

## Major Findings: Special Populations Study North Dakota Department of Health (NDDH)

This document summarizes the major findings of a Special Populations Study conducted for the North Dakota Department of Health. Phone interviews were conducted with special populations and telephonic focus groups were conducted among “officials” who work closely with special populations.

- A total of 257 telephone interviews were conducted among respondents who identified themselves as one of the following special populations: seniors; residents who live in rural areas; Non-English speaking residents; Native Americans; people with disabilities; those hard of hearing; those with poor eyesight; and homebound (rely on others for transportation)/live alone.
- A series of two “telephonic” focus groups were conducted with officials (governmental and not-for-profit). Officials represented the following special populations: university students on campus; seniors, Native Americans, Bosnian refugees; and Hispanic migrant workers. Officials who worked at hospitals also participated.

The major conclusions of the study are as follows:

1. Terrorism and bioterrorism are not top-of-mind concerns among North Dakota’s special populations. In fact, the “it won’t happen here” attitude is probably the most significant obstacle in communicating about this issue across populations, although findings suggest different populations may face unique risks.
2. North Dakota’s special populations do not know where to turn for information on terrorism, but they are interested in information before an emergency. “Helping my community” is the strongest motivator to seek out information on bioterrorism and fits well with the unique characteristics of different special populations.
3. The North Dakota Department of Health faces a variety of obstacles in communicating with special populations, including: a lack of trust in government agencies; low awareness of the Department; and various cultural differences. But research indicates the most pressing problems in general communications are that the Department does not use language people understand and is not taking advantage of existing communications networks.
4. Findings suggest traditional media can be effective, but local spokespeople and understandable messages are the real keys to successfully reaching special populations.

Each of these conclusions is discussed in greater detail in the following pages. Results from both the telephone survey and telephonic focus groups are integrated into each conclusion.<sup>1</sup>

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<sup>1</sup> The NDDH has been provided with detailed tables from the telephone survey that summarize the methodology and provide answers to each question. Transcripts from the telephonic focus groups have also been forwarded to NDDH.



**1. Terrorism and bioterrorism are not top-of-mind concerns among North Dakota's special populations. In fact, the "it won't happen here" attitude is probably the most significant obstacle in communicating about this issue across populations, although findings suggest different populations may face unique risks.**

Results from the **telephone survey** indicate that most special populations are not very concerned about terrorism and think it is unlikely to happen in North Dakota.

- Only a relatively small percentage of special populations say they are "very" concerned about terrorism. Although more than 7 in 10 (73%) special populations surveyed said they have some concern about terrorism, only 30% say they are "very" concerned. This level of concern for terrorism as a public health threat is somewhat lower compared to dangers to the water supply (36% very concerned), air quality (34%), and the possibility of a disease spreading (31%) as public health concerns.
  - Non-English speaking residents express a higher level of concern (48% very concerned) about terrorism than other special populations.
- Only a small percentage of special populations say they have given a "great deal" of thought to the possibility of a terrorist event occurring in North Dakota.
  - Native Americans (21%) and Non-English speaking residents (19%) are more likely to have given a "great deal" of thought to this issue. About half of all special populations have given "some" thought to the possibility of terrorist attack.
- Approximately 2 in 5 residents classified as special populations are not even familiar with the term bioterrorism.
  - Seniors (49%) and Native Americans (46%) are more likely to say they do not know what the term bioterrorism means compared to other special populations (range of 34% to 43%).



Participants in the **telephonic focus groups** agree that the attitude “it won’t happen here” is an obstacle in communicating with special populations, for a variety of reasons.

- A public information officer said, “I think originally after 9-11 and after the derailment that there was a lot of focus on it [terrorism] and a lot of hype. The community, the general population and the special needs population, seemed to both be very concerned. Now it seems like there’s a sentiment that there’s almost too much government involved in all of this.”
- As one **university** representative summed it up, “One of the things that might go across all of the different cultures we’re talking about here is generally a North Dakota bias. That is, you’re trying to reach people who really feel that we’re safe here in North Dakota... that the bad things that happen, happen in the big cities on the coast. And here in central America we’re safe.”
- From a **Bosnian refugee** perspective: “Bosnia residents here are not concerned about it [terrorism], because, first of all, the United States is their oasis of peace. And we came here because we were looking for something different, for something peaceful and secure. And they [Bosnians] are not even thinking about the possibilities of anything happening here.”
- From a representative of the **elderly**: “We are conducting a series of training spots on homeland security and possible terrorist attacks. We present this information to our senior companions, our volunteers, who then, in turn, share that information with their [senior] friends that they see. And every one of them sees between four to six different seniors every week... They don’t think about bioterrorist attacks or any kind of attacks.”
- From a **migrant worker** perspective: “I think most folks feel terrorism is the 9-11 event in our capital, New York and Pennsylvania. They do not know what bioterrorism is.”
- As one **university** representative explained, “If you’re looking at it from an administrative perspective, of course you’re going to be concerned about your facility and whatnot. But if you’re looking at it from a student perspective... they’re concerned about terrorism, they’re concerned about bioterrorism but I don’t know that they’re necessarily concerned about it here in North Dakota. Because it’s probably not a reality to them yet.” Another said, “A lot of times they [students] communicate that they are a little bit frightened of terrorism. But they mostly are in the ‘it won’t happen here’ kind-of stage. But that might just be a factor of their youth and the immortality that they all have.”



This attitude concerns participants in the **telephonic focus groups**, because they say special populations often face unique risks.

- In an emergency **seniors** will have special needs, including prescriptions and medical supplies and food or meals. “I would say for the seniors one is the medical needs, around the loss of medicine. Also our home delivered meal people, you know, we encourage everybody to have excess food on hand, staples. But they don’t always do that.”
- Another consideration for **seniors** is that many are immobile, and would need help in an evacuation and they would need assistance with repairs or precautions at home. “Mobility is definitely one of the needs that needs to be looked at when you talk about either the senior population or populations with disabilities.”
- A cultural risk for **seniors** is that many avoid going out. “I see in the elderly that they tend to maybe hibernate more, due to fear of catching an illness. You hear from a lot of them that the reasons they don’t take the flu shot is because they’re afraid they’re going to get the flu. They maybe avoid public meetings that they should be going to, because of the fear of catching something.”
- The **Native community** may face unique risk because of their tight-knit community and other environmental characteristics. “Because Native people, American Indian people are really close livers – they live in extended families – there are so many of them, I don’t think that there is a real recognition about how often biological disease can be transmitted across human beings in a very close setting.” In addition, “I think the need for more health, safety precautions needs to be made... Because some people simply will not wear a facemask or will not be washing their hands. And so those are environmental issues of being able to take safety precautions.”
- From a **migrant worker** perspective: “I feel the farm worker population would be at greater risk than the general public with regard to terrorists who would spray the fields with toxins. Farm workers would assume that crop dusting is occurring as it is not unusual for them to be affected by pesticides.”
- From a **university** perspective: “We have the same problem here in the university, the closeness of the people. I mean, speed is the most important thing that we can do here to keep some public health disasters from happening, because we have thousands of people in close proximity every day. Something can spread really fast.”



- One representative for **refugees** described their unique risks and needs in an emergency. “Language needs would soon become critical. The health emergency alone would be frightening enough for them, but to face that type of emergency without the ability to get update information could easily lead to panic... If we faced a biological attack, the helplessness they would feel due to language and access issues would cause them to begin to panic very quickly. Most of the refugees that I work with do not express any concerns over terrorism... They believe that the United States is powerful enough to protect them from attacks. If this belief is shattered due to actual attacks, this population may well have a severe reaction. Many suffer from PTSD and to have their one ‘safe haven’ removed will be devastating for them emotionally.”
- Another cultural difference only hinted at in the focus groups was a sense of “fatalism” that might affect how special populations respond to communications in an emergency. A representative for the **Native community** noticed an interesting response to the Small Pox threat. “Number one, I guess was the false impression that they were still well protected. And others of saying ‘well, I’m old and because it’s so devastating there isn’t a chance for me.’ Just believing that there isn’t enough sufficient resource... it’s almost a fatalistic idea that we’re not going to be saved because there are just too many of us. And I think that that was a pretty common response I heard from many people.” A participant who works with refugees also said, “Many have lived through so much that they now seem to have a rather fatalistic approach to life.”



**2. North Dakota's special populations do not know where to turn for information on terrorism, but they are interested in information before an emergency. "Helping my community" is the strongest motivator to seek out information on bioterrorism and fits well with the unique characteristics of different special populations.**

Results from the **telephone survey** indicate that many special populations are at a loss when it comes to searching for information about terrorism, but they would like to know where they can turn.

- Nearly half of special populations say they do not know where to turn to get reliable information about a terrorist event.
  - Non-English speaking residents (59%) are more likely to express this sentiment than other groups (range of 42% to 50%).
- A large majority of special populations say they would like to have more information about what actions to take during a terrorist event, just in case there was one.
  - This desire for information was strongest among Non-English speaking residents (78%), Native Americans (72%) and people with disabilities (72%).

Participants in the **telephonic focus groups** agree that special populations want and need information before an emergency occurs.

- From a **migrant worker** perspective: "I believe ND residents do need more information. It appears the medical programs are prepared or getting prepared, but the general public should know what to do, what to watch for, where to go, call, etc."
- From a participant who works with **refugees**: "I think a proactive approach would work best. The time to inform this population of what to do and where to go is BEFORE anything has happened." Another representative for Bosnian refugees said, "If it [terrorism] is presented to them, and if it's given as an option of happening, I'm sure the biggest concern would be what to do with a situation like that. Because of lack of knowledge is the biggest fear of everybody, obviously, and Bosnia residents, too."
- From a **seniors'** perspective: "Many of our senior companion volunteers, they don't think about bioterrorist attacks or any kind of attacks. And then from the other side, when you present information it sounds very real to them and then they start to think about it... when you present information then they start to think about possible serious threats to safety and want to know more."



When asked in the **telephone survey** what would motivate them most to seek information about a terrorist event, the top motivator for each of the special populations surveyed (range of 55% to 70%) was “to know how I could help my community.” This sentiment was very strong among Non-English speaking residents (70%).

- Helping their community was a stronger motivator than “to know how to talk to kids about it” and “to be better prepared” and a MUCH stronger motivator than “to know what actions I should take” and “to feel safe from harm.”
  - Non-English speaking residents (59%) are more likely to express this sentiment than other groups (range of 42% to 50%).

Findings from the **telephonic focus groups** also suggest that a “help your community” message would fit well with some of the unique features or attributes of North Dakota’s special populations.

- From a **Native American** perspective: “Our families are not just mothers, you know the nuclear family, but extended family as well. And how do you protect them?”
- From an **elderly** perspective: “A lot of the elderly don’t have maybe a close neighbor or a family member to kind of work with them on these issues.”
- From a **migrant worker** perspective: “Again, farm workers do not feel they are part of the community.” This suggests an adapted community message might be the way to engage this special population.



3. **The North Dakota Department of Health faces a variety of obstacles in communicating with special populations, including: a lack of trust in government agencies; low awareness of the Department; and various cultural differences. But research indicates the most pressing problems in general communications are that the Department does not use language people understand and is not taking advantage of existing communications networks.**

Results from the **telephone survey** conducted among special populations indicate a high level of suspicion of government sources.

- Nearly half (49%) of all special populations surveyed by phone say they are possibly concerned or suspicious about information they would receive from the government about a major public health emergency.
- This sentiment was expressed similarly across different populations and strongest by Native Americans.

Participants in the **telephonic focus groups** acknowledged this sense of distrust and traced it back to a variety of reasons. Lack of familiarity, however, is more important than innate distrust in the government.

- One participant who works with the **elderly** was asked what kind of response public health workers would get if they went door-to-door with immunizations. “Some of them would probably still say no to you, that they just wouldn’t trust having the immunization or whatever... Some of them are mistrusting, especially if they have dementia, some confusion, that type of thing.”
- From a **migrant workers’** representative: “Communication from folks not known by Hispanic farm workers may be ignored, not because the families are rude or lack of trust, but they may not feel the data is meant for them... We do have some folks who may have issues relative to residency, which would feed into the issue of trust. Some folks have had poor experience with government programs and would not access services.”
- From a **Bosnian refugee representative**: “Lack of trust in government sources is first of all because of the confusion. There are different people that are going to come out and say different things about the same issue. And I’m talking about guidance specifically. We do come from a country that government wasn’t really truthful. And that’s the problem that we have here, too. It’s just a lack of trust in government period. But I personally think that bigger special needs issue for the Bosnia population here is just the language barrier that they cannot overcome at this time.”
- From a **university** representative: “I don’t think it’s a matter of being suspicious. I guess I would characterize it, not as mistrust but as a lack of trust...it’s just a lack of a previous association I guess.”



Special populations are not very familiar with the North Dakota Department of Health. Few have had dealings with it, although some have had more interaction than others. Both the **telephone survey and focus groups** suggest special populations are not likely to turn to the Department of Health in an emergency.

- When asked how familiar they were with the state agency called the North Dakota Department of Health (NDDH), fewer than 1 in 5 of any of the special populations surveyed say they are “very” familiar. Most, however, say that they are at least “somewhat familiar” with NDDH.
  - The level of familiarity with the department differs across populations. Residents of rural areas (58%), seniors (54%) and Native Americans (54%) are more likely to say they are very or somewhat familiar with NDDH.
- Other than people with disabilities (42%), fewer than 3 in 10 (30%) of any of the special populations surveyed say they have had any dealings with the agency. And over half of all special populations say they have not seen or heard an announcement from NDDH or don’t recall having done so.
- A representative for migrant workers who participated in the telephonic focus groups summed up this population’s disconnect from the Department. “Migrant and seasonal farm workers do not receive ND Department of Health communications, as the information is in English... Unless a medical condition would prohibit the farm worker from working, they would not access services from public health. Prevention oriented services are not accessed on a general basis.”
- A Bosnian refugee representative also explained, “I would say that communication between any of North Dakota agencies and them is very limited to what they hear from friends that speak their language or friends that are English-speaking and get in contact with them more.”

Special populations are more likely to be familiar with their local health department and there is some recognition of its role in promoting good health, providing immunizations and protecting public health. But most telephone survey respondents say they haven’t used the local health department, less than half of all special populations have seen or heard an announcement from it, and many don’t know where to find the closest health department.

- Although stated familiarity with their local health department varies somewhat across populations, approximately 2 in 3 respondents from each population say they are either very or somewhat familiar with their local health department (range is 60% to 70%).
- When asked what they thought the local health department does, the top responses were promotes good health, immunizations, protects public health



and provides health services. Notable about the findings is that, in most cases, fewer than half of any of the special populations cited any of these responsibilities.

- On a more positive note, there is higher recognition of some programs and services offered by local health departments. A majority of all special populations surveyed chose immunizations from a list of services offered by their local health department. Nearly half or more say they knew their local health department offered a WIC program when asked.
- Approximately 2 in 3 of all special populations surveyed say they have not dealt with their local health department. People with disabilities (37%) and residents of rural areas (36%) were most likely to have had dealings with local health departments.
- Although majorities of all special populations say they know where their local health department is, one-third or more of most populations do not. People with disabilities (48%), Non-English speaking residents (48%) and Native Americans (46%) are least likely to know.
- This finding was reinforced in the focus groups. As a representative for migrant workers said, “They would not turn to Public Health [in an emergency], as I would venture to guess that the farm workers would not know where the office was, there would not be the language skills to access public health and hours of the office, etc.”

Participants in the **telephonic focus groups** described other cultural differences that would present obstacles in Department communications to special populations. But they overwhelmingly agreed that language barriers -- people not understanding English or not fully understanding what they were being told -- was the most pressing problem

- “First of all the **Bosnian** people here are not very good in English, of course. And academic English -- that is definitely out of reach for more than half of the residents here,” said a representative for Bosnian refugees. A telling example was in the misunderstanding Bosnians had, even those fluent in English, about the national preparedness or “duct tape” announcements. “First of all, 90 percent of Bosnian residents here thought that issue shown in TV is wrong. Because they don’t understand and only use tape on windows or a glass surface in Bosnia to protect from glass shattering in the case of grenades and stuff. And like I said, the best way of reaching out to the Bosnian people is to basically have something written in their native language to explain to them how to use specific things, when to use them and why we suggest using it.”
- A representative for the **Native community** described their language barrier. “Many of them do have telephones and they do have radios, but I think



sometimes they're [public announcements] not geared linguistically for that population... If there is some semblance of a Native voice that speaks in that language or draws the attention, the vernacular, I think that sometimes it's much more understood."

- "***Migrant and seasonal farm workers*** do not receive ND Department of Health communications as the information is in English," said one representative, "Communications are often done through the radio or TV and if it is not done in their first language, on a station the families watch or listen to, it will no be received."
- One ND Public Information Officer agreed language is her primary obstacle. "I think basically it's a language barrier, concerning Spanish, Bosnian; any sort of refugees or anyone who comes here looking for a better life. I mean, there's that simple language barrier where they're maybe not comfortable with English yet."

In answer to many of the communications obstacles described above, participants in the **telephonic focus groups** suggest the Department of Health needs to strengthen relationships with individuals and organizations who already have the means to reach special populations.

- "I almost think that in most populations there is a communication chain, that if you study carefully, you could find it and make arrangements," said one participant from a ND university. "At the university level it is really a relationship thing, because the ability to communicate with the students is all in finding the right person and having that relationship."
- "I think if they use Native press and the Native news networks, I think that would help make those public announcements more meaningful," said a representative for ***Native American*** residents. "To build trust in the Native community you have to have somebody who can go in there and be visible and can build an infrastructure support. There are different networks of communication, as someone suggested. There are, you just have to find them."
- From a ***hospital*** perspective a participant said, "My concern is that I don't feel that we have a plan on a more global level with the state as to how we can best be partners. I am a proponent of having at least somewhat of a plan in place prior to the emergency occurring instead of trying to construct a plan once the emergency's occurred."
- A ***migrant worker*** representative suggested the Department of Health work more closely with Migrant Health, "We have health center activities in both ND and MN."



- One participant summed it up, saying, “I think it all boils down to individual agencies’ need to develop plans that filter down to the population that they’re responsible to... Just kind of getting the main players together and talking through some of these things I think would be a good best practice.”

#### 4. Findings suggest traditional media can be effective, but local spokespeople and understandable messages are the real keys to successfully reaching special populations.

Results from the **telephone survey** indicate that special populations may turn to traditional media for information about a terrorist event.

- When asked where they would turn to get information during a terrorist attack, television, television news and radio were the top choices among all special populations. Many respondents also say they would turn to local law enforcement and the Emergency Broadcast System.
- When asked which persons of organizations they would trust for credible and up-to-date information about a terrorist event, top choices among most special populations were, in order: law enforcement, television news anchor and news radio. Police officers, television news anchors and news radio were also viewed as credible and trustworthy on the issue.

Interestingly, however, when asked what would be the best method to reach them during a terrorist event, very large majorities of each special population surveyed said by phone. So, although they turn to traditional media for information, special populations want to be kept up-to-date about developments over the phone. ***Our interpretation of this response is that people want to hear from people they recognize and understand over the phone, and not necessarily that telephone is the best method for the Department of Health in reaching special populations.***

Participants in the **telephonic focus groups** emphasized that local, familiar spokespeople and messages that are understandable are the real keys. They also suggest that the Department of Health needs to work more closely with partners, which involves planning in advance and taking advantage of special opportunities to reach target audiences.

- From a **university** public affair’s officer perspective: “I think the question was how to get these special groups connected. I really think it’s best done at the local level. Don Shields [Director of the Grand Forks Public Health Department] is a person I would trust... He’s one of three people in the city who can hold a news conference and everybody will listen... They don’t trust anybody like they do Don... That’s why I would advocate using a local entity to help pull this together.”



- One participant related a personal experience that illustrates the limitations of news and traditional media. “I have a daughter who is a **university** student and I remember her calling on 9-11. And I thought it was really interesting because she called my cell phone and had no idea what was going on, other than they were to report back to their dorm rooms and stay in their dorm rooms and so forth. What was interesting was that very few of those kids had access to cable TV, because that’s an additional charge and they just don’t have cable TV. So they really didn’t have any information there and she was kind of in a panic... not until that evening did they really get information out to the kids... They really didn’t have a method for communicating to those kids, which caused all sorts of concern. I know that they were all calling their parents and saying, ‘What should I do? Do I stay here?’ and all of those sorts of things. That’s a personal note but I thought it was really telling.”
- A **refugee** representative commented on reaching people by phone: “Many do not speak English and will simply hang up on you, if you are not speaking their language. If the local groups could develop a phone tree system, I think that would address a couple of the problems. The leaders call selected community members who, in turn, pass on the information to the members on their lists.”
- One participant, representing **refugees**, suggested tactics that address the language barrier: “Many have such limited English that most announcements are not understood. Visual images should be used whenever possible. When dealing with locations, try to show an actual map using landmarks rather than only street names... Having spokespeople that represent their culture would be helpful. This might mean having several people from different ethnic groups visible in the announcement.”
- From a **migrant worker** perspective: “Telephone contact will work with some farm workers, but not the majority. Probably the best method [by phone] would be to call (provided bilingual staff available), work through Migrant Health, as we do try to get a friend, grower’s number in the event of an emergency and update information each time a person comes to our office... Department of Health can reach farm workers in focus groups after church (Spanish masses are held throughout the year in a number of communities in the Red River Valley); work with the Spanish radio stations to do public service announcements; share materials with agencies and businesses which serve farm workers (posters, materials, etc. to Migrant Health, Job Services, Migrant Education programs, Grower’s Association, individual health providers such as Drs, Rx, dental, area grocery stores, Laundromats, social services, convenience stores, etc.).”



- From a **migrant worker** perspective: “If it is not done in their first language, on a station the families watch or listen to, it will not be received. We are finding that a lot of the families do not listen to local radio stations, due to language differences and music they are not interested in. With regard to TV, a lot of the folks have satellite dishes so they can get Spanish programming which does not cover local or even regional information.”
- From a **Bosnian refugee** perspective: “They do watch television, they do have radios, they do have phones. But most of the people here are employed and they work more than one job. It’s very hard to reach them by the phone. TVs are not really acceptable to them because of the lack of understanding.”
- From a **senior** perspective: “If it’s during the daytime, they’re going to be easier to reach than in the evening, because they might not be able to hear their phone.” Another representative for the elderly said, “Some of them also have to hear and see things many times before they think it applies to them. Otherwise, they don’t pay attention to it until it becomes kind of a crisis... I think a lot of them listen to the radio and TV, but I’m not sure if they get local newspapers or a larger newspaper, or even magazines.”
- One participant who worked with **seniors** made the case that personal contacts are best. “My coordinator had emergency supply kits ready. And she was just swamped by the number of people who came to see that kit, because they realized that it’s not just a story. You know, it could happen. And then [another example] when I conducted training a couple of days ago, one of the seniors asked me, ‘What, do you have duct tape and plastic?’ I said, ‘I do have it in my garage.’ She wanted to know, if we preached, that do we really follow it, if I personally did have that at my home. And I said, ‘I do.’ I could tell that she took that seriously and would get duct tape on her own.”
- Another participant who works with **seniors** suggested alternatives to traditional news media. “To find the elderly population you need to go out where they are, possibly some are at the senior centers, the churches, the community meetings. You can reach some of the homebound by sending out notices with the meals-on-wheels deliveries or community action commodities. But I guess in a real crisis or disaster you almost have to go door-to-door to find them, because a lot of them have disabilities or are homebound, that sort of thing. If you put notices on TV and radio, I think they need to be played over and over and over again for them to understand them completely.”
- A representative from the **Native community** had used alternatives to news media successfully in a recent case. “To demonstrate a point, recently we were concerned about West Nile... It’s not only the visual message, the voice message and the voice recognition of a native voice that people could hear, but also the location. This was delivered at a pow-wow where you would



have thousands of people in attendance, you know at large events or events where people come encouraging to protect the elders who may or may not be aware of the dangers of something like West Nile. So those are emergency notices and statewide communications that really need to take into consideration not only the image, the voice recognition but also the location.”

- From the **Native American** perspective: “Part of it is getting enough time to know who you can trust to deliver the message to mass quantities of people. And sometimes it’s not always email media; it’s an informal network. And there are just certain people in the Native community who do that very well. And so I think being able to commit some time. And - if you’re talking about a quick emergency, that time should have been spent ahead of time – saying, ‘I need you to get a hold of all these people and we have a way of doing it.’ And there are informal networks generally, and formal ones that don’t work as well. So it just generally takes a little bit of time to figure out who they are, who those people are in those communities.”

In one focus group, participants acknowledged that sometimes it can be difficult to catch people’s attention before an event and that’s why it’s important to take advantage of opportunities to educate target audiences when they arise.

- From a **hospital** perspective: “My experience, as limited as it’s been, is that people probably aren’t really going to be as open to hearing about something in advance. But once it affects them, then they want to know and they want a lot of information and they want it now. It’s difficult, I think, to try to educate sometimes in advance.”
- Another participant agreed with that up to a point. “As a previous responder stated, until there was a need for people to know, they really weren’t much interested in advance warning or advance education. Now, after the derailment they’re extremely interested and we really captured that interest and have done a lot of training. All the phone books include information on shelter and places. I think that if you went out right now, about 95 percent of the population in the counties we serve could tell you all about shelter and placement and all of that. Because now they know the need to know that. So, we really jumped on that [opportunity]. When that occurred we viewed it as a weakness in our response because the public didn’t know what we were saying when we said ‘shelter and place.’”

## DETAILED TABLES

### North Dakota Department of Health Special Populations Study

#### Background & Methodology

This document provides questions and answers for the “North Dakota Department of Health Special Populations Study” conducted by phone in September 2003. A total of 257 telephone interviews were completed. The margin of error for the sample is +/- 6.1%.

- Respondents were contacted using random digit dialing but qualified for the study only if they self-selected themselves as a special population, as defined by the North Dakota Department of Health (see audience list below).

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#### Explanation of Special Population Definitions Used in Tables

The definitions of target audiences used in the tables are as follows (respondents could be placed in more than one category):

- All = all 257 respondents.
- Senior = 120 respondents 65 years of age and older.
- Rural = 166 respondents who lived in rural areas of the state (self-selected and verified by U.S. Census data).
- Non-Eng = 45 respondents who say “English is not their native language” and/or those who say “I was born in a country other than the U.S.”
- Native American = 72 respondents who say, “I am Native American.”
- Disabled = 51 respondents who say, “I am disabled.”
- Hard of Hearing = 45 respondents who say, “I am hard of hearing.”
- Poor Eyesight = 44 respondents who say, “I have poor eyesight.”
- Home Bound/Live Alone = 41 respondents who say “I live alone and have trouble getting out and/or “I am homebound and rely on others for transportation.”



## 1. General Concerns

Which of the following issues do you currently have a great deal of concern about? (Total exceeds 100%)	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
The economy	62	67	68	69	44	58	54	63	42
War	58	63	57	73	51	58	50	72	45
Terrorism	57	59	55	62	56	53	50	66	39
Natural or weather-related disasters	47	53	49	50	31	53	50	53	48
State of education	43	41	49	41	40	32	38	53	30
Access to healthcare	29	27	30	41	26	32	29	31	24
None of them	11	10	10	5	18	5	13	6	21

Are you at all concerned or suspicious about information you would receive from the government about a major health emergency?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	37	30	33	32	53	37	33	38	33
No	51	56	57	50	35	47	46	46	55
Don't Know	12	14	10	18	12	16	21	16	12

Note: all numbers in tables represent percentages.



## 2. Concerns Related to Public Health Threats and Emergencies

How concerned are you about each of these public health threats and emergencies?  1 <sup>st</sup> # - % great deal 2 <sup>nd</sup> # - % great deal + some	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Contamination of the water supply	36/61	30/54	29/58	63/78	47/72	26/42	40/67	40/66	36/61
Release of anything toxic that would harm air quality	34/67	31/63	26/63	52/85	43/78	37/53	29/67	38/72	34/67
Outbreaks of a disease that can spread	31/66	26/64	25/67	44/67	39/74	37/58	29/58	34/69	31/66
Terrorism	30/73	27/71	27/72	48/78	31/81	26/58	29/71	32/75	30/73
Chemical spills or spills of hazardous materials	27/56	27/51	20/54	37/78	35/67	21/47	29/58	29/63	27/56
Natural disasters such as tornadoes, floods or fires	18/49	18/47	14/48	30/52	25/63	21/42	13/46	22/53	18/49

## 3. Attitudes and Concerns About Terrorism

How much thought have you given to the possibility of a terrorist event in North Dakota?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
A great deal	13	13	7	19	21	4	9	13	13
Some	47	43	48	38	42	50	41	47	43
Not much	23	25	26	33	11	29	25	23	25
Not at all	14	16	19	10	26	13	25	14	16
Don't Know	3	3	0	0	0	4	0	3	3

Note: all numbers in tables represent percentages.



How prepared do you think officials are in North Dakota to handle a terrorist event?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
<b>PREPARED (NET)</b>	<b>58</b>	<b>65</b>	<b>60</b>	<b>48</b>	<b>50</b>	<b>47</b>	<b>54</b>	<b>56</b>	<b>58</b>
Very prepared	11	14	13	0	11	0	8	3	11
Somewhat prepared	47	51	47	48	39	47	46	53	47
<b>NOT PREPARED (NET)</b>	<b>33</b>	<b>23</b>	<b>32</b>	<b>41</b>	<b>42</b>	<b>42</b>	<b>42</b>	<b>38</b>	<b>33</b>
Not very prepared	19	11	22	19	24	26	17	13	19
Not at all prepared	14	12	10	22	18	16	25	25	14
Don't Know	9	12	8	11	8	11	4	6	9

Do you know what the term bio-terrorism means?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	59	51	66	63	54	63	57	66	59
No/Don't know	41	49	34	37	46	37	43	34	41

Note: all numbers in tables represent percentages.



How concerned are you about each of these terrorist events? 1 <sup>st</sup> # - % great deal 2 <sup>nd</sup> # - % great deal + some	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Biological terrorism such as anthrax and viruses	32/66	29/70	56/78	44/76	37/58	25/54	41/66	32/66	29/70
Contamination of drinking water.	28/69	29/66	52/89	39/75	26/53	25/58	39/56	28/69	29/66
Contamination of the food supply	23/64	26/63	33/81	43/76	26/58	21/63	38/63	23/64	26/63
Toxic materials released into the air	23/63	22/64	41/70	38/65	26/58	25/46	38/66	23/63	22/64
Bombs or explosions	21/51	18/55	33/67	36/61	21/42	8/46	28/53	21/51	18/55
Agricultural terrorism targeted at farms and ranches	18/52	21/52	33/56	2/636	11/42	4/33	22/53	18/52	21/52
Chemical exposure	15/55	18/57	37/63	29/65	32/63	13/42	31/59	15/55	18/57

Do you agree or disagree with this statement: <i>I know where to turn to get reliable information about a terrorist event.</i>	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
<b>AGREE (NET)</b>	<b>43</b>	<b>38</b>	<b>48</b>	<b>33</b>	<b>38</b>	<b>37</b>	<b>42</b>	<b>43</b>	<b>42</b>
Strongly agree	14	13	16	7	13	16	13	18	14
Somewhat agree	29	25	32	26	35	21	29	25	28
<b>DISAGREE (NET)</b>	<b>47</b>	<b>49</b>	<b>42</b>	<b>59</b>	<b>42</b>	<b>47</b>	<b>45</b>	<b>50</b>	<b>47</b>
Somewhat disagree	21	20	17	33	22	11	29	22	21
Strongly disagree	26	29	25	26	20	36	16	28	26
Don't Know	10	13	10	8	10	16	13	7	11

Note: all numbers in tables represent percentages.



<b>Which of the following would motivate you to seek more information about a terrorist event? (Total exceeds 100%)</b>	<b>ALL</b>	<b>SENIOR</b>	<b>RURAL</b>	<b>NON-ENG</b>	<b>NATIVE AMERICAN</b>	<b>DISABLED</b>	<b>HARD OF HEARING</b>	<b>POOR EYESIGHT</b>	<b>HOMEBOUND LIVE ALONE</b>
To know how I could help my community	60	62	55	70	60	58	63	66	58
To know how to talk to kids about it	54	57	54	63	52	47	54	59	55
To be better prepared	52	53	51	55	51	42	46	56	42
To know what actions I should take	37	41	40	59	29	26	21	44	18
To feel safe from harm	27	25	30	39	26	26	21	28	21
None of them	7	7	8	5	8	5	4	0	6
Don't know	3	4	5	0	3	0	4	0	0

<b>Would you like to have information about what actions to take during a terrorist event now, just in case there was one?</b>	<b>ALL</b>	<b>SENIOR</b>	<b>RURAL</b>	<b>NON-ENG</b>	<b>NATIVE AMERICAN</b>	<b>DISABLED</b>	<b>HARD OF HEARING</b>	<b>POOR EYESIGHT</b>	<b>HOMEBOUND LIVE ALONE</b>
Yes	63	58	58	78	72	72	58	66	61
No	33	38	38	22	23	28	38	34	39
Don't Know	4	4	4	0	5	0	4	0	0

Note: all numbers in tables represent percentages.



## 4. Sources of Information About Terrorism

If there was a terrorist event, where would you turn to get information about it? What sources of information would you use? (Total exceeds 100%)	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Television	46	40	45	41	56	42	33	53	52
TV News	41	34	40	18	60	47	29	44	52
Radio	39	32	37	27	58	42	29	34	48
Local Law	20	18	19	27	29	5	25	13	24
Emergency Broadcast System	18	10	14	5	44	21	13	13	18
Internet	11	0	13	9	24	11	0	16	9
Other	10	10	11	18	6	11	8	16	6
Neighbors	9	6	4	5	24	11	4	19	12
Public Health Dept.	7	5	7	9	7	10	9	6	9
Any Relatives	7	2	4	5	26	5	0	6	12
Public Meeting Place	7	4	6	5	15	5	0	6	12
Don't Know	6	8	6	18	3	5	8	3	3
Church	4	1	5	5	4	5	0	3	6
Community Center	4	1	4	5	6	11	0	6	12
Clinic	4	2	4	5	6	5	0	3	6
School	4	0	4	0	11	5	0	3	12
Doctor	4	2	5	5	3	11	0	9	6
Farm Radio	2	3	2	0	1	0	4	0	6

Note: all numbers in tables represent percentages.



Do you know what the Emergency Broadcast System is?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	69	67	78	54	75	58	50	66	55
No	29	32	21	35	21	42	50	34	42
Don't Know	2	1	1	12	4	0	0	0	3

I would like to know which of following are one of the very first places you would turn to get information about a terrorist event. (Total exceeds 100%)	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Television	81	81	82	86	78	89	75	88	79
Radio	71	67	70	73	69	84	67	75	73
Emergency Broadcast System	66	65	67	55	63	68	58	78	67
Police	51	55	53	82	40	58	42	47	45
Newspaper	49	53	54	64	42	47	29	50	39
Friends	44	45	43	82	35	47	21	53	52
Neighbors	43	45	41	59	35	42	42	44	48
Relatives	41	41	37	32	38	42	50	50	55
Public Health Dept.	36	37	35	55	26	47	25	47	39
Church	35	40	34	45	19	42	25	50	39
Public Meeting Place	34	38	33	45	25	42	29	44	30
Internet	29	20	38	59	28	16	8	28	21
Doctor	24	27	24	45	13	21	21	22	24
School	20	17	25	32	14	21	8	16	18

Note: all numbers in tables represent percentages.



## 5. Credible Sources on Terrorism

Which persons or organizations would you most trust for credible and up-to-date information about a terrorism event? (Total exceeds 100%)	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Law Enforcement	38	41	40	45	35	37	42	31	30
TV News Anchor	32	22	31	32	54	26	25	38	30
News Radio	27	20	26	18	43	21	25	25	36
Public Health Officials	24	23	22	45	21	26	25	22	21
Religious Leaders	19	19	17	27	13	21	17	28	27
Doctor	13	11	14	23	13	11	8	16	15
City Council	10	7	11	18	11	5	13	9	12
Other	10	8	11	9	6	32	4	19	9
Don't Know	10	14	10	18	8	0	13	3	6
Mayor	8	8	9	18	10	5	8	6	0
People In Education	8	5	7	14	10	5	8	13	15
Tribal Leaders	2	0	1	0	6	5	0	3	6
None	2	3	3	0	1	0	0	0	3

Note: all numbers in tables represent percentages.



<b>Please tell me which persons or organizations you would find completely trustworthy and credible for up-to-date information about a terrorism event? (Total exceeds 100%)</b>	<b>ALL</b>	<b>SENIOR</b>	<b>RURAL</b>	<b>NON-ENG</b>	<b>NATIVE AMERICAN</b>	<b>DISABLED</b>	<b>HARD OF HEARING</b>	<b>POOR EYESIGHT</b>	<b>HOMEBOUND LIVE ALONE</b>
Police Officer	66	74	71	95	51	68	58	56	42
TV News Anchor	58	52	54	55	67	63	46	75	64
News Radio	57	54	58	45	56	63	46	72	64
Governor	54	58	60	82	40	47	38	53	45
Public Health Official	52	56	60	59	36	47	42	59	30
Religious Leader	45	48	46	41	26	58	46	59	45
Doctor	36	39	37	45	25	32	33	47	33
Mayor	34	36	36	64	25	21	29	38	24
Local Elected Official	31	31	34	59	17	37	29	34	30
Principal	25	23	31	32	17	21	13	19	30
Tribal Leader	9	3	10	5	18	11	4	6	15

**Note: all numbers in tables represent percentages.**



## 6. Methods to Reach People During a Terrorist Event

What would be the best method to reach you during a terrorist event?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Phone	63	62	60	76	53	74	75	63	73
Local News	15	9	15	13	25	16	8	16	12
Radio	8	11	12	0	7	0	0	9	0
Someone Coming Home	5	9	4	4	6	0	13	6	0
Don't Know	5	4	3	4	5	5	4	3	9
Other	2	3	2	0	3	5	0	3	3
Town Hall Meeting	1	1	3	0	1	0	0	0	0
E-Mail	1	1	1	3	0	0	0	0	3
Posters	0	0	0	0	0	0	0	0	0

What one of the following would be the best method to reach you in the event of a terrorist event?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Phone	47	44	45	47	48	58	58	40	55
Radio	21	26	25	11	17	21	17	19	3
Someone coming to my home	13	17	11	29	7	16	13	16	18
Local News	12	8	15	5	22	5	8	19	6
E-Mail	4	2	2	8	3	0	4	3	9
Town Hall Meeting	2	3	2	0	3	0	0	3	0
Posters	1	0	0	0	0	0	0	0	9

Note: all numbers in tables represent percentages.



In a terrorist event, how confident are you that you would receive timely and accurate information about that emergency?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Very confident	27	32	27	15	21	32	25	34	30
Somewhat confident	50	52	49	52	50	53	42	47	48
Not very confident	13	9	15	22	17	16	17	9	3
Not at all confident	7	5	5	11	8	0	17	9	12
Don't know	3	2	3	0	4	0	0	0	6

Were you aware that the Centers for Disease Control and Prevention or CDC has a public response hot line?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	26	33	29	11	26	16	17	22	12
No	70	62	69	78	68	74	75	72	85
Don't know	5	5	2	11	6	11	8	6	3

Would you call the CDC hot line in the event of a terrorist event?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	51	53	55	41	38	79	46	53	55
No	35	33	35	41	40	21	42	38	27
Don't know	14	14	10	19	22	0	13	9	18

Note: all numbers in tables represent percentages.



## 7. Attitudes About North Dakota Department of Health

How familiar are you with the state agency called the North Dakota Department of Health?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Very familiar	16	19	19	15	15	5	8	13	9
Somewhat familiar	38	38	39	30	39	42	33	38	36
Not very familiar	28	26	29	33	28	26	25	28	30
Not at all familiar	17	17	12	22	15	26	33	19	24
Don't know	1	0	1	0	3	1	1	2	1

In your opinion, does the state agency called the North Dakota Department of Health do a great job, good job, a fair job or a poor job of reaching out to people and communicating about the health risks they face?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Great job	8	11	10	4	8	0	4	9	0
Good job	39	45	42	37	28	32	33	50	36
Fair job	26	25	26	41	19	21	29	22	30
Poor job	10	5	9	7	11	26	13	9	12
Don't know	17	14	13	11	34	21	21	10	22

Have you had any dealings with the state agency called the North Dakota Department of Health?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	22	17	24	26	13	42	21	29	18
No	76	82	73	74	81	58	79	69	82
Don't know	2	1	3	0	6	0	0	2	0

Note: all numbers in tables represent percentages.



Do you have access to the Internet or web?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	45	30	57	56	60	32	17	34	21
No	55	70	43	44	39	68	83	66	79
Don't know	0	0	0	0	1	0	0	0	0

Were you aware that the state agency called the North Dakota Department of Health has a public information web site?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	33	36	36	33	26	42	33	25	18
No	66	64	63	67	71	58	67	75	82
Don't know	1	0	1	0	3	0	0	0	0

IF CONNECTED: Would you try to access the state department of health web site in the event of a terrorist event?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	40	30	49	52	38	53	21	34	24
No	56	69	44	44	54	47	75	66	76
Don't know	4	1	7	4	8	0	4	0	0

Note: all numbers in tables represent percentages.



Have you ever seen or heard an announcement from the state agency called the North Dakota Department of Health?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	41	41	41	26	38	47	42	44	36
No	48	51	50	52	51	37	46	43	48
Don't know	11	8	9	22	11	16	12	13	16

## 8. Attitudes About Local Health Department

How familiar are you with your local health department?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Very familiar	25	29	24	19	21	21	29	22	30
Somewhat familiar	41	44	37	41	42	47	41	47	39
Not very familiar	18	13	22	22	21	16	22	22	9
Not at all familiar	14	12	15	18	14	11	8	9	19
Don't know	2	2	2	0	3	5	0	0	3

Note: all numbers in tables represent percentages.



What do you think the local health department does? What are its responsibilities? (Total exceeds 100%)	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Promotes Good Health	49	46	44	45	56	47	63	56	58
Immunizations	41	34	41	27	51	37	46	44	48
Protects Public Health	40	31	36	36	49	58	42	63	42
Provide Health Services	38	31	36	36	51	42	38	50	36
Don't Know	26	30	26	55	17	26	21	13	30
Prevents Illnesses	25	21	19	23	36	26	25	41	27
Promotes Health	19	10	17	32	32	11	13	25	24
Food Safety	16	12	13	14	31	11	17	13	18
Alerts Public	15	11	12	23	21	21	21	16	21
Operates Health Facilities	15	7	9	23	35	16	17	16	21
Inspects Restaurants	13	7	8	14	22	11	17	16	27
Protect Drinking Water	12	7	9	18	19	16	21	16	15
Provides Training	12	7	10	9	25	16	8	16	12
Operates Public Programs	11	5	9	9	18	11	8	19	18
Other	4	3	2	5	3	11	8	6	6

Note: all numbers in tables represent percentages.



Which of the following programs or services did you know – before this call – the local health department offered?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Immunizations	65	56	65	77	63	74	58	75	67
WIC program	52	44	56	64	53	63	38	56	48
Car Seat Safety	43	33	43	55	44	74	38	56	36
Family Home Visits	37	34	37	55	28	47	25	50	36
Nutrition Services	37	30	39	50	36	53	25	41	33
Family Planning	36	30	40	36	32	47	38	38	30
School Nurse Program	35	28	38	36	35	26	42	44	27
Public Education	35	27	37	36	32	47	38	44	39
HIV Testing	34	25	30	32	43	42	38	44	39
Tobacco Control	32	26	30	45	42	42	21	41	33
Restaurant Inspection	31	26	34	41	32	26	29	31	24
Pre- and Post-Natal	26	19	28	27	36	26	21	28	24
Women's Way	25	24	28	27	14	47	25	34	18
STD Screening	23	12	22	18	35	32	21	34	21
Don't Know	21	27	18	18	24	16	25	19	15

Note: all numbers in tables represent percentages.



In your opinion, does your local public health department do a great job, good job, a fair job or a poor job of reaching out to people and communicating about the health risks they face?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Great job	12	17	16	7	8	0	4	9	3
Good job	44	46	46	41	32	53	46	47	45
Fair job	26	22	22	33	28	21	38	25	39
Poor job	8	4	7	11	11	16	8	13	3
Don't know	10	11	10	8	21	10	4	6	10

Do you know where the closest public health department is?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	63	67	67	52	54	53	63	63	64
No	30	26	27	48	38	42	25	31	30
Don't know	7	7	6	0	8	6	13	6	6

Have you had any dealings with your local health department?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	31	30	36	30	25	37	29	28	25
No	66	69	63	67	69	58	67	69	72
Don't know	3	1	1	3	6	5	4	3	3

Note: all numbers in tables represent percentages.



Have you ever seen or heard an announcement from your local public health department?	ALL	SENIOR	RURAL	NON-ENG	NATIVE AMERICAN	DISABLED	HARD OF HEARING	POOR EYESIGHT	HOMEBOUND LIVE ALONE
Yes	40	38	45	44	24	42	33	47	42
No	56	58	50	56	69	53	63	53	58
Don't know	4	4	5	0	7	5	4	0	0

Note: all numbers in tables represent percentages.

## A REGIONAL BREAKOUT OF SPECIAL POPULATIONS IN NORTH DAKOTA

The following table provides the information on special populations for each of the eight Health Regions in North Dakota:

- The population size of Native Americans, senior citizens, foreign-born residents, residents from formally designated rural areas and residents with disabilities.
- The percentage each of these special populations represents of the total population (of each region).

Data is from the North Dakota State Data Center. (2000 Census Data)

SPECIAL POPULATION	REGION							
	1	2	3	4	5	6	7	8
<b>Total Population of Region</b>	<b>34,412</b>	<b>85,786</b>	<b>47,843</b>	<b>93,552</b>	<b>162,127</b>	<b>58,700</b>	<b>119,397</b>	<b>38,365</b>
Native American	4,075	1,926	14,161	1,793	1,757	360	6,558	699
Senior Citizens	6,009	13,660	8,118	12,159	18,702	12,435	16,557	6,838
Foreign Born	446	1,598	608	2,753	4,319	602	1,504	284
Rural	21,358	42,636	37,497	34,502	46,892	36,422	41,490	22,445
Disabilities	5,577	13,555	8,054	13,311	22,555	9,797	18,487	6,481
<b>Percentage of each special population</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
<b>Percentage</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>	<b>100%</b>
Native American	11.8%	2.2%	29.6%	1.9%	1.1%	0.6%	5.5%	1.8%
Senior Citizens	17.5%	15.9%	17%	13%	11.5%	21.2%	13.9%	17.8%
Foreign Born	1.3%	1.9%	1.3%	2.9%	2.7%	1%	1.3%	0.7%
Rural	62.1%	49.8%	78.4%	36.9%	29%	62.1%	34.7%	58.5%
Disabilities	16.2%	15.8%	16.8%	14.2%	13.9%	16.7%	15.5%	16.9%

**\*Updated 9/9/04\***

# Participating Organizations in the Telephonic Focus Groups

October 3, 2003

Bismarck State College  
University of North Dakota  
North Dakota State University  
Indian Affairs Committee  
Lutheran Social Services, New American Services  
Fargo Police Department, Refugee Liaison  
Migrant Health Service  
Centro Cultural de Fargo Moorehead  
Lutheran Social Services, Senior Companion Program  
Northwest Human Services Center (seniors)  
Minot Commission on Aging  
MeritCare (hospital)  
First District Health Unit  
Fargo Cass Public Health  
Upper MO District Health Care

North Dakota Department of Health  
Conference Call One  
October 3, 2003, 10 AM

Moderator: Thanks everybody. Let's start with the first question on the discussion guide. Now we're going to be talking about public announcements and emergency notices and other communications in general. Here we're trying to document the need for special populations. How are North Dakota's special populations sometimes left out of the loop? Anyone can start. Anyone can press one to answer this first question about how special populations are sometimes left out of the loop.

[No responses at this time.]

Moderator: Okay. Let me rephrase this. Can folks help me understand why these special populations are difficult to reach?

Bismarck State College: I think maybe because of the communication that's on the reservations and so on and how we reach some of these people.

Moderator: Can you give me some examples about some of the communications you're talking about?

Bismarck State College: Well anything from TV and the communications because a lot of the reservations don't have telecommunications on that part, either telephones, radio waves and stuff like that.

Moderator: You say that some of the channels that people are putting messages out on might not be picked up on the reservation.

Bismarck State College: Sure.

Moderator: Does anybody else want to chime in on why folks are hard to reach?

City of Fargo: I think basically it's a language barrier, concerning Spanish, Bosnian; any sort of refugees or anyone who comes here looking for a better life. I mean, there's that simple language barrier where they're maybe not comfortable with English yet.

Moderator: Thanks Heather.

[No other responses at this time.]

Moderator: What about some special needs people might have; maybe health needs or location specific needs? Does anyone have a thought about some special messages these populations might need that aren't getting out, along with emergency notices and other communications? I believe and I wonder, within the hospital setting, if an emergency comes, there are probably things you have to be thinking about, administratively, dealing

with your patients and other kinds of stakeholders within your hospital community. Is there anything that you think is missing in the Department of Health or other agency announcements? Do you ever feel like they think that it's the last thing on their "to do" list, to give you the specifics to prepare or react?

Meritcare: As an organization I feel pretty good about our ability to react to an emergency, whether that emergency be an external emergency, where patients are taken to our facility, or an emergency that takes place in our facility. But my concern is that I don't feel that we have a plan on a more global level with the state as to how we can best be partners. I am a proponent of having at least somewhat of a plan in place prior to the emergency occurring instead of trying to construct a plan once the emergency's occurred.

Moderator: Thanks. That's most helpful. Could I get a university perspective on this?

University of ND: I think part of the problem for me grappling with this is identifying what the nature of the emergencies might be, because I think we would respond in different ways to different levels of emergencies. Take the case of the train that derailed and spilled the nitrous, whatever it was. If that happened here in Grand Forks we would certainly use the mass media and email outlets to get to as many people as we can. I think the media is part of the problem. I don't think there's a good sense, at least for people here in Grand Forks anyway, of what media you tune in to, what's sort of the official word on [inaudible.] We certainly haven't done that here at the University. We've kept it open for everybody to use their own media sources but that has a tendency to dilute the message.

Moderator: Thank you. Someone mentioned earlier advanced planning and how important it is. I wonder from the rest of you, how much planning are you doing for emergencies, and then how involved are you with the Department of Health and their planning process?

University of ND: That's a good question. I don't know how tied in we are to the Department of Health. I don't know for example, who they would begin to turn to if there were an emergency and even a rapid transmission of information, whether they would call the President's office or who on this campus they would get hold of first. I'm not so sure we're particularly tied in very well. I would agree with that advance planning is a good thing to do. The problem there of course is that all these situations are different so it's a little bit difficult, but some kind of basic framework is important to have in place.

Moderator: You make a good point now and earlier about different threats and emergencies and how that would make a huge difference on response and public reaction. We're going to talk more I think about different [inaudible] that goes along with the various kinds of emergencies you could face. Thank you. Does anybody else want to chime in on this one?

City of Fargo: Well here in the city of Fargo we have an overall kind of all hazards emergency plan in place and we're also working on emergencies communications plans. I

guess where I feel like I need to learn more information is, I don't know what concerns the special populations have, especially the refugees. I don't feel like I'm competent to gauge how much trust they have in the government and if we instructed them to do something in an emergency would they take our word for it and do it, or would we need to communicate certain risks or issues to them? Those are the kinds of things I need help in addressing.

Moderator: Thank you. Let's go ahead and move on to number two because this is a lot of what she is talking about and the reason we're doing this project is to find out what kinds of needs and concerns special populations have. So, from a hospital perspective, or as someone who's working with college students, tell me what the folks in your universe, that we consider a special population, would be especially concerned about or need to know in a public health emergency.

Meritcare: I agree with what the gentleman said earlier about the fact that it's really not possible or even probably helpful to have a specific plan for every single emergency we can think of, but the best thing would be to have some kind of a framework because that's workable and probably would be helpful for all of us. I think though if we can at least have some conversations globally as to how we can best support each other that would be good. If we brainstorm about all the different things that could happen, emergencies that could happen, maybe we could make some decisions about, you know, "Here's the role that the health department would take, and here's what we as health institutions can support," or "Here are some other situations where hospitals should be taking the lead." Just to have at least some more discussions about that, because my concern is that once we get into the next crisis situation we're not going to have time to have these philosophical discussions and our hope is to really be supportive and helpful to each other. So that's ultimately what we want to do, is to be the best partner we can be.

Moderator: Thank you. What unique needs or concerns do your populations have? I'm going to put you university folks on the spot again. One of the things I would think students would be most concerned about is getting home, if you have a residential student population. Is that true and then what are other things that might be top concerns in your university?

University of ND: Again, I don't want to sound like a broken record but it would still depend on the nature of the [inaudible.] Certainly getting home would be big on everybody's agenda. We can help to expedite the process. So getting home may well be a significant issue here. [Inaudible.]

Moderator: Thanks

Bismarck State College: I totally agree with him because you can never know exactly. It depends on what the situation is. You can only brainstorm so much but I think a lot of that has to do with our president at the university system and exactly what the city is going to do. I remember when we had a tornado when I was going to school here. The city, the police department and everything were on our streets and stuff like that. We

were always warned at that time as to exactly what we could do and when we could leave the campus. I guess it just depends on the situation so I totally agree with him.

Moderator: Thank you. This is a good segue into our next question. I think that the point is clear that there are different responses to different threats. Let's talk specifically about terrorism and more specifically about bio-terrorism. Among the special populations you represent or work with, how concerned are people about terrorism? Is there a greater concern about the possibility of a bio-terrorism event? Anyone can start.

University of ND: [Inaudible] question. There's really been more consciousness here on campus about packages, packages that show up... [voice is not coming through here.] [Inaudible] fear of bio-terrorism... has an effect on the larger population. I think people here think that certainly the universities here in the state would be a target for it. I don't sense that it's an eminent fear but it's a fear in the back of the mind, not unlike when I was growing up, the fear of [inaudible.]

Moderator: Thank you. That was most helpful and exactly what I wanted to know, kind of what you thought about this.

Meritcare: It's hard to tell exactly how concerned the public or our patients would be or are about terrorism or bio-terrorism. I certainly think that they would accept us... They have a plan in place as a health care institution as to how we could help them or care for them in the event that something would happen. I can say that we've had for many, many years an emergency preparedness committee. I can't remember but it's been well over a year ago that another group formed within our organization taking a more specific look at terrorism and bio-terrorism and now those two committees per se have joined to become one. So internally we've been doing a lot of revamping and doing a lot of work to actively plan but once again, I know that we're concerned and there's a heightened state of awareness internally but I'm not sure how concerned our patients are.

Moderator: Thank you.

Bismarck State College: I just want to say that I agree regarding this as well and I think it depends on what perspective you're looking at it from. If you're looking at it from an administrative perspective, of course you're going to be concerned about your facility and whatnot but if you're looking at it from a student perspective, say like myself or my colleague and talk to students, they're concerned about terrorism, they're concerned about bio-terrorism but I don't know that they're necessarily concerned about it here in North Dakota because it's probably not a reality to them yet.

Moderator: Thanks. That's very helpful.

Moderator: What about the local public health level? What's the sentiment in your area?

City of Fargo: I'm with the WMPR response center for Fargo. I'm sitting in. I guess the general consensus I'm running into in our area---and I think it was Heather who said that

from the organization perspective, internally there's a concern for it but the general public kind of has the attitude that nobody is going to do anything to North Dakota. It's kind of a far reaching thing and I think she said it hasn't touched them personally or gotten close enough and that's kind of what I've run into in what I'm doing. I don't know, in public health specifically, I only work a little bit with public health but that's kind of what I hear.

City of Fargo: I would say just from talking to people on the phone, when they hear that part of my job is planning for bio-terrorism events and how we'd communicate, it's kind of the same perception that my colleague just said. People just don't see any high value targets in Fargo and they don't see any reason why people would attack us or any targets in our area. So they don't really see it as a likelihood and I don't think they're planning for it at home as far as having a supply kit or anything of that type.

Moderator: I wonder if you've had interactions with any of the special populations that we're talking about today; recent immigrants or seniors who are homebound, and do you think that "it's not going to happen here" attitude is similar within those kinds of populations?

City of Fargo: Most of my interactions are with city officials and people like that, but I've worked with a liaison officer with the police department a little bit who works with special populations and I guess nothing really stuck out in our conversations as far as them thinking anything differently from the general population. One thing I should add too is of all of the different types of terrorism that could occur, bio-terrorism seems to be the most likely that people think of as far as like anthrax coming through the mail and things like that.

Moderator: Thanks. I'm glad you're able to join us today.

First District Health: I think originally after 911 and after the derailment that there was a lot of focus on it and a lot of hype. The community, the general population and the special needs population seem to both be very concerned. Now it seems like there's a sentiment that there's almost too much government involved in all of this. They see so much money being put into this. We hear those types of comments often right now. It's that we need to be prepared for emergencies but a lot of people express concerns about all this money being put into it and is the amount of money being well utilized? They're concerned that there's duplication among various agencies and so forth. So those are some of the things that we're hearing. I don't know that that's the majority of the population's sentiments but I think it's out there.

Moderator: Thank you. You guys are coming up with some great responses today that will be most useful for the Department of Health. Let's move on to number four in your guide. How can the Department of Health do a better job reaching special populations in a public health emergency? And part of the question I want to know is, do North Dakota residents and the special population that you work with need more information now in advance of an event? I think someone said that you don't really know where to turn for

the official source of information. And then the other thing I'm most interested in is, should the Department of Health be trained to reach people directly? Or how can they be working with the area hospitals or at a university? How can they be working with intermediaries to reach special populations?

Meritcare: When I look at that first question about do residents need more information in advance of an event, my experience, as limited as it's been is that people probably aren't really going to be as open to hearing about something in advance, but once it affects them, then they want to know and they want a lot of information and they want it now. It's difficult I think to try to educate sometimes in advance.

Moderator: Thank you.

Bismarck State College: I agree with her to a point because it seems like nobody really cares unless something really happens. Does the Department of Health have like a committee with some of these people that are together, some of these other races and stuff like that some way so that everybody has an idea of what they can do? What do those people need? So that way we understand better while we're working with some of these people. That way everybody has an idea of how we can reach everybody and what kind of ideas we can brainstorm together.

Moderator: Thank you.

First District Health: This is something that has been a huge focus of mine since the derailment. The interesting thing was as a previous responder stated, that until there was a need for people to know, they really weren't much interested in advance warning or advanced education. Now, after the derailment they're extremely interested and we really captured that interest and have done a lot of training. All the phone books include information on shelter and places. I think that if you went out right now, about 95 percent of the population in the counties we serve could tell you all about shelter and placement and all of that, because now they know the need to know that. So we really jumped on that. When that occurred we viewed it as a weakness in our response because the public didn't know what we were saying when we said "shelter and place." The other issue with all of that, and I'm talking about the derailment again, and that is our difficulty in getting the media to respond as a public service and not as a news reporter. That became very difficult because this was a huge story and we assumed that they would just take on the role of public service, yet they were really taking on the role of news reporter. So we worked a lot in building that relationship into that public service but recognizing that there needs to be news reporting too.

Moderator: Thank you. That was helpful.

Bismarck State College: One thing that I've run into when I've been planning is that there's a need for more intra-agency coordination between the Department of Health, police, fire and all the different ones, because everybody seems to have their own emergency plan but nobody knows what other people are doing. Also employees need to

be really aware of what would happen in different types of emergencies because they're often people that the public turn to and if they can't give an answer then that's kind of where they lose faith in the organization.

Moderator: Thanks

University of ND: I think the question was how to get these special groups connected. I really think it's best done at the local level. Don Shields for example here in Grand Forks is a person that I would [inaudible.] The Department of Health workers could establish [inaudible.] He's one of three people in the city who can hold a news conference and everybody will listen. They would do that before they would [inaudible] because they know Don. They don't trust anybody like they do Don. I just hope the same is true in the other regions. So that's why I would advocate using a local entity to help pull this together. I also want to comment on the media. There's a lot of truth to what that previous person said. It was a news item that tried to be helpful. There was an attempt to [inaudible] and cut short the message. The entire message never got out. After we had the derailment [inaudible.] ...our basic [inaudible] that we need to get anything. [Inaudible.] Again, I think at the local level, I don't know what's been done. I don't know if Don would [inaudible] if there were a bio-terrorism problem. I don't know if those linkages have been made. People need to know them ahead of time. If there were an airborne situation I would have no idea where to go in this community. Bomb shelters are easy to identify. [Inaudible.] As part of the planning process what do you do as an individual?

Moderator: Thank you

First District Health: I was going to agree specifically with what he said about using the local people and not bypassing that. That is such a huge, or has become such a huge issue in the communities because of the trust issue. They don't trust the state. That's not right but that's just the way it is and sometimes when the state comes out with press statements and we don't get enough notice or we don't know exactly what all is involved in this, it can cause all sorts of apprehension and then we receive all these calls, really testing the credibility. And that's really what it comes down to, so I think that's a huge issue.

Moderator: Thank you. That's a good segue into our last question because the comments about the lack of trust in the state are right in line with what we found in the telephone survey. I'd like to go over a few of the other findings and then hear from you whether they ring true to your experience with special populations, particularly if anybody's had interactions with recent immigrants or refugees, folks whose first language isn't English. We're going to be doing some other interviews to reach those special populations. These are our findings. There was a high level of suspicion about information received from the government about a major health emergency, that very few residents have given a great deal of thought to a terrorist event and many don't even know what bio-terrorism really means. How come more don't know where to turn to get reliable information about a terrorist attack? They do seem to turn to television, radio and law enforcement but not the public health department for information. Most say the best method to actually reach them is by phone. I'd appreciate any insight you have on these findings and even any

thoughts you may have about them related to your experiences with your dealings with special populations.

University of ND: I don't have anything to say about the special population of students. I do think though that the state would commission [inaudible.] [Inaudible.]

Moderator: Let me ask you though about the special population that you know directly; students and the campus community. Are they suspicious about information from government sources?

University of ND: I don't think it's a matter of being suspicious. I guess I would characterize it, not as mistrust but as a lack of trust. In other words, as I said earlier, Don Shields has the respect and trust of the people. We don't know [inaudible.] We don't know [Inaudible.] [Inaudible.] I think it's not a matter of mistrust, it's just a lack of a previous association I guess.

Moderator: So that familiarity kind of leads to a little more confidence.

University of ND: Absolutely. [Inaudible] understand where they're coming from. [Inaudible.] The best we've come up with is that now we have email opportunities [inaudible] faculty and staff can be reached fairly quickly. [Inaudible.]

Moderator: Thank you.

First District Health: It probably isn't appropriate but I have a daughter who is a university student and I remember her calling on 911 and I thought it was really interesting because she called my cell phone and had no idea what was going on, other than they were to report back to their dorm rooms and stay in their dorm rooms and so forth. What was interesting was that very few of those kids had access to cable TV because that's an additional charge and they just don't have cable TV. So they really didn't have any information there and she was kind of in a panic like, "Well what is happening?" And so I thought it was really interesting that not until that evening did they really get information out to the kids but they knew that it was a big deal that they were to go to their rooms but they really didn't have a method for communicating to those kids, which caused all sorts of concern. I know that they were all calling their parents and saying, "What should I do? Do I stay here?" and all of those sorts of things. That's a personal note but I thought it was really telling about the university students and kids and their response to an event like that.

Moderator: Thank you. I appreciate that.

University of ND: That's unfortunately a great story as to how difficult it is to [inaudible] and how we do that. One of the ways we do it is with television and radio. [Inaudible.] But you're absolutely right. [Inaudible.] I don't know the answer to that except to try to mend communications where you can. [Inaudible.]

Moderator: Thank you Peter.

First District Health: Just a comment. What I think it does is show the University that they need to develop an internal plan to deal with those types of things. Maybe it's a phone tree to their residents or their RA's, the forms or maybe they need to think about whether or not to shut down classes and how that information is passed on. But I think what it really spoke to was---and I should clarify that my daughter is in a private college and not in a large university---but I think what it spoke to is that there really wasn't a plan in that college to deal with that issue. It's probably just another one of those things that needs to be included in the registration information. "This is what you do and this is how you get your information." But I think it all boils down to individual agencies need to develop plans that filter down to the population that they're responsible to.

Moderator: Thank you.

Bismarck State College: Listening to him say how do you reach 13,000 people and looking at the university systems and stuff, even as being here, I look at all the things. I look at how the students interact, how they go about their every day. One thing that I was always just curious about is, is there any college radio? I was thinking of so many ways that you could possibly do that. Somehow, what are kids going to really react to? I look at the guys in my hall here and if I give them a piece of paper, they really aren't going to read it. We can post up as many things as we need but I feel like if radio is one of the biggest communication things, maybe having a radio system in each college. They're going to hear that when they're going to school. When I was in high school, all the time in class we had a radio station on that was playing before a lecture in each class. There are other things I think that we could possibly do in the university systems that would reach the schools even more.

Moderator: Thank you. Let me jump in here before we get final responses from everybody. Since you're from a number of different backgrounds and areas, I want to hear about any best practices out in the state, whether it's something that your organization does or something that someone in your community you know does to reach special populations. Let me give you an example. In one of the other telephonic focus groups we talked to a source who used ethnic restaurants in the area to get information out and has formed relationships with every kind of restaurant that they could find, thinking that this was a way to reach a lot of people whose first language wasn't English as kind of an alternative channel to the mass media. Is there anything that you know of that's happening that you think is a really smart way to reach some of these special populations?

University of ND: I don't have a response to that except to say that in terms of best practices, six years ago the University of North Dakota did not do a very good job of talking to the city works, the school district [inaudible] about snow closures.

End Side One

University of ND: ...The streets were blocked. So I guess what I'm saying in terms of best practices is that somewhere along the line we all got together and said, "Hey, let's get together and talk about these things every time there's going to be a storm so we're all on the same track, so we're not trying to send public school students home at the same time that 15,000 people leave the University and all the people leave the city and airbase." Just kind of getting the main players together and talking through some of these things I think would be a good best practice. The other comment I was going to make about students and radio stations is that ironically the radio stations the students listen to here are not the news stations. So even though we put the information out to all the radio stations, the stations they particularly listen to aren't really news stations. So how well that stuff filters through to the students I don't know.

Moderator: Thanks.

Moderator: Thanks everybody. I really appreciate your time this morning, it's been most informative. Again, if you have additional thoughts, email us at [research@widmeyer.com](mailto:research@widmeyer.com). Thank you very much. Have a great day.

End of Session.

North Dakota Department of Health  
Conference Call Two  
October 3, 2003, 3 PM

Moderator: Hi everybody. Thanks for making time for us this afternoon. This is a really important project for the North Dakota Department of Health and I think that we're going to have a good discussion today. We have a range of representatives who can talk for the Native America populations, refugee residents, senior populations that might include folks with disabilities or special needs. And earlier today we talked with folks who had a university or hospital perspective. So I think that this is going to make a nice complement and we'll all learn a little something from each other.

We're working with some great people at the North Dakota Department of Health, Lorita Frank and Patience Hurley. Lorita is the public information officer and she's charged us with conducting an assessment of communications needs for the special population in North Dakota. The first step of that project was a telephone survey that we did a couple of weeks ago. We interviewed 257 different people who fell into this criteria being a special population. And now we're moving into the qualitative phase. We're conducting these telephonic focus groups to get more in-depth answers to some of these questions. And I'm also looking to you to help understand the results from the phone survey, to fill in the gaps on perspectives that we might have missed or to give us a more in-depth understanding of the data that we have.

As Jill mentioned we're recording today. That's just for our notes. All your feedback is going to stay anonymous. Your quotes if used in our report will only be attributed to male or female. We're going to try to keep the call to an hour and make the most of our time today. There's a chance that we might not get to hear from everyone on every question. If there's something that you want to add after the call, please feel free to e-mail us. The same address you've been going back and forth with up to now [research@widmeyer.com](mailto:research@widmeyer.com). A teammate of mine and I check that regularly and we'll incorporate all feedback into our report. There's also a chance that I might have to call on somebody. And I'm not trying to be a pest every perspective if important. So forgive me if I put you on the spot. And then lastly I would say that we want to have a good discussion, feel free to direct comments at the other participants. If there's anything that we missed e-mail us and let's get started.

The first question on the discussion guide is kind of about the need for this kind of special population research and planning. When you think about public announcements, emergency notices and other statewide communications how are North Dakota's special populations sometimes left out of the loop? Why are these people so hard to reach?

Operator: If you have a response at this time, please press the one key on your touch-tone telephone.

Indian Affairs Committee: I think for the Native population some of the reasons why communications may or may not reach that population is because I know that many of them they do have telephones and they do have radios, but I think sometimes they're not geared linguistically for that population. They're limited in language.

Moderator: Can you explain that a little more for me?

Indian Affairs Committee: I think that it's catching the attention. I think if there is some semblance of a Native voice that speaks in that language or draws the attention, the vernacular, I think that sometimes it's much more understood, more readily available I think if they use the Native press and the Native news networks. I think that that would also help make those public announcements more meaningful.

Moderator: Thanks, that's most helpful.

Operator: Thank you.

Bosnian : I'm just going to say that I'm here for foreign speaking residents and refugees in North Dakota. And that first of all the Bosnia people here are not very good in English of course. And academic English is definitely out of reach for more than half of the residents here. And they do watch television, they do have radios, they do have phones. But most of the people here are employed and they work more than one job. It's very hard to reach them by the phone. TVs are not really acceptable to them because of lack of understanding. And I would say that communication between any of North Dakota agencies and them is very limited to what they hear from friends that speak their language or friends that are English speaking and get in contact with them more than everybody else. And I would say that's about it.

Moderator: Thank you. That's most helpful.

Operator: Thank you. And again if you have a response to any question, please press the one key. Our next response is from Jodie Matten.

ND State University: I just wanted to put in a note from the university angle. We actually probably have a luxury that most other people here don't. We have all of our students connected. We have people who are actively using their e-mail, looking at it once or twice a day. And so we have most of our population that we can reach quickly because we have one e-mail address for the entire student population. So we don't have the problems, but I'm sure that there are probably within the university system some people who aren't reachable that way.

Moderator: Thanks. Is there a thought on this from the senior's perspective?

Minot Commission: If it's during the daytime, they're going to be easier to reach than in the evening because they might not be able to hear their phone. Or if they live in their own home versus assisted living it would be hard to contact them. A lot of people just aren't aware of how to find out information. To get hold of them for them to find out that information on their own is difficult for many of them.

Moderator: Thank you that's most helpful.

Minot Commission: I guess a viewpoint from the elderly a lot of times I use the e-mail and a lot of them don't have e-mail if I'm sending something out that's real important and I just found out about it in a short time. Some of them also have to hear and see things many times before they think it applies to them. Otherwise they don't pay attention to it until it becomes kind of a crisis to them and then they'll pay attention to the information. I think a lot of them listen to the radio and TV but I'm not sure if they get local newspapers or a larger newspaper, or even magazines. So they kind of lose some of the information by not having access to those things.

Moderator: Thank you. This is really outstanding stuff from everybody and I think in short time you've demonstrated why this is important and how many different needs are there within the one state. Let's go onto question two and then discussion guides. What are unique needs or concerns your special population would have during any public health emergency? Let me also preface this discussion by saying the lack of trust in government sources was a huge concern among recent immigrants and some of the other special populations we've polled in the telephone survey. I'd like to hear your thoughts on that. Anyone can press one to start.

Operator: We have our first response.

Bosnian : Well, I know that lack of trust in government sources is first of all because of the confusion. There are different people that are going to come out and say different things about the same issue. And I'm talking about guidance specifically. We do come from a country that government wasn't really trustful. And that's the problem that we have here too. It's just a lack of trust in government period. And I personally think that bigger special needs issue for the Bosnia population here is just the language barrier that they cannot overcome at this time. And I would say that that's the bigger concern that we have, the language barrier.

Moderator: Thank you. Language is the primary obstacle?

Bosnian : Definitely.

Moderator: You also said something interesting about this lack of trust and how part of it is attitude and the Bosnia history, and maybe part of it is that different people are saying different things and people don't know where to turn.

Bosnian : That's right.

Moderator: Does that sound about right?

Bosnian : That's right, definitely.

Moderator: As much the source of the information and that there are so many and who can you really trust. Who's going to have the right information?

Bosnian: Exactly, not the source itself, but just the presentations and the different people. That's definitely different for me.

Moderator: Thank you. That's most helpful.

Operator: Thank you.

Minot Commission: I would say for the seniors one is the medical needs, around the loss of medicine. If they don't have it or run out for them receive it. Also our home delivered meal people, you know, we encourage everybody to have excess food on hand, staples, but they don't always do that. And the ones that get that meal delivered to their home, that's a need that many of them they just don't have the food resource either available to them, that they should have, along with the medical needs.

Moderator: Thanks so much.

Operator: Thank you. Our next response is up.

Indian Affairs Committee: I want to focus in on the visual images and in the communications the visual voices as well. I think that applies to language. To demonstrate a point recently we were concerned about West Nile. And the health department actually we did get together and talk about how we could deliver a message to mass quantities of native people who are coming in and experiencing more exposure to West Nile covered with mosquito bites. So it's not only the visual message, the voice message and the voice recognition of a native voice that people could hear, but also the location. This was delivered at a pow-wow where you would have thousands of people in attendance you know at large events or events where people come encouraging to protect the elders who may or may not be aware of the dangers of something like West Nile. So those are emergency notices and statewide communications that really need to take into consideration not only the image, the voice recognition and the location, where do people congregate at what point and at what times of days. You would be able to impact a large number of people.

Moderator: Thanks.

Operator: Thank you. And our last response is here.

Lutheran Social Services: Well, I would like to add that mobility is definitely one of the needs that needs to be looked at when you talk about either the senior population or populations with disabilities, especially a physical disability in case of a public health emergency.

Moderator: Thank you. Is there anyone else in the cue for this one?

Operator: That was our last response.

Moderator: All right. Terrific. Thanks every one. We're going to move onto question number three in your guide. Among the special populations you represent or work with how concerned are people about terrorists? Is there a greater concern about the possibility of a bio-terrorism event?

Operator: We have our first response.

Lutheran Social Services: I would like to just share what we in the senior companion program did recently. We are conducting a series of training spots on homeland security and possible terrorist attacks. We present this information to our senior companions, our volunteers, who then, in turn, share that information with their friends that they see. And every one of them sees between four to six different seniors every week. And we have found out that many seniors of our senior companion volunteers they don't think about bio-terrorists attacks or any kind of attacks. And then from the other side when you present information it sounds very real to them and then they start to think about it. So I would say from one side they don't think much about it but when you present information then they start to think about possible serious threats to safety.

Moderator: Thank you. That's most helpful.

Operator: Thank you, our next response is ready.

Indian Affairs Committee: I think one of the issues that are important to the Indian, the Native community is first of all biological susceptibility and then environmental factors. Because Native people, American Indian people are really close livers, they live in extended families, there are so many of them, I don't think that there is a real recognition about how often biological disease can be transmitted across human beings in a very close setting. So our families are not just mothers, you know, the nuclear family, but extended family as well, and how do you protect them. So I think that such as Small Pox, when Small Pox came out that was a huge issue across the Native population because of the similarity of the gene pool is so similar, and there is an innate biological similarity. And so it was a special concern that many of our Native communities had. And so I think people were concerned about it on both sides knowing that there was a biological susceptibility but also fear of taking it. So there needed to be some concern about how we deal with mass biological issues and there was a lot of discussion about that in our Native communities.

Moderator: Thanks. And you also mentioned an environmental susceptibility. Does that go along with the close livers that you were talking about?

Indian Affairs Committee: Well, being in a communal society I think the need for more health safety precautions needs to be made. And part of that communication really needs to be a part of how do you deal with biological issues. Because some people simply will not wear a facemask or will not be washing their hands. And so those are environmental issues of being able to take safety precautions. When you have a lot of people it's very

important that you have a very clean environment. And it's hard to do that when you have lots of people in a very close proximity.

Moderator: Thanks.

Indian Affairs Committee: You're welcome.

Operator: Thank you.

ND State University: When talking about university students a lot of times they communicate that they are a little bit frightened of terrorism. But they mostly are in the "it won't happen here" kind of stage. But that might just be a factor of their youth and the immortality that they all have. But we have the same problem here in the university, the closeness of people. I mean, speed is the most important thing that we can do here to keep some public health disaster from happening because we have thousands of people in close proximity every day something can spread really fast. And so we have to have ways to get the message out very quickly. And plus the solution is disruptive to the entire function of the university if the solution is to stop classes that's very difficult too.

Moderator: Thank you.

Operator: Thank you.

Bosnian : Well, first of all Bosnia residents here are not concerned about it because first of all the United States is their oasis of peace. And we came here because we were looking for something different, for something peaceful and secure. And they are not even thinking about the possibilities of anything happening here. And if it is presented to them and if it's given as an option of happening I'm sure that the biggest concern would be what to do with a situation like that because of lack of knowledge is the biggest fear of everybody, obviously, and Bosnia residents too.

Moderator: Thank you. I wonder Upper MO District Health Care, if you're still on the line if you wanted to weigh in with any thoughts that you had in your area of special populations you might have come across locally within your health unit. And if the sentiments there were similar to these others we've heard about.

Operator: Your line is open.

Upper MO District Health Care: Okay, thank you. This is a great learning experience for me so I'd like to thank everybody on the phone line for joining us. And a question that I had and it may be coming up, but I wanted to make sure that we touched on it was two things. First the person representing recent refugees and Bosnian people brought up the idea of coming to America, that they may not at first believe that there might be a problem because they see us as an oasis I guess. And that's a really interesting idea, and I was curious if there are other cultural issues or barriers that might create a barrier during a response, for example for the Native Americans or for the elderly or for the recent

refugees? And, for example, the university student being young and not in touch with their mortality yet, I guess?

Moderator: She was saying that university students have this sense of immortality and even if they're concerned, not personally concerned.

Upper MO District Health Care: Right. And I'm wondering if there are any other barriers? Those are really excellent examples. Are there any other things, for example, like for the Native Americans that would be similar to that or elderly?

Moderator: Thanks. Does any one want to weigh in on that?

Indian Affairs Committee: Yes, there was an interesting response to the Small Pox threat. There were a number of people I guess on both sides of the issue. Number one, I guess the false impression that they were still well protected. And others of saying well, I'm old and because it's so devastating there isn't a chance for me. Just believing that there isn't enough sufficient resource ... it's almost a fatalistic idea that we're not going to be saved because there are just too many of us. And I think that that was a pretty common response I heard from many people. It would just spread too fast. And I think that was different. I was also surprised by the response that here we're not thinking about anything happening. I thought that was very interesting.

Moderator: Thank you.

Operator: Thank you.

ND State University: I was just thinking that one of the things that might go across all of the different cultures that we're talking about here is this generally a North Dakota bias; that is that you're trying to reach people who really feel that we're safe here in North Dakota. We feel that we're kind of ... I don't know why ... but that the bad things that happen happen in the big cities on the coast, and here in Central America we're safe. And so getting people to actually realize that we could have a problem with it it's probably a real large challenge for you.

Moderator: Thank you. I think that's a point well taken and something that we've heard in the earlier focus group and even earlier we were talking about hearing that from the elderly. It's not really going to happen here.

Operator: Thank you.

Minot Commission: I guess I see in the elderly that they tend to maybe hibernate more due to maybe the fear of catching an illness. You hear from a lot of them that the reasons they don't take the flu shot is because they're afraid that they're going to get the flu. They maybe avoid public meetings that they should be going to because of the fear of catching something. And I think that you see that a lot in the nursing homes, that the illness seems to run through the whole nursing home, the staff, the residents, probably the people that

come to visit. I think that if some of our elderly would stay away more from public places and things because of fear of an illness.

Moderator: Thanks.

Operator: Thank you.

Upper MO District Health Care: I just wanted to follow up on number three. It might be a good transition into number four. The question from a public health point of view is getting a message out to people before we have an emergency on things that they can do to prepare. Like three days of food and water, have duct tape, I know that's been overused, but certain things like that. Would there be any barriers in specific populations represented today that maybe would not be open to that idea? And, if so, what would be a solution for that?

Lutheran Social Services: Maybe two short examples, when you mention the emergency kit or something like that or duct tape. When my coordinator first has a presentation about homeland security and possible terrorist threats in Bismarck during the summer, I think there were almost 200 people who attended. It was I believe the day after that huge blackout on the East Coast, and my coordinator had the emergency supply kits ready. And she was just swamped by the number of people who came to see that kit because they realized that it's not just a story, you know, it could happen. And then when I conducted training a couple of days ago one of the seniors asked me what do you have duct tape and plastic? I said I do have it in my garage. She wanted to know if we preached that do we really follow it, if I personally did have that at my home. And I said I do. I could see that she took that seriously and would get duct tape on her own.

Moderator: I think that's a good and helpful story.

Indian Affairs Committee: I thought and I think I probably heard it generally across a couple of folks before that again taking the issue seriously I think cost might be another factor even though it's not a lot. I know one instance where there were a lot of plastic bottles of water that were prepared but they didn't have enough money to buy the heavier plastic to put on windows. So I think that sometimes it's the cost factor for older people on limited budgets. While they would have taken it seriously I think having access to a tool kit, some of the basic supplies might be a challenge.

Moderator: Thank you.

Bosnian : I'm just going to talk about a little issue that Bosnians have with duct tape, for example, which is well known to everybody. First of all 90 percent of Bosnian residents here thought that issue shown on TV is wrong because they don't understand and only use tape on windows or a glass surface in Bosnia was just to protect from glass shattering in the case of grenades and stuff. And like I said the best way of reaching out to the Bosnian people is basically to have something written in their native language to explain to them how to use specific things, when to use them and why we suggest to using it.

And the phone isn't good like I said. First of all, most of them do not respond even if they do understand some of the words they don't feel sure about what they hear. They aren't sure about their own knowledge of English. So North Dakota Health Department would be the best if they could reach out to that specific group of residents with something that is written in their language with explanation and I'm almost positive that that would be the best way.

Moderator: Thank you so much.

Minot Commission: With the senior population I would have to go back to getting them to understand that just because you live in North Dakota it will not happen here. And the other concern that I would have is that a lot of these people who have these kits may not know how to use them or they're not able to put that plastic up themselves. That would be a real problem for many of our seniors is not being able to handle that on their own. A lot of them you would have to put the kit together for them, maybe keep reminding them of that kit all the time.

Moderator: Thank you. Well, you're doing such a good job do you want to weight in or pose another question? You've gotten quite a discussion going here. Press one if you do. And then for the rest of you or for everyone really I guess this does transition into the next question, which is about how the department of health can do a better job. Did they need to expand the partnerships that they have for getting information out? Do they need to try to reach the university students, the Bosnian residents, the Native community directly? Or do they need to be developing working relationships with people like you?

ND State University: At the university level it is really a relationship thing because the ability to communicate with the students is all in finding the right person and having that relationship. Like this tuberculosis thing that we recently went through, it was getting to the person who has access to the student lists.

Moderator: Right. So for you it would be finding the person who has that one e-mail address that goes to everybody.

ND State University: Right. But I almost think that in most populations there is a communication chain that if you study carefully that you could find it and make arrangements. Maybe some of the others can talk more about that, because maybe that's not true. But it seems that it may be informal but there.

Moderator: Thanks.

Operator: Thank you, our next response is from.

Bosnian : Well, I think that Bosnians would be more secure with one person, somebody that's can work closely with them, like the department of health. Because like I said they don't feel careful with any of the government agencies. They don't feel comfortable about asking. They don't feel comfortable about looking for a different source of help

and somebody that could be always there or somebody that they could call and ask if they had specific questions. Somebody that they could rely on any day. That would be something that is better for them.

Moderator: Thank you, that's really helpful. Would that person do you think need to be Bosnian?

Bosnian : It doesn't really matter I think because as long as it's somebody that can explain to them what's going on, even an English speaking person who can speak clearly and slowly for them, with the help of sign language maybe. It doesn't have to be Bosnian. But like I said most of the Bosnians here are really not very well versed in the English language.

Moderator: Thanks for clarifying that.

Indian Affairs Committee: This is my thought about the issue, and I agree. To build trust in the Native community you have to have somebody who can go in there and be visible and can build an infrastructure support. There are different networks of communication that Jodie suggested. And there are, you just have to find them. And a part of that is getting enough time to know who you can trust to deliver the message to mass quantities of people. And sometimes it's not always e-mail media; it's an informal network. And there are just certain people in Native communities who do that very well. And so I think it's being able to commit some time. And if you're talking about a quick emergency that time should have been spent ahead of time of saying I need you to get a hold of all these people and we have a way of doing it. And there are informal networks generally and formal ones that don't work as well. So it just generally takes a little bit of time to figure out who they are, who those people are in those communities.

Moderator: Thanks. Is that one of the things that you do regularly? Have you worked with the state to set up this kind of informal network?

Indian Affairs Committee: Yes, actually we do. And we do them depending upon the nature of the communication because we work across 27 committees, for instance, transportation we have the emergency managers that we deal with or we deal with travel chairmen. Depending upon the nature of the communication, how broadly does it need to get out, who needs to hear it, how serious is it? And there are people who can access assistance. So part of our job has been to build those networks of people that because the systems are not comparable to a state system where you would have various offices that can handle each of those factors such as communications and what have you. So if you don't have comparable systems you have to find people who know how to access the right people in the local community. So it's a process that we've been building.

Moderator: Thank you.

Minot Commission: I guess to find the elderly population you need to go out where they are, possibly some are at the senior centers, the churches, community meetings. You can reach some of the homebound by sending out notices with the meals-on-wheels deliveries

or community action commodities. But I guess in a real crisis or disaster you almost have to go door to door to find them because a lot of them have disabilities or are homebound, that sort of thing. If you put notices on TV and radio I think they need to be played over and over and over again for them to I guess understand them completely.

Moderator: Thank you.

Operator: We have a response.

Upper MO District Health Care: I have just a follow up question. If, in fact, one of the most effective ways would be door-to-door, during a vaccination or distributing antibiotics how would the elderly population receive the thought that we would get to them as soon as we could? But because they're isolated in their homes there safe temporarily until we can get to them, what kind of a response do you think they would get? I've course we'd phrase it a lot better than I just did. But what kind of a response would we get from something like that?

Operator: Please press the number one key.

Minot Commission: What kind of a response would you get if you went door to door? Some of them would probably still say no to you that they just wouldn't trust having the immunization or whatever. But some of them probably would agree to it, especially if they have relatives still in the area or a neighbor or someone that's kind of convinced them to do that. Some of them are kind of mistrusting, especially if they have dementia, some confusion, that type of thing. But a lot of the elderly don't have maybe a close neighbor or a family member to kind of work with them on these issues.

Moderator: And I think too, part of my question was about the timing. How receptive would they be to a message that said we're coming door to door, we're moving as quickly as we can, please be patient with us, we'll be there as soon as possible. Is that something that would alarm them or cause anxiety for them?

Minot Commission: It would probably cause anxiety, especially if they were concerned that they might get an illness before you got there. Some of them don't have a lot of patience. Does that kind of answer your question?

Moderator: I think so. Press one to respond.

Upper MO District Health Care: That was mostly about the resources that would be really tapped out during the response. And if we had one way of reassuring those people whether they're elderly or whatever that might be isolated. A way to explain the route or transmission of a specific bacteria or virus and say if you stay there for a day you'll be safe until we can get to you, those kinds of things so that we could reassure them and also serve or prioritize our responses.

Moderator: Thanks. As we wrap up anyone else want to make a comment or have a thought about how the department of health can better reach special populations. Maybe an example of another agency or another communication campaign or something that you thought was really successful? Or one that missed the mark that you think teaches us a lesson.

Operator: We have a response.

ND State University: I was just thinking about the power sometimes of opinion leaders. And in some of these populations I would think that it might be more effective to reach opinion leaders and then have them in turn reach the people. And also I've heard of networks of community leaders in a town, for example, women who are trying to get other women to have mammograms. And so identifying some of those who then would be responsible for getting the message to certain elderly people in their town. It could be kind of a web kind of thing that might be more effective.

Moderator: Thanks. As other people chime in to respond let me tack another question onto that. How willing would you be to participate in this kind of infrastructure building, partnership building? Because everybody is busy and one of the reasons that we appreciate you joining the call is because we know that people have a lot on their plate. In addition to whether you think that this is a good idea, would you be willing to participate in something like that? I promise I'm not sending names to the department of health to enroll you as volunteers. I'm just trying to gauge people's availability.

Operator: We have a response.

Upper MO District Health Care: Yes, I think that public health obviously we have a responsibility to get out in front of any emergency that there might be and be prepared or at least initiate preparation on an individual basis and a system wide basis. And we will have a public information officer that will be available. I think that part of this whole effort is having a PIO in the eight regions of North Dakota. But I want to make sure that we were on record saying that our PIO would be involved in this.

Moderator: Thanks.

Indian Affairs Committee: Again similar, our office as a responsibility to create that communication network, to get it out. But very often because we have so few people in our office we're not able to be as effective as somebody who's got a single focus mission as opposed to a multiple focused mission. You know you have a PIO who knows what the network is to get the information out. But sometimes you have to take into consideration the unique needs of the individuals within that community may not have telephones and may not have radios. And how do you mobilize when you don't know what the mobilization structure is in the community. So we do have a responsibility as our agency to tap into another network that can then get to the people locally. But that certainly is something that we've been working on in terms of our communication through various networks.

Moderator: Thanks.

Operator: And that was our last response.

Moderator: Thank you so much for making time this afternoon. This has been most helpful. Again, if there is anything that comes to mind later that you want to share with us, e-mail us at [research@widmeyer.com](mailto:research@widmeyer.com). Otherwise this concludes our call. Have a great afternoon.

Operator: Thank you for your participation. You can now disconnect.

[End of tape.]