batteries, emergency phone numbers, and a family meeting place.** This is virtually unchanged from 2003.

CHART 3

Percent of Americans that have a family preparedness plan that includes the basic elements



- In the event of an emergency that requires immediate evacuation, **59% of Americans will not evacuate immediately if directed.** This is an improvement over 2003 when 70% reported that they would not leave immediately, but nonetheless remains a source of concern for emergency evacuation planners.
- The most prevalent reason for not leaving immediately is the need to know the whereabouts of children and other loved ones (47% compared with 54% in 2003). Nonetheless, barely half (52%) of parents report that they are aware of an emergency or evacuation plan at their child's school. This reason is followed closely, however, by lack of confidence in the person ordering the evacuation (45%). One-third of Americans (33%) say they would not be able to leave because they lack transportation. Surprisingly, this issue is nearly as prevalent in rural communities (34%) as in big cities (30%). Nearly one-third (31%) report they would need help in order to leave immediately.
- When asked what they have done or would be willing to do to support the war on terrorism, we find Americans are generally quite willing to take action and make personal sacrifices in their *immediate* communities. **Three-fourths (74%) are willing to participate in an emergency preparedness meeting with 11% reporting they have already done so.** Further, nearly two-thirds (63%) are willing to be a part of a neighborhood watch, with one-fifth (20%) having so participated. Nearly three-fourths (73%) are willing to discuss an emergency preparedness plan with their neighbors, although only 9% have done so.
- However, outside their communities and when involving the federal government, public willingness to take action or sacrifice for the war on terrorism decreases. In

only one-fourth (23%) of American households is someone willing to join the National Guard or Reserves; and only 43% of Americans are willing to pay an added \$100 in taxes per year to support the war on terrorism.

RECOMMENDATIONS

- 1. Congress and the U.S. Department of Health and Human Services should dramatically increase the level of funding for public health systems and hospital preparedness.** Lack of public confidence in the health and public health system's ability to respond effectively to a terrorist attack or bioterror event can result in lack of cooperation, panic and unnecessary loss of life in an emergency. Current levels of funding for hospital and public health emergency preparedness is alarmingly inadequate. NCDP urges Congress to authorize significant additional funding for hospital preparedness each year and the Department of Health and Human Services to immediately call for strict, scenario-based federal benchmarks to define what health and public health preparedness means on the local level.
- 2. The Department of Homeland Security, in cooperation with local offices of emergency management, should specifically detail the public's role in emergency preparedness and response.** In the event of a disaster, individuals are, in fact, the true first responders. Under the best of circumstances there is always a delay in the arrival of trained professionals. With a large scale event, as was seen on September 11, the usual systems can easily be overwhelmed and reliable information may be hard to come by. When this happens, the true "first responders" are co-workers, families and neighbors. By being personally prepared, the public can assist a potentially overwhelmed health system minimizing the strains sure to be placed on local resources. The benchmark for minimum personal and family preparedness includes a stockpile of food and water, extra medications, evacuation strategies, prearranged rendezvous points, and designated contact persons. "National Preparedness Month," supported by the Department of Homeland Security and a coalition of more than fifty national organizations, will be launched in September 2004 to spearhead a month-long series of events highlighting the importance of citizen emergency preparedness. NCDP views this effort as an essential step towards enhancing individual and family preparedness, however, this effort needs to be sustained for the foreseeable future.
- 3. When possible and feasible, communications about threats and emergencies should come from trusted local sources.** The NCDP surveys have shown that many communities have a higher level of confidence in local authorities (Police and Fire Departments) than in national agencies or leaders in preparing for and responding to a disaster situation. At the national level, trust is greatest in federal health agencies such as the Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH).

4. **Congress should appropriate funding to support the expansion of community-based public preparedness programs.** Programs sponsored by agencies such as the American Red Cross, FEMA, local faith-based organizations, community groups, and the DHS Office of Disaster Preparedness should be expanded with additional federal support. A special effort should be made to ensure that resources be distributed equitably across communities, both rural and urban.

5. **The color-coded alert system should be accompanied by specific instructions for the public at each threat level.** The NCDP/CHF Marist surveys indicate that people do not have a high degree of confidence in this alert system as currently implemented suggesting that relying on it as a primary means of communicating threat levels to the public is ineffective.

Recommended Action Steps

The National Center for Disaster Preparedness urges that the following steps be taken to improve individual and collective preparedness for a disaster or terrorist attack.

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 other community figures in the development of appropriate plans for coping with disasters or terrorism.
2. Expand the scope and content of training initiative to develop responses 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 that care for groups of people such as day care centers and nursing homes, and other similar agencies. National models will facilitate efforts at the local level.
4. Develop recommendations for the management of large scale disaster responses, including evacuation and quarantine plans.
5. Define disaster preparedness as it applies to communities, schools and health care systems. Develop preparedness benchmarks for institutions and communities, and mechanisms for calculating the costs of preparedness.
6. Ensure that the health system and public health terrorism and disaster preparedness planning have specified outcomes that may be achieved while maintaining the essential core public health agenda.
7. Create a Model Pediatric Component for State Disaster Plans. This will require assessing the unmet needs of children and providing private and governmental relief organizations at all levels with information to enhance their response systems.

Notes and References

1. Survey details:

The July 2004 national survey was conducted from July 19th through 26th. In the national survey, 1,234 adults eighteen years of age or older within the continental United States were interviewed by telephone, of which 407 were parents with children age four through eighteen living in their household. There were 564 interviews with people employed by a company with 11 or more employees. Telephone numbers were selected based on a complete list of telephone exchanges from throughout the nation. The exchanges were selected to ensure that each region of the country was represented in proportion to its population. The results of the entire survey are statistically significant at +/-3%, +/- 5% for parents with children aged four through eighteen, and +/-4% for employees. Interviews were conducted in English or Spanish as necessary.

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.

2. The following articles were consulted in preparing this White Paper
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 - e. TA Glass, M Schoch-Spana. Bioterrorism and the people: how to vaccinate a city against panic. 2002. *Clinical Infectious Disease*, 34:217-223
 - f. RE Rudd, JP Comings, JN Hyde. Leave no one behind: improving health and risk communication through attention to literacy. 2003. *Journal of Health Communication*, 8:104-114.
 - g. M Heldring. Talking to the public about terrorism: promoting health and resilience. 2004. *Families, Systems & Health*, 22:67-71.

Contact Information

The **National Center for Disaster Preparedness** at Columbia University's 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. 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 **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.

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