AMERICANS SPEAK OUT ON BIOTERRORISM
and
U.S. PREPAREDNESS TO ADDRESS RISK

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Prepared for
The Robert Wood Johnson Foundation
The Robert Wood Johnson Foundation commissioned Lake Snell Perry & Associates (LSPA) to conduct a national poll to explore current public opinion about the state of the public health system and its preparedness to handle bioterrorism. This national survey of 1,002 adults, conducted between October 20 – October 30, 2002, finds that more than a year after September 11, Americans are feeling uneasy, acknowledging that some important actions have occurred to improve national readiness to deal with bioterrorism, but not confident that enough has been done to prepare the public health system to respond to an attack. The survey also finds:

- Although it has been more than a year since the first anthrax attacks, the American public remains very concerned about the use of biological and chemical substances by terrorists.

- Americans believe that, should there be an attack using smallpox, the federal government and public health system are better prepared than a year ago to contain the spread of the disease and diagnose and treat those people affected by it. However, most feel we are not prepared enough today to handle such a threat.

- Despite the risks involved with receiving the smallpox vaccine, most Americans say they are willing to be vaccinated. Americans’ increased willingness to be vaccinated can be linked to their concerns that terrorists might use smallpox as a weapon and their uncertainty that the government is able to contain a smallpox outbreak.

- Americans are concerned that the emphasis on bioterrorism may have diverted attention and funds from other pressing public health issues. With this in mind, most support increasing federal funding to the public health system, and most are willing to pay higher taxes to see that happen.

These and other survey results can be found in detail on the following pages.
DETAILED FINDINGS

The Public Is Highly Concerned About Terrorist Attacks

As Figure 1 illustrates, most Americans are concerned about the possibility of a terrorist attack. While their concern is highest for attacks with explosives (84%), radioactive, toxic or hazardous material (83%), or an airline hijacking or bombing (77%), concern is nearly as high for attacks using anthrax (75%) or smallpox (73%).

Concern Is Growing that Terrorists Will Use Smallpox in an Attack

Three-fifths of Americans (58%) are very or somewhat worried that terrorists will use smallpox in an attack on the United States. As Figure 2 shows, this is an increase of 15 percentage points since May 2002.1 It is also important to note that since May 2002 the proportion of Americans who are not at all worried about terrorists using smallpox as a weapon has been cut in half. One in four Americans was not at all worried in May (25%), but by October just one in eight took that stance (12%), which illustrates a growing concern.

Those Americans most likely to be worried about the use of smallpox by terrorists are healthcare professionals (67%), women (66%), those with no more than a high school education (66%), and those living in the South Atlantic states\(^2\) (66%).

**The Public Feels the Country Is Better Prepared than a Year Ago for Biological or Chemical Attacks but Not Necessarily Well Prepared**

Overall, Americans feel the country is better prepared today than a year ago to handle biological or chemical attacks (72%). However, as can be seen in Figure 3, most feel the country is just *somewhat better prepared* than a year ago (53%), while one-fifth feel that the country is *much better prepared* (19%). Indeed, just as many feel the US is *no better prepared* than a year ago (19%). Only a few Americans feel the level of preparedness has decreased (6%).

Hispanics (35%) and those in Western states\(^3\) (32%) are somewhat more likely to believe that the country is no better prepared to deal with a biological or chemical attack than a year ago.

Even though most Americans feel we are better prepared than a year ago, another survey finding shows many are still not confident we are prepared *enough*. As Figure 4 illustrates, three-quarters of Americans today believe we are only *somewhat* (45%) or *not too prepared* (30%) for a biological or chemical attack, compared with just 10 percent who think the country is *very well prepared* for such an attack. So despite improvements, it seems that many Americans feel we could be better prepared than we are. These findings are consistent across all demographic and geographic variables.

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\(^2\) Maryland, Delaware, District of Columbia, West Virginia, Virginia, North Carolina, South Carolina, Georgia, and Florida.

Most Americans Feel the Federal Government and the Health System Are Only Somewhat Prepared to Handle an Outbreak of Smallpox

A. Federal Government

As Figure 5 shows, two-thirds of the public (68%) say they believe the federal government is only somewhat prepared or not very prepared to prevent an outbreak of smallpox from spreading. This indicates a lack of strong confidence in the government’s level of preparedness. Only one-fifth of Americans feel the government is very prepared to contain the spread of smallpox (20%). Those most likely to think the federal government is very prepared to prevent the spread of smallpox are African American men (41%), and those living in South Atlantic states (27%). College graduates are more likely than others to feel the government is not prepared to prevent the spread of smallpox (28%).

B. Local Hospital Emergency Rooms

While one in seven Americans (14%) believe that their local hospital emergency room is very prepared to diagnose and treat people with smallpox, they are more likely to feel that it is only somewhat prepared (43%) or not very prepared (25%). Additionally, those feeling local hospitals are not at all prepared or not very prepared has risen 12 percentage points since May of this year, as Figure 6 illustrates.4

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C. Local Public Health Departments

As with local hospitals and the federal government, Americans are most likely to think that their local public health department is either somewhat prepared (49%) or not too prepared (22%) to prevent the spread of smallpox. Also, compared with May of this year, the percentage of those that feel their local public health department is very prepared has dropped five points from 19% to 14%. Americans in South Atlantic states (22%) are more likely than others to feel their local public health department is very prepared for preventing the spread of smallpox. Men are more likely to think that their public health department is not very prepared (27%).

![Figure 7: Perception of the Preparedness of the Local Public Health Department to Prevent Smallpox from Spreading](image)

Most Americans Are Willing to be Vaccinated for Smallpox

Americans’ concerns that terrorists might use smallpox as a weapon and their perception that the federal government and local health systems are only somewhat prepared to contain and treat an outbreak of smallpox is reflected in the rising willingness to be vaccinated for smallpox. This is despite the risks involved with receiving the vaccine. Almost two-thirds of the public (65%) say they are willing to be vaccinated for smallpox, a six-percentage point increase from May 2002. Interestingly, the proportion of the public who say they don’t know whether they would get vaccinated has doubled since May (from 7% to 14%), perhaps indicating that as getting vaccinated becomes closer to being a reality, some people are actively weighing the risks of vaccination against the possibility of contracting smallpox.

![Figure 8: Willingness to Get Smallpox Vaccine](image)

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5 Ibid.
6 Ibid.
**Americans Are More Likely to Look to Their Physician than National Or Regional Figures when Seeking Information in a Smallpox Crisis**

Another series of questions assessed who the public most trusts when it comes to getting information about how to protect themselves and their family from contracting smallpox. More than half of the public says they have a *great deal* of trust in their doctor (51%). The next most trusted figures are the heads of the Centers for Disease Control and Prevention (37%) and the Red Cross (32%), with about a third of respondents stating they have a *great deal* of trust in them.

This finding implies that information about diagnosing and treating diseases used in bioterrorism needs to get to the frontlines of the health system – doctors. With the public putting its highest level of trust in their personal physician, doctors would benefit from the most up-to-date information so that the public can be accurately informed in a crisis.

*Figure 9: Level of Trust for Getting Correct Information on How to Protect Yourself and Your Family in Case of a Bioterrorism Attack*
When the public was asked who they would trust if they had to seek care if they thought they were exposed to a disease caused by bioterrorism, half said they have a great deal of trust in their doctor (52%), followed by their local hospital (36%), and their local Red Cross (32%).

This further reinforces the need to get information down to the local level, because the public is looking there for information – whether it is from their doctor, the public health department, or the Red Cross – during a bioterrorism crisis.

**Figure 10:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Great deal</th>
<th>Quite a lot</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor</td>
<td>52%</td>
<td>22%</td>
</tr>
<tr>
<td>Local Hospital</td>
<td>36%</td>
<td>29%</td>
</tr>
<tr>
<td>Local Red Cross</td>
<td>32%</td>
<td>23%</td>
</tr>
<tr>
<td>State Health Dept.</td>
<td>29%</td>
<td>26%</td>
</tr>
<tr>
<td>Local Health Dept.</td>
<td>30%</td>
<td>24%</td>
</tr>
<tr>
<td>Local Police Dept.</td>
<td>27%</td>
<td>18%</td>
</tr>
<tr>
<td>Governor</td>
<td>20%</td>
<td>17%</td>
</tr>
<tr>
<td>Media</td>
<td>11%</td>
<td>10%</td>
</tr>
</tbody>
</table>

**Americans Are Concerned that Emphasis on Bioterrorism Will Reduce Efforts on Other Public Health Issues**

Three-quarters of Americans (75%) are very or somewhat concerned that the emphasis on bioterrorism will leave the public health system spread too thin and that the system will no longer be able to attend to important issues such as health education, environmental issues, and immunizations. African Americans (83%), those with no more than a high school education (83%), Democrats (86%), and those living in the South Atlantic or Pacific states (82% each) are most often concerned about bioterrorism taking funds away from other health programs. Also very concerned are those who are worried about smallpox (81%) and those who think the system is not better prepared than a year ago to deal with chemical or biological attacks (81%).

**Figure 11:**

Concern that Bioterrorism Will Undermine Other Public Health Issues

- Somewhat concerned: 40%
- Very concerned: 35%
- Not too concerned: 18%
- Not at all concerned: 5%
- Don't Know: 5%
Americans Want the Public Health System to Address Many Concerns, Not Just Bioterrorism Threats

When asked to rate the importance of eight public health tasks, the vast majority of Americans think that all of the tasks are important. Despite the recent emphasis on preparing for bioterrorism (95%) and responding to bioterrorism (96%), Americans think the public health system also should continue to provide health alerts and warnings when there is a threat to the public health (98% very or somewhat important), provide immunizations for diseases (96%), test and monitor infectious diseases (96%), provide basic health education (95%), treat epidemics (94%), and chronic disease prevention (93%). Indeed, at least seven in 10 people say that each of these is a very important activity of the public health system. (See Figure 12.)

Those who are more likely to rate all of these activities as very important are women, African Americans, Hispanics, those with a high school education or less, and those living in the East South Central states and South Atlantic states.

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Figure 12: Importance of Public Health Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Alerts</td>
<td>86%</td>
<td>12%</td>
<td>98%</td>
</tr>
<tr>
<td>Immunizations</td>
<td>74%</td>
<td>22%</td>
<td>96%</td>
</tr>
<tr>
<td>Responding to Bioterrorism</td>
<td>78%</td>
<td>18%</td>
<td>96%</td>
</tr>
<tr>
<td>Testing &amp; Monitoring Diseases</td>
<td>74%</td>
<td>22%</td>
<td>96%</td>
</tr>
<tr>
<td>Preparing for Bioterrorism</td>
<td>77%</td>
<td>18%</td>
<td>95%</td>
</tr>
<tr>
<td>Education</td>
<td>70%</td>
<td>25%</td>
<td>95%</td>
</tr>
<tr>
<td>Epidemics</td>
<td>70%</td>
<td>24%</td>
<td>94%</td>
</tr>
<tr>
<td>Chronic Disease</td>
<td>69%</td>
<td>24%</td>
<td>92%</td>
</tr>
</tbody>
</table>

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7 Tennessee, Kentucky, Alabama, Mississippi
**The Public Has Difficulty Prioritizing Among These Important Public Health Issues**

When asked what their top priorities are for spending on public health issues, the public gives each of eight issues a similarly high rating. Planning for and responding to threats of bioterrorism (78%) and improving communications systems so that agencies like the CDC and state and local health departments can communicate better in times of crisis (77%) are given the highest spending priority by Americans. Research and development of new vaccines for diseases that might be used in bioterrorism comes next (75%). Even the lowest-rated area — spending on the prevention and treatment of HIV/AIDS — was perceived to be highly important to two-thirds of respondents (67%).

The segments of the population most likely to rate each of these activities as a *top priority* are African Americans and those with a high school education or less.

**Public Support Is Strong for Increasing Federal Funding of Public Health Programs**

Americans favor increasing spending on the public health system, and they are willing to pay for it. This support may be tied to concern that the public health system covers so many important areas or worry that resources that supplement these efforts are being diverted to bioterrorism-related activities. As Figure 14 illustrates, more than eight in 10 support increasing federal funding of the public health system (83%). Of those supportive of an increase in funding, seven in 10 (69%) say they would
be willing to pay more in taxes for improvements in the public health system.

Those most likely to **strongly support** increased funding are women (55%) and African Americans (64%). Also strongly supportive are those who are worried about smallpox (54%) and those who think that the public health departments are prepared for bioterrorism (52%). College graduates are the most likely to say they are willing to pay more taxes for improvements in the public health system (76%).

**Conclusions**

The survey results show that Americans, a year after 9/11 and the anthrax crisis, remain worried about biological and chemical attacks. While they believe the federal government and the public health system are better prepared to respond to these kinds of attacks than they were a year ago, the findings show that, today, they still do not feel we are prepared enough. Most Americans feel we are only **somewhat prepared** at best to deal with these attacks. Perhaps in response to this feeling of tentativeness about our national preparedness, a majority of Americans now say they are willing to receive a smallpox vaccine. This number has increased since May 2002.

When they are asked about preferred sources of information about how to deal with biological and chemical attacks, Americans look to their doctors. This finding indicates that the public wants information on this topic to reach their local doctors. Finally, because they have many public health priorities and they fear that spending on bioterrorism might take money away from addressing other health risks, the majority of Americans support increasing spending on public health overall. A majority of these individuals say they are even willing to pay higher taxes to achieve this goal.

**Methodology**

Lake Snell Perry & Associates designed and administered this survey, which was conducted by telephone using professional interviewers. Telephone numbers for the survey were drawn from a random digit dial sample (RDD). The survey reached 1,002 adults ages 18 and older nationwide. The survey was conducted October 20th through October 30th, 2002.

Data were weighted slightly by gender, age, race, and region to reflect the attributes of the actual population of the United States.

In interpreting survey results, all sample surveys are subject to possible sampling error. That is, the results of a survey may differ from those that would be obtained if the entire population were interviewed. The size of the sampling error depends upon both the total number of respondents in the survey and the percentage distribution of responses to a particular question. The margin of error for the all adults is +/-3.1 percentage points.