
FOCUS GROUP METHODS AND RESULTS

In January 2003, RAND convened focus groups in two cities (Los Angeles and Washington, D.C.) to obtain community feedback on our initial ideas for individual preparedness and response strategies for catastrophic terrorism. The overall purpose of these focus group discussions was to inform the project's recommendations for an individual's strategy for catastrophic terrorism.

FOCUS GROUP RECRUITMENT AND STRUCTURE

Individuals were contacted by a recruitment firm and invited to participate in a discussion at the RAND offices in Santa Monica, California, or Arlington, Virginia. Recruitment was stratified into two groups by socioeconomic status (SES) based on household income and education: one group had annual incomes of less than \$40,000 and no education beyond high school and the other had annual incomes greater than \$40,000 and a college education. Participants were screened for eligibility; criteria included being at least 18 years old, English speaking, not currently employed by government or in a first responder capacity, and lack of evident of posttraumatic stress disorder. Participants were recruited to represent parental status (at least four parents or guardians of children under 18 per group) and gender (approximately half men and half women). A \$75 payment was given for participation. There were a total of four groups, held on January 6, 2003 (Los Angeles), January 7, 2003 (Los Angeles), January 21, 2003 (Washington), and January 23, 2003 (Washington).

Each focus group consisted of a two-hour discussion organized into three phases: general risk perceptions, feedback on specific terrorism events (scenarios and the project's recommended actions) and personal preparedness actions and communication strategies. We organized the discussion in this manner to get individuals comfortable talking about risks and sharing information about their concerns before presenting detailed information about terrorism. The purposes of the discussion are highlighted below with a brief description of how each issue was addressed.

PARTICIPANT CHARACTERISTICS

Between seven and 12 participants attended each of the four groups for a total of 39 participants. By design, each group was composed of 50–60 percent women and at least a third of each group included parents with children under 18. Participants' ages ranged from 21 to 77, 50–75 percent of participants were married or living with a partner, and 50–83 percent owned their homes.

DISCUSSION TOPICS

Threats

We began by trying to identify common threats that concern individuals. To do this, individuals were asked to identify the types of dangers or risks that they may think about in their daily lives. We then asked participants to identify risks and dangers specifically related to terrorism. We created lists of the risks and dangers offered by participants and asked them to rate the biggest risks from among the two lists

Scenarios

We then described four terrorist attack scenarios: aerial release of anthrax over a city, dispersal of smallpox in an indoor arena, sarin gas release outside a famous building, and a nuclear weapon detonation in a large city. For each scenario, we provided a brief verbal description of the event that included information about the type and scale of the event (agent and distance covered, etc.), and what officials would reasonably be expected to do (provide information and guidance) or not do. Individuals were asked to imagine that this had actually just happened. Following our description of each scenario, we asked individuals several questions, including how the situation made them feel, how real it seemed, and what they would do. Our goal was to learn about the responses that people take and consider taking in these situations.

Proposed Response Actions

Following discussion of these questions, for each scenario we read aloud and projected written summaries to present the proposed response actions for their consideration. For example, obtain medical care and move to a spore-free environment in the anthrax release or seek indoor shelter immediately in the sarin attack. Individuals were asked a series of questions to obtain feedback about the likelihood of their taking those actions, whether the actions were possible, and if some actions seemed difficult, did not make sense, or needed

further explanation. We also asked participants how confident they were that the local or federal government is prepared to deal with this type of attack.

Preparedness Steps

We also presented the proposed individual preparedness and response strategy to participants (learning to recognize characteristics of events, understanding appropriate response actions, etc.) and asked similar questions about the likelihood of taking those steps. Finally, we asked individuals for feedback and ideas about communicating this type of information to people to increase the likelihood that they would take such steps to prepare for and respond to terrorism events.

FINDINGS AND IMPLICATIONS

Our findings are summarized here. Where relevant, we attribute the finding to a particular group (low SES versus high SES).

- Terrorism was not a top concern for either group.
- Low-SES participants had more concern with everyday worries, such as financial security/safety.
- In response to scenarios, individuals in both groups were first and foremost concerned for others (children, family members) more than their own safety.
- Panic was not a common response to the preliminary scenarios.
- Emotional reaction intensified with each scenario in the order anthrax, smallpox, sarin, nuclear. For example the nuclear scenario made people feel hopeless.
- Prayer/faith was a common coping mechanism among Low-SES participants (no mention in the High-SES group).
- Recommended actions all seemed feasible, but some questioned the details about:
 - Specific risks (e.g., anthrax, sarin).
 - Appropriate response (e.g., when to take the smallpox vaccine and understanding how effective it is; how to find shelter or seal off a room).
 - Misperceptions about taking potentially harmful actions.
- Some actions were seen as more challenging (e.g., leaving home if evacuated, resisting the urge to help others in a chemical affected area).

- All groups were receptive to learning more about preparedness;
 - Some asked for materials now.
 - They felt that more motivation to act may be necessary.
 - Low-SES and Washington, D.C., groups were less confident in the government's ability to handle these situations.
- Most believed that public service announcements on television, radio, and websites were the best ways to get nonthreatening information to people, however, other creative ideas included:
 - Mailing information with utility bills.
 - Conducting education/drills associated with an alert system.
 - Providing brochures in retail stores (e.g., grocery stores).

More detailed information and results are available from the authors.