

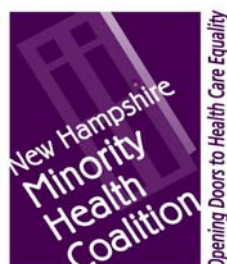
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Perceptions of Emergency Preparedness among Minority Communities in Manchester and Nashua, New Hampshire: Knowledge, Fear, Trust, and Sources of Information

Authored By: **Andrew Ryan**, Research and Evaluation Group, *New Hampshire Minority Health Coalition*

Jeannie Holt, *New Hampshire Minority Health Coalition*

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Executive Summary

The Research and Evaluation Group of the New Hampshire Minority Health Coalition conducted a focus group study about emergency preparedness in minority communities in Manchester and Nashua New Hampshire. The study was carried out on behalf of Southern New Hampshire Area Health Education with funding from the New Hampshire Department of Health and Human Services' Office of Community and Public Health and the Centers for Disease Control and Prevention.

Purpose

The study set out with the following four objectives:

1. To understand what minority community members know about the threat of terrorism in this country and to find out how they feel about this threat
2. To understand what minority community members believe to be threats to their health and what they consider to be emergencies.
3. To understand the extent to which minority community members trust local government and what could be done to improve this trust.
4. To understand what means are effective for health departments and health care providers to communicate messages related to terrorism and emergency preparedness to minorities living in Manchester and Nashua.

Methodology

In order to achieve these objectives, the Research and Evaluation Group held two focus groups in 2003, one in Manchester and one in Nashua. Participants in the focus groups included people from Albania, Sudan (South), Sudan (North), Dem. Republic of Congo, Bosnia, Haiti, Russia, Vietnam, Egypt, Brazil, Guatemala, China, and Malaysia. Focus group participants were given an outline of the topics to be discussed before the focus groups were held and encouraged to ask community members about their feelings on the issues to be discussed. This allowed participants to better represent the sentiments of their communities. In addition, wherever possible, community leaders who were known to be familiar with the feelings and opinions within their communities were recruited to participate in the focus groups. The focus groups were held in English in order to represent the widest possible array of minority perspectives in two focus groups.

Findings

A number of significant findings came out of the focus group study. These findings include:

- Minority community members are knowledgeable about the terrorist attacks that had taken place in the United States and have a general knowledge about different forms of terrorist attacks.
- For the most part, minority community members learned about the terrorist attacks through television.
- The internet is a widely used source of information in minority and non-English speaking populations.
- Minority communities are very concerned about chemical and biological attacks. A number of participants emphasized that they came to the United States for greater safety and stability only to find themselves threatened by the specter of chemical and biological attacks.
- Minority community members are not aware of any plan or any protocol to follow in the event of an attack and feel that this would be important information for their community members to know.
- Many minority community members are concerned about anti-immigrant sentiment in the general populace stemming from fears about terrorism and the Iraqi war. Minority community members are also concerned about what they consider to be anti-immigrant policies at the Department of Motor Vehicles, in airport security, Immigration and Naturalization Services, and law enforcement.
- Minority community members are worried that their communities would be discriminated against and not cared for in the event of an attack.
- A significant proportion of minority community members are very skeptical of the federal government and of American media. These community members feel that the federal government is not trustworthy and that the American media is controlled and biased.
- Despite distrust for the federal government and the media, local government (health departments, the health care system, school departments) was generally trusted with the exception of law enforcement.
- Participants said that their communities would believe the local government if they communicated a message about emergency preparedness to their communities. In addition, minority communities would be willing to follow a protocol for action in the event of a terrorist attack established by local government.

Recommendations

Articulate plan to minority community members

Minority community members trust the local government and are willing to follow an emergency preparedness protocol. However, minority community members are unaware of what they should do in the event of an attack and question whether there is a plan in place to care for their communities in the event of an attack.

Assure minority community members that they will be cared for in the event of an attack

Some participants wondered whether they would be cared for in the event of a terrorist attack, thinking that the care of white people would take precedence over them. This fear is especially true among undocumented immigrants, many of whom think they would be denied care in the event of an attack because of their legal status. Participants also indicated that minority community members feared that they wouldn't be cared for because of their lack of health insurance. Minority community members should receive assurance that they will be cared for in the event of attack regardless of their race, ethnicity, legal status, and health insurance status.

Hold meetings and seminars to communicate emergency preparedness plans with minority communities

An overwhelming majority of focus group participants felt that meetings and seminars, held in their communities in their native language or with a translator, would be an excellent way to educate minority community members about issues related to emergency preparedness and to inform them about a protocol in the event of an attack. Participants said that meetings and seminars of this kind would be popular and well-attended by community members due to the importance of the topic.

Outreach to minority community members about emergency preparedness and to inform them about upcoming meetings and seminars

Community leaders in minority communities could be trained to disseminate information from local governments and health departments to their communities. Community leaders could also inform community members about upcoming meetings or seminars and about ways in which they can obtain more information about emergency preparedness.

Use the internet to communicate with minority communities

The Manchester and Nashua health departments, or another government entity, could establish a web site with information about emergency preparedness translated into a variety of other languages. Because internet use is so widespread in minority communities, this would be an easy and efficient means of disseminating information to a wide array of communities. Outreach would need to be done to let minority community members know that this information was there in the first place.

Utilize public access television to educate minority community members

Health departments could produce a television program with information relating to emergency preparedness in a variety of languages. Minority community members could speak in their native language about what to do in the event of an emergency and how to learn more about issues related to emergency preparedness.

Establish a database of community members willing to help

Health departments or other government entities could establish a database of community members willing to conduct outreach, disseminate information to their communities, and provide interpretation as required. The database would be an efficient means of tracking minority community members who would be willing to provide support to local government on issues related to emergency preparedness.

I. Purpose

The focus group study on issues related to emergency preparedness in minority communities in Manchester and Nashua started with four main objectives:

To understand what minority community members know about the threat of terrorism in this country and to find out how they feel about this threat

We thought that it was important to understand how much participants knew about the terrorist attacks that had occurred on September 11th and in its aftermath. We also wanted to learn how quickly members of minority communities found out about these attacks and how concerned they were about the threat of future attacks. The participant responses related to these issues provided the foundation through which the other objectives were addressed.

To understand what minority community members believe to be threats to their health and what they consider to be emergencies.

This objective was designed to understand how minority communities perceived concerns about terrorism *relative* to other concerns they may have about their health and safety. We hoped that through inquiries on this topic we would be able to formulate a hierarchy of concern for minority communities.

To understand the extent to which minority community members trust local government and what could be done to improve this trust.

In order to understand the optimal manner in which messages related to emergency preparedness could be communicated from health networks to minority community members, we needed to first understand how minority community members felt about the messenger. We needed to know the extent to which community members trusted government officials, in particular health officials, to provide for them in the event of a terrorist attack. Would community members listen to warnings from the health department? Would they follow directions? Would community members without legal status fear detainment or deportation if they were to follow a health department protocol? Also, if a lack of trust was responsible for the inability of a health department to effectively communicate with minority community members, what could be done to improve this trust? It was integral to the study to first understand issues surrounding trust before trying to formulate recommendations on the means to reach minority community members in the event of a terrorist attack.

To understand what means are effective for health departments and health care providers to communicate messages related to terrorism and emergency preparedness to minorities living in Manchester and Nashua.

Finally and most importantly was to understand the means by which health networks could communicate with minority communities in a way that would be heard, understood, and trusted by the vast majority of minority community members. We wanted to examine what would be the most efficient means of educating and, if necessary, alerting minority community members about issues related to terrorism and the protocol for action in the event of an attack.

In the course of conducting the focus group study, the first and second objectives were not addressed as separate issues by focus group participants. The merging of the first and second objectives resulted from what appear to be two related reasons. Firstly, minority community members did not indicate that anything other than terrorism represented a significant risk to their health or was feared as an event that could cause significant harm in their community. Secondly, because participants knew that the intention of the study was to examine issues related to emergency preparedness and terrorism, it is possible that participants talked only about these issues because they were trying to discuss issues that they felt were relevant to the topic at hand. The end result was that the first and second objectives coalesced into a single topic whereby participants' concerns about emergencies and threats to their health were addressed through their concerns about terrorism. Henceforth, the first and second objectives will be collapsed under the title of the first objective and any issues related to the second objective will be discussed only in the context of the first objective.

II. Methodology

In designing the focus group study, we were faced with the task of capturing the diverse feelings, perceptions and opinions of minority communities in both Manchester and Nashua. In order to capture the sentiments of as many minority communities as possible while avoiding the linguistic barriers inherent in this task, we chose to recruit participants who could speak English from the largest minority communities (identified through the 2000 Census) for focus groups consisting of between eight and twelve participants in both Manchester and Nashua. Tables 1 and 2 represent the minority groups whom we tried to recruit in Manchester and Nashua along with their populations in each city.

An additional consideration in the recruitment of participants for the focus group was to maximize the diversity of participants not only within focus groups but between focus groups. If we had, for instance, recruited a participant of Sudanese origin in Manchester we would not attempt to recruit a Sudanese participant for the Nashua focus group at the expense of another ethnic group in order to represent the widest possible array of minority sentiments in the two focus groups. Wherever possible, we recruited individuals who were prominent members of their community and who felt that they were able to articulate the opinions of other members of their community.

Table 1. Minority Populations in Manchester

Nationality	Population
Albanian	436
Syrian	117
Russian	910
Slovak	84
Nigerian	55
Sudanese	118
Haitian	399
Jamaican	139
Yugoslavian	818
Indian	376
Chinese	522
Korean	269
Vietnamese	804
Latino	4,944

Table 2. Minority Populations in Nashua

Nationality	Population
Syrian	61
Brazilian	315
Iranian	70
Russian	950
Slovak	95
Cape Verdian	49
Kenyan	48
Haitian	72
Jamaican	98
Indian	1506
Chinese	838
Korean	197
Vietnamese	287
Latino	5,388

The participants ultimately selected to participate in the focus groups were of the following national origins:

Table 3. Nationality of Focus Group Participants

Country of origin	Number in Manchester	Number in Nashua
Albania	1	-
Sudan (South)	1	-
Sudan (North)	1	-
Dem. Republic of Congo	1	-
Bosnia	1	-
Haiti	1	1
Russia	2	1
Vietnam	1	-
Egypt	1	-
Brazil	-	1
Guatemala	-	1
China	-	2
Malaysia	-	1

A total of 16 individuals representing 13 different nationalities participated in the two focus groups. While most nationalities are confined to single communities (Albanian, Bosnian, Vietnamese, Haitian, etc.) other nationalities are more intertwined in their communities (Egyptian and Sudanese (North) in the Arab/Muslim community, Guatemalan in the Latino community). As such, the term community had different meanings for different participants. When references are made by participants to their communities, we will attempt to clarify precisely which communities are being discussed.

When conducting the focus groups, we asked participants to speak not only for themselves, but to project feelings in their community about the issues that were addressed in the focus groups. In order to facilitate this process, participants were given an outline of what was going to be discussed in the focus group and encouraged to talk to other community members about these issues before the focus group took place. Although conscious of the shortcomings of this approach versus that of a more broad-based community study, we believed that requesting that participants conduct preliminary research related to their communities' sentiments on the issues to be discussed was the best possible method of representing the feelings of communities at large within the time and financial constraints we were given.

III. Findings

The findings of our focus group study will be organized around what came to be the three primary objectives of the study. The analysis in this section seeks to portray the similarities and differences between how the diverse participants, and their communities, felt about the issues discussed in the focus groups. Because the differences in opinions and sentiments between Manchester and Nashua participants were not significant, we will not report results from the two focus groups separately.

1) To understand what minority community members know about the threat of terrorism in this country and to find out how they feel about this threat

Participants were knowledgeable about terrorist attacks

Participants in the focus groups all knew that terrorist attacks had taken place in the United States in the past few years. Participants were all familiar with the September 11th attacks as well as the anthrax attacks that had been perpetrated in October of 2001. The mechanisms through which they found out about the attacks will be discussed in part 3 of this section.

Fear of Biological and Chemical weapons

In addition to knowing about the events themselves, participants indicated that their community members tended to have a general understanding of a variety of terrorist methods. Most of the participants also indicated that terrorism was a cause of great concern in their community. While participants mentioned suicide bombings, chemical, and biological attacks as causes for concern in their community, the fear of chemical and biological attacks were much greater than suicide bombings. Quotes from participants about their fears of a biochemical attack included:

“The main health concern in the Russian community around here, as far as I know, would be a chemical or biological attack.” (Russian)

“For our community [Vietnamese] and for me personally, I think it's the biochemical terrorism [that is the biggest health concern]. With the biochemical, it's just deadly and you don't know where to stay away from it... After September 11th and after anthrax, many people have the unsettling feelings because most of the people that came here [from Vietnam], we came as refugees. We ran away from the war-torn country. We came here to seek refuge, a safe haven. But now we are facing with the same fear but this is a different form of war. It is an invisible enemy that we are dealing with. It is not someone who you see face to face. That's why the level of unsettling is very, very high now.” (Vietnamese)

“For the Bosnian community, they're most concerned about biochemical attacks. They feel that serious infections can cause damages to the extent that they maybe cannot be adequately cared [for].” (Bosnian)

“From the Brazilian population, they are very worried about biological [attacks]. A bomb, they're not worried much.” (Brazilian)

While indicating that their community members were not particularly concerned with a terrorist attack, a Chinese participant said that biological terrorism was feared above other methods of terror saying:

“I guess for people from the Chinese community, we are more afraid of the bioterrorism. Because with the suicide bomber, that seems like it won't happen...It's very recently, the SARS virus in the Asian community passed so quickly in the Asian countries. We heard that this April, (we thought that it might be an) April 1st rumor. We heard that in Chinatown Boston, there was a worker in a Chinese restaurant, she was infected with the SARS virus. We heard this news and were afraid to go to Chinatown, so the business in Chinatown is down, almost 70%. It is terrible. This is a rumor that shows that people in the Chinese community are more afraid of the bioterror.” (Chinese)

Not all the participants in the focus group, however, said that terrorism was a concern in their communities. A Sudanese (South) participant suggested that there is too little awareness about the threat of future terrorist attacks and too many other problems to worry about. A Chinese participant explained her community's lack of fear of terrorist attacks saying:

“I think there is a general concern about terrorism in the Chinese community. You hear about it and you see it, it's on the radio everyday and in the newspaper. But, I don't think there is enough awareness. They are aware of it but it is happening too far away.” (Chinese)

Fear of Anti-Immigrant Sentiment

Participants identifying themselves as part of the Arab and Muslim community articulated an indirect fear stemming from terrorism in United States: the fear of an anti-Muslim backlash among the populace. One participant described these fears saying:

“Well speaking for the Arabic and Islamic community at large, I don't see any immediate concern about health issues. I think that the concern

would be that when there is a war in the Middle East, anti-Arab/anti-Muslim feelings would go high, and the media will drum it up, and people will find themselves accused and cornered and discriminated against just because of their color or religion. This happened after September 11th, it will happen again.” (Egyptian)

In addition to the fears raised by the participants from Arab and Muslim cultures, other participants mentioned that the atmosphere for immigrants has changed in Manchester and Nashua since September 11th. A dialogue between two Nashua participants addressed this topic:

Participant 1: “I can say yes (my community has been discriminated against since the terrorist attacks). When that happened [September 11th], it was a shock for everybody. And the first comments one lady said was ‘They should close the doors for all the immigrants.’” (Brazilian)

Participant 2: “Same thing I got too.” (Haitian)

Participant 1: “I was in shock because I am American in my way because I make my life here. So I was born in Brazil but anything that happens here affects me too... They look at you different. They don't care if you put the bomb, but you're not American.”

Participant 2: “I've been here forever and they say ‘They should close the border’ and I say ‘I'm more American than you... I work harder than you, I pay taxes just like you, I love America just like you and I would never ever be a part of something like that.’ A lot of us would never do anything like that, I mean, it's crazy to even say things like that.”

Participant 1: “Then again, right after (September 11th), you go to the gas station the guy has something on his head and you want to squeeze his neck. So you know, it's the human (nature).”

Although not explicitly anti-immigrant, a Chinese participant discussed the changing federal immigration policy saying:

“I guess after the September 11th there have been major changes in the immigration service. I know that some of my classmates in China, they applied for an F1 visa in the United States. They have to wait for several months for a background check in China. Previously they didn't need the background check. They would just get the visa and financial support and they could go to the United States without any problem... Even in the United States, the immigration service established an F1 Visa tracking system so if you don't earn enough credit in a semester, your visa may

not be valid and they'll send you back.” (Chinese)

Another participant commented on this situation saying:

“Actually, after 9/11 I think that all foreign students from Muslim countries are not allowed to come here anymore... Malaysia is a Muslim country... They stopped issuing visas. So my family, I have a few nephews who wanted to come here to study from Malaysia, they just couldn't get a Visa. I have friends studying here, they went back to Malaysia and they're not allowed to come back here. Even they haven't finished the semester they haven't finished the study but they're not allowed to come back anymore.” (Malaysian)

Fear of not being able to receive medical treatment

Related to anti-immigrant concerns were concerns about insurance and the ability for immigrants, without insurance and knowledge of the United States health care system, to receive treatment. Participants commented on this issue saying:

“And some people don't have medical insurances, some people who just came, and they don't know how they can be diagnosed if they go to the hospital [after a terrorist attack] or something like that.” (Russian)

“About our community, if you go to hospital also, it is very difficult to understand. So, we have many problems in our community concerning.... medical insurance, [and] to know the knowledge of [the United States health care system] too.” (Sudan (South))

“Many of these people [in the Bosnian community] don't have medical insurance and [don't know] how to deal with these situations is a serious issue for them.” (Bosnian)

Speaking about the concerns of friends and family in Brazil, which are echoed by community members, one participant said:

“So they worry about us, we're not going to have vaccines, they don't speak English, they think that other people who are illegal, they work like cleaning they work low jobs, are more exposed more than others. [People in my community think] ‘I don't speak English, something's there and I don't know what it is and I already touched it, I already got sick and I don't know how to explain it. If they have one shot they are going to (give the) shot (to) the American one and I'm going to die.... I don't have English I don't have the papers and going to be outside, they are going to

close the door and I'll be outside.” (Brazilian)

A conversation about this topic emerged between two Nashua area participants.

Participant 1: “I often ask myself, if there was an emergency... what's going to happen? Are we [the health care delivery system] going to be like ‘You guys stay here, hold on. We're going to take care of these people first?’ You know what I mean? Are we going to be like at the back door waiting, and let the white people, the American people taken care of first?” (Haitian)

Moderator: “So you're not confident that your community would be taken care of in the event of an emergency?”

Participant 1: “Well that's the question.”

Participant 2: “We have the same thing with the illegal people... They don't know [if they will be taken care of in the event of an attack]. Everybody has the same sense.” (Brazilian)

Effect of fear on the lives of minority community members

The manner in which the fear of terrorism affected lives and routines of focus group participants varied widely. Most focus group participants, although noting a general concern about terrorism, said that terrorist attacks have not altered their way of life. One participant commented on this point of view saying:

“Like before there was anthrax and now there's SARS and suicide bombers. But for me, I don't think it's frightening enough to prevent me from going anywhere.” (Chinese)

However, other participants indicated that the threat of terrorism was impacting their decisions about places they should avoid and how they should safeguard themselves against the threat. Quotes representing this perspective included:

“I know at home I've been storing a lot of water. All the empty bottles, I clean them and then and my garage is full of water. And I've got a lot of food, just in case something happens. And I've been telling all the Haitian people that I know that they should buy a lot of food, put water aside, food that you can save because you never know what's going to happen, now or after the war. Because after September 11th, I think everybody should be careful.... If something is going to happen it's going to happen, but at the same time you need to be careful, talk to your kids, like my kids they say ‘Oh, I'm going to the mall’ And I say ‘No nobody is going to (the

mall)' like she says (crowded places). You don't know what they're going to do. And my daughter was buying a ticket to go to something in Boston and I said 'Please don't go.' You are panicking all the time and you're worried." (Haitian)

Another participant noted her fear of crowded spaces saying:

"On my part I'm more worried (about terrorism) after the Iraqi war. I'm worried about the suicide bombers. I'm really scared of that because I know the Muslim people might do that. The extremists, they might just come over here and do that. That's what I'm worried about in crowded places. I would never go to crowded places myself." (Malaysian)

2. To understand the extent to which minority community members trust local government and what could be done to improve this trust.

Several questions asked to focus group participants centered around trust. These questions included:

- If health departments or local government officials wanted to communicate a message to your communities, would community members want to listen to them?
- Would community members trust them?
- Would community members believe what the officials said?
- Would they be scared or suspicious of these officials?
- Why would they feel this way?
- What would health departments and other officials need to do to gain the trust of people in your communities and make community members believe that they wanted to help them?

Local government is trusted more than federal government

On the subject of trust, participants articulated a wide array of perceptions. Some participants were very harsh in their assessment of the United States and its domestic and international policy in the wake of 9/11. One participant explained this point of view by relating the experience of her countrymen saying:

"My people suffered a lot in Virginia. People needed to register their names and addresses at immigration. They would be detained sometimes for 5 hours. Sometimes the FBI would come to their homes." (North Sudanese)

Participants indicated that negative experiences such as these would lead to a lack of

trust for the federal government

Much of the lack of trust for the federal government seemed to be tied up in a lack of trust for national media. The focus group participants who criticized the federal government in the harshest terms were those who were equally critical of American media. Participants who did not trust American media frequently, but not always, did not trust the American government because they felt as though American media sources were simply acting as a mouthpiece for the administration. Focus group participants did not indicate that they thought that American media sensationalized news or exaggerated American success while overlooking failure in order to improve their ratings by giving the people what they wanted to hear. Instead, participants who criticized the media seemed to indicate that there was a certain conspiracy between popular American media and the United States government. In addition, participants, in general, did not implicate the local government in the kind of deception in which the federal government and local and national media was implicated. One participant articulated this point of view saying:

“The local government is not involved in international politics, so we trust the local government. It does not mean that we trust the local media, but we trust the (local) authorities because they are not invested into international corruption. But the NY Times, Washington Post, LA Times, and Fox News on top of them (are untrustworthy)... Another thing, following September 11th there is an increasing suspicion of the federal government..... That is where we need to build the trust.” (Egyptian)

There were other participants, who criticized the media without criticizing the government. For these participants, although they lacked trust in media sources, they maintained a modicum of trust in local, state, and federal government. Participants of this persuasion discussed their sentiments about American media saying:

Participant 1: “What I'm trying to say is the American news, they don't tell you everything but they choose to tell you certain things. And especially the Iraqi war. They show us the good side... where everybody [the Iraqis] is happy about the Americans coming in. They're not showing us the other side of the war that every other country showed. If you look at Chinese television, or Spanish or whatever, they show another side of the war, which is not so good, about the Americans.” (Malaysian)

Participant 2: “It's the same situation. Russian people don't believe American TV. American TV is like Soviet Union TV. Don't say much truth. (Its) Only (purpose is to) calm people and (for) propaganda. But in our country [Russia], now we changed our media TV. Russians own Russian news and we believe and trust more.” (Russian)

However, when asked to assess the level of trust between their communities and the local, state, and federal governments these same participants said:

“I think it's still pretty good.” (Malaysian)

“We trust.” (Russian)

There was another subgroup of focus group participants who was largely supportive of the local, state, and federal government and whose trust had not been deteriorated by bad experiences or challenged through the perception of media deception. Comments from this perspective included:

“As far as trust goes with the Vietnamese community, we haven't had any bad experiences with the government so the trust level is not damaged yet.” (Vietnamese)

“But I kind of believe the American news. You don't want to believe (what they say) 100% because you sometimes they will be hiding something. But I think the Haitian community will listen to the radio, the TV, and the newspaper... But yeah, they [the Haitian community] will believe the TV. They will believe the Americans. I think it's both for me. I would believe the health (department) and I would believe the local and national (governments)...” (Haitian)

But while trusting local government, participants noted the distinctions that were made among different departments in local/state governments.

“I think the tendency is to trust the school department, health and human services, medical... When it comes to law enforcement, that's where the question is. Law enforcement whether it's local or federal. But again, I don't recall experiences by local (government). Most of the bad experiences reported in the news are by federal. When it comes to register [as an immigrant], you come to register and they detain you.” (Egyptian)

“The police is... the last organization who should be doing that [providing education on emergency preparedness]. Because people who come from Moscow hate police. I have a gut hatred of them. If I see them at the door I have a shock or depression or whatever. Because in Russia, you would not have the police unless you are really in trouble and that's a bad sign. It is going to stay forever, whatever country I go to...” (Russian)

Another participant recounted a discriminatory experience her community had with law enforcement saying:

“(A Bosnian man) was driving and he was stopped by the police... (The Bosnian man stopped) was uneducated, he didn't speak any English. And he was waiting for awhile, and he didn't see that anyone approaching him and he just continued (driving). And that happened on the September 11th. And as he didn't see anybody approaching him, he just continued driving but he didn't, according to his story, he didn't try to run. He just started his engine and he started to move from the parking lot or the place where he was stopped. And suddenly after that he was surrounded and he was taken out from his car and he was beaten up.... He also had a holy Koran in his car.” (Bosnian)

As represented in the previous comments, participants indicated that they generally trusted health and human services, the school department, and medical professionals while being wary of law enforcement. A single participant dissented from this opinion saying:

“I feel the same [about the trust of government agencies made above] but for the health department, there is a negativity towards it from the Sudanese community because of the language barrier.” (North Sudanese)

This participant then told a story about a Sudanese child who took cortisone for too long because the mother didn't understand the instructions. Another participant indicated that interpretation could be used as a means for the government to gain trust among minority community members saying:

“We know that using interpreters here you have to pay, but that's the way (for government agencies) to gain the trust.”

While participants felt there to be shortcomings in the interpretation services offered at medical and governmental offices, this perception did not significantly reduce participants' trust in these entities.

In addition to the distinctions that were made among government departments, participants also differentiated between the government itself and people who worked for the government. Participants addressed this issue in the following dialogue:

Participant 1: “They [the Russian community] don't equate the government with people. They do feel that people are helpful and always can rely on people, but not the government.” (Russian)

Participant 2: “I agree with (participant 1) that there is a distinct differentiation between the people and the government. The people, the neighbors, the friends, the acquaintances are very much (real/trustworthy) people. Even the government people, personally, are very nice. We meet with them, they are very nice. People with integrity. On a personal level, I like them and I trust them. But when it comes to government policies, there is a question mark. So the issue is not the people. Even government representatives are good people, but good people and bad policy.” (Egyptian)

These comments indicate a perceptual disconnect between individual Americans and the United States government, even when Americans are acting on behalf of the government.

Perception of the government’s ability to protect: doubt and confidence

Although not necessarily through a lack of trust in the local and federal government, certain participants voiced concern about the government’s ability to protect them in the event of a terrorist attack. Participants represented this perspective saying:

“I want to talk about a different kind of trust. The Russian community did not have bad experiences about having to go register or anything like that but a lot of families I talked to lost trust... Many people feel that September 11th was preventable and that the federal government did nothing to prevent that, because that was such a big event and it took a long time to prepare. So they feel that the government would not be able to prevent any terrorist attack at all. They fear the attack but they feel that if that [September 11th] can happen, nothing can be done [to protect them]. They have some sort of fatalistic feeling about that. That's why, when I ask people ‘Do you prepare yourself at home?’ they say ‘No, why bother? If it's going to happen, nothing is going to help.’” (Russian)

“People just don't know what they can do. Nothing much we can do... A lot of people just don't understand (what's going on) from the news. There are no action measures about how to prevent these things [terrorist attacks] from happening.” (Malaysian)

Additional perspectives about how the government could safeguard and inform minority communities in the event of an attack will be discussed further in section 3.

While some participants took a skeptical view about the government’s ability to protect them in the event of a terrorist attack, many others were more optimistic. Participants articulated this viewpoint in the following quotes:

“We think our local government is well training and well prepared in case of emergency and takes so seriously the matter, what will happen to the people. We trust the government. They will take care in case of emergency.” (Albanian)

“I more trust the local government. I read in the local newspaper that they did some simulation, drills for anti-terror activities. Like Nashua and Tyngsboro, they have a collaborative drill... If something happened they would have enough resources and support for anti-terror activity.” (Chinese)

“I wanted to say that, for me, before September 11th and after, to me, it was a real wake-up for the United States. I feel that now, after living (through September 11th) America says ‘We've got to be more secure, we've got to check more, we're going to inspect more.’ And after the war now that is happening in Iraq now, that's a really strong message. I'm against the war, first place, but the war went and it seems like they're [the United States] doing a good job there. It shows that, whoever wants to threat(en) or do some terrorism acts, that they have to stop because the United States is clear and open in saying that it will be against anybody and it will destroy them if it has to destroy them. If they [terrorists] attack, it [the United States] will pursue and it will follow them. So I'm not really too worried about that [future attacks].” (Guatemalan)

Even participants who discussed their doubts about whether minority community members would be cared for in the event of a terrorist attack (see section 1) said that their communities would believe government officials if they alerted their communities about a terrorist attack. This sentiment was expressed in the following dialogue:

Moderator 1: “Because you have doubts about whether your community would be taken care of in the event of an attack, does that affect the extent to which your community would believe officials who said there was an attack?”

Participant 1: “No, on my part I think they would all believe.” (Brazilian)

Participant 2: “My people would believe too, if there was something on TV or on the radio saying we'd been attacked, everyone would believe.” (Haitian)

Moderator 2: “Including the illegal immigrants?”

Participant 2: “Yes”

Participant 1: "Some people, they have the rights but they are never going to look for the rights because they're afraid. So maybe we're going to have a bunch of people under the bed [hiding] because they're afraid to go somewhere."

Moderator 1: "Does everyone feel that they would trust the health department if they gave them a message about a terrorist attack, what they should do?"

Everyone: "Yes"

Trust is built and broken through actions

Much of the lack of trust for local and federal government resulted from specific policies that participants felt to be anti-immigrant. The most significant of these policies were those related to airport security and to obtaining driver's licenses. A number of participants complained about the current policy of non-citizens needing to go to Concord in order to obtain or renew their driver's licenses and about the negative experiences that occurred in the process of doing so. Statements relating to this issue included:

"When somebody has a problem with a driver's license and goes to an official, the issue would be resolved. That is a very simple example (of how trust could be built). Instead of looking for excuses not to do it, look for ways to do it. I pick the driver's license because it is a hot issue in Manchester. If you are not a U.S. citizen, you have to go all the way to Concord to get a driver's license... I was told that this was designed before September 11th and September 11th made it more important. So if you don't have a driver's license, you live Lebanon or Nashua, you go to Concord several times, with the language barrier, standing in line, rejected because you are not a citizen and God knows how people are treated there. This is a good example of trust. If you want me to trust, make my life easier." (Egyptian)

"I know (a person), he has a driver's license from Brazil, they told him he could go there (to Concord) and exchange (the Brazilian driver's license for a New Hampshire driver's license). He's a pastor, very, very nice man... He went there [to Concord] and he went to jail for seven days. He don't speak English, they couldn't find him a translator, they found one who speaks Spanish, he could understand less. So after five days, they [his friends] found him over there... His case was very bad... I think he has a court (date) the 12th, next month to see what's going to happen.

That's one case that I know of and I think there's more."

Other participants noted the problems that they have encountered with airport security in the wake of September 11th. Quotes from participants on this topic included:

"Okay, we understand security at the airports it's very important. I'm sure we all want everybody to be checked and make sure that what happened on September 11th doesn't happen again... (However,) I'll give you an example (of a bad experience with airport security) so I don't have to go over and over this. I was traveling with my mother who is 75 years old. They didn't only make her take everything off, but they wouldn't let me translate for her. They wouldn't let me anywhere near her. She doesn't understand English, she was in a wheelchair. They made her get up, they made her take off her shoes and I said 'Can I please help her?' 'No you can't. Go away' (they said). I said 'She doesn't understand English, don't scream at her. If you want to speak to her, let me translate or speak very slowly, she doesn't understand you. And she needs a chair, she needs to sit down.' And they wouldn't let me help her... She finally got a chair, she was finally able to sit down." (Russian)

"After 9/11 my nephew [who was born in the United States] and my mother in law [who has lived in the United States for a long time] they came to Nashua for a summer vacation, and after the vacation they went back to Florida. And at the airport they were searched... My mother in law is 80 years old, my nephew is 7 years old... The authorities here are so rigid, in some sense. When they panic they just panic and they don't use a brain to judge. There were so many people in the airport but if you're white, you can just get through. But if you're not, like an old woman and a small kid, they search everything thoroughly. It's just so ridiculous. And they were held up for about a half hour." (Malaysian)

Participants also noted what they thought government officials could do to gain trust around issues relating to emergency preparedness. Quotes about things that could increase trust included:

"And the trust is built by actions not by meetings, when officials come and meet with us and think they have built trust. Trust will not be built by someone preaching to me... How about a meeting like this (to build trust)? Let the Health Department invite us, and people like us... Let the local health department know us personally and contact organizations through us." (Egyptian)

"If they [the health department] do it [approach minority community members with information about emergency preparedness] in a way

where we know that they are going to protect us in case of an emergency, I think they will gain trust right away.” (Vietnamese)

3. To understand what means are effective for health departments and health care providers to communicate messages related to terrorism and emergency preparedness to minorities living in Manchester and Nashua.

One of the critical components of the focus group study was to understand the means by which health departments, local government, and the health delivery system could reach minority communities in the event of an emergency. Even if a plan is in place, minority communities are trusting of officials, and officials want to reach minority communities, without knowing how to contact minority communities at large, the whole effort would be in vain. Many of the minority communities in Manchester and Nashua are culturally and linguistically isolated which consequently makes it difficult for individuals (or institutions) outside of their culture to penetrate the communities in order to communicate messages. With this being the case, a number of the focus group questions were aimed at understanding how communities found out about September 11th and the anthrax attacks, what are the best means to alert community members in the event of an attack, and what are the best means to educate community members about what to do in the event of an attack before it happens.

Some fundamental differences exist between an effort to educate minority communities and an effort to alert them in the event of an attack. An effort to alert minority community members, or any community members, involves reaching as many people as possible in as short a time as possible with as brief a message as necessary. Education about emergency preparedness differs from alerting community members in that education is not necessarily as time sensitive as alerting community members but needs a more complete and comprehensive message. As a result of these differences, the optimal methods to educate and alert minority communities will often differ.

Learning about terrorist attacks through television and word of mouth

To a large extent, focus group participants indicated that their communities found out about the terrorist attacks through television, whether it be American television or through foreign stations. Participants noted that community members who don't understand English will obtain information from family members and friends who speak English. Comments from participants on this issue include:

“Members of my community (Bosnian) that I spoke to listen very carefully to TV news. [They] regularly watch news on CNN and NBC and they listen to local radio like WZID and read newspapers. Some don't understand and speak English. The ones that don't understand English,

they usually ask their neighbors and family who speak English. Most families have at least one member who speaks English.” (Bosnian)

“I would think that TV news [was the source of information for my community (Latino) on September 11th and the anthrax attacks]. The good thing in America is if something happens, you hear it, probably [on] TV... We have Univision which is in Spanish. Most of the time, Hispanics will probably watch Univision and occasionally American channels... We don't have really newspaper in Spanish. We have local newspapers that come out weekly sometimes. Depending where you are it will be in English. But we don't have it in Spanish like that... TV will inform people a lot.” (Guatemala)

“Yes, around here [in the Chinese/Malaysian community] they get it [information about terrorist attacks] from American television but a lot of people also subscribe to cable like the Chinese. But then again, the Chinese television will mainly focus overseas like China or Hong Kong or Taiwan news.” (Malaysian)

“Ninety percent [of Haitian community members got information about terrorist attacks] through the American news, the TV. You go to all sources for the news, the Spanish channel and the French channel. But I kind of believe the American news [was the most common source].” (Haitian)

In this discussion, a pattern of information obtainment emerged whereby:

If community member understands English:	1 st option: American television 2 nd option: foreign language television
If community doesn't understand English:	1 st option: foreign language television 2 nd option: word of mouth

The source of information for terrorist/emergency events depends on individuals' ability to understand English as well as their access to foreign language television. This concept is illustrated with the quote:

“For example those who don't speak English, they must rely on Russian newspapers or satellite TV (for news). Now there is a Russian channel on cable. We have it on the sea coast and a lot of families have Russian TV.” (Russian)

Alerting minority communities through television

In line with how minority community members articulated how they found out about

September 11th and the anthrax attack, minority community members felt that TV was the single best method to alert community members in the event of an attack. Participants explained this saying:

“For me personally I think TV is the best... especially when there is a state emergency or there is bioterrorism TV is the most effective (source) to turn to. Sure, some people say that TV is not very trustworthy, but it depends on what news you expect to get. As far as emergency, I think it's the best way. If you're looking for some political or about the war, it's biased coverage. For political stuff, it's very helpful (to find news) on the internet or in the newspaper, maybe international TV. But for state emergencies (television is the best method).” (Chinese)

In addition to television, a number of participants said that the radio would be a good way to broadcast an alert to community members. Stations that focus group participants said their community members listened to are shown in Table 4.

Database of community members

Another method of alerting community members in the event of a terrorist attack, but also a potential source of education and less immediate communication, is through the creation of a minority community member database. The virtues of this approach were described with the following quote:

“And would it be possible, for example, to use database from some organization which is extremely useful. If for instance the health department and the International Institute had a database about community with the address and phone number. Would they be entitled to use the database and contact each single family in case of emergency? Because, as (a participant) said, phone works so quickly.” (Bosnian)

In order for this database to work, however, privacy concerns of community members would need to be addressed.

Meetings and seminars as a means to educate minority communities

As discussed in Section 3 on trust, focus group participants indicated that they would trust their health departments to disseminate information about emergency preparedness. The most commonly expressed manner in which this could be done is through meetings or seminars in minority communities. Minority community members

were united in expressing that there would be great interest among their communities in learning about what plan they should follow in the event of an attack. Participants described the merit in this approach saying:

“Maybe for the people that don't understand English, there are more difficulties to understand what's going on. Maybe for those people it wouldn't be a bad idea to organize meetings or seminars in health departments or institutions like this to teach people what is going on. But generally they understand what's going on. I can't say that they will know exactly what to do in the case of an emergency or terrorist attack.”
(Bosnian)

“The library, the Lowell community library. You can ask people to come to the library and give a seminar about the information. (Chinese)

Other participants described more of a community outreach approach to disseminating information about emergency preparedness to their communities. Participants described this idea saying:

“I have a suggestion for dealing with community. (There could be) something like this. You can have one or two representatives from every community, have an official meeting with them, train them (about emergency preparedness), and then have them go to their communities. And maybe pay them something because they will spend their time. They can collect their communities and they can tell them [their communities] what measure the local government is taking, what's going to happen in case of a threat or something, and then everyone will work in the own language with their communities.” (Russian)

“When we want to send a message to the local community by doing outreach, it would be a good thing. If we are targeting less people in less time, TV would be helpful, or radio... (By doing outreach) it's going to take more time because it would be visiting people, talking to them, explaining, because it's different when you send a message than when you actually try to make the people understand... Sometimes I invite people, and we try to make a bigger amount of people in places. And when it's a thing like this [emergency preparedness], I think a lot of people would probably be concerned and probably do it.” (Latino)

The Use of the internet in minority communities

Most of the participants in the focus groups described the widespread use of the internet in their communities to obtain news and other information. Participants described internet use in their communities saying:

“We goes through internet and after that, my family we read the newspaper in our language. We discuss things and my nephews tell us what some words are in English. So everything is very clear.” (Albanian)

“There is a big source of information from the internet in Bosnian. We usually go and read Bosnian news. They pretty much cover what the situation in the world is.” (Bosnian)

“I must tell you that the Arab and Muslim community is very politically oriented so we get our news minute by minute not day by day. Either by subscriptions to newspapers or through the internet, hundreds of websites. Because we do not rely very much on the American media.” (Egyptian)

“In our community we share the news. Through the internet and Al Jazeera. Those that don't know English and don't understand, they try to watch another one or they phone someone to know what's going on. And because most of our education is very low and most of them don't speak English. For those who are working in one place, we can read the news on the internet [in Arabic], print it out, and take it to our company we can give it out.” (South Sudanese)

“All of us have internet, and some of us can watch Russian TV.” (Russian)

“If we find something on the internet, we forward a link where someone can go to get information. How to deal with such kinds of situations, like the SARS virus, people go to the internet and find useful information so we can check out useful information how to deal with that and how to prepare... It (the newsgroup) is usually community based, like in Nashua we have the Chinese culture association of greater Nashua. In Acton we have Chinese newsgroup and for Chelmsford and Westborough we have another newsgroup. So you can subscribe to different newsgroups.” (Chinese)

Not all participants, however, indicated that the internet is a large source of information in their communities:

“In the Vietnamese community not everyone is computer literate. We do have a newspaper that comes out every week but the information is not current like the American newspapers.” (Vietnamese)

While different minority communities may use the internet to a greater or lesser extent, the internet represents a very valuable tool through which information about emergency preparedness could flow from local governments and health departments to minority communities.

Print media: An inferior method of education

Focus group participants also indicated that they obtained news and information from print media sources. A number of participant quotes of the topic can be found in the previous description of internet use. Additional quotes about print media include:

“Russian community now has a store here grocery store, and you can buy newspapers... (The store’s name is) Siberia, it’s on Willow St. next to motorcycles of Manchester. ... There could be a week delay.” (Russian)

“No, but they go and buy the Brazilian magazines from the Brazilian store. It comes to the stores like 3 days late or something like this. They have a special satellite to get the TV, most of the Brazilians have that, and the internet. And if they have some news they come to me, because I don’t have the channel.” (Brazilian)

“I would say (the source of information for people in the Chinese community who don’t speak English is), Chinese newspapers. But it’s very rare, most people, I would say 80%, speak English.” (Chinese)

“She just reminded me, the Chinese community has a lot of newspapers that they give away for free at the Chinese supermarkets so maybe you could advertise on there.” (Chinese)

Print media represents a much slower and less efficient means of disseminating information about emergency preparedness in minority communities. Other disadvantages of print media are the limited space in which health departments would have at their disposal to communicate a message as well as the fact that many of the publications read by minority communities in Manchester and Nashua are not published locally. This could create coordination problems between health departments and the publications themselves. Another problem with print media is that, information would need to be disseminated in the form of advertisements, which are potentially costly. As such, advertisements in publications read by minority community members would lack the flexibility, time sensitivity, and local perspective necessary to make them a viable means to disseminate information in minority communities.

Local access television as a means of education

Television is not only the source through which minority community members found out about the terrorist attacks, but also the medium through which most of the focus

group participants obtain their news. Previous quotes have indicated that foreign television is widely utilized in many of the minority communities taking part in the focus groups. While a useful source of national and international news in minority communities, like print media sources in Manchester/Nashua minority communities, these foreign stations lack the local angle that could make them a viable means of disseminating information. In addition, apart from some of the Hispanic stations, it is inconceivable to attempt to advertise with an international television station in order to communicate a message.

One exception to this is public access television, which could be used as a means of educating minority community members about issues related to emergency preparedness. One focus group participant hosted a program on public access and described his program saying:

“I have a program on channel 96 every Friday at 5. What I do, I always try to find good sense to give the Haitians the news the way it is happening.” (Haitian)

Reaching minority communities

Participants in the focus group indicated that it was important to receive more information about emergency preparedness from local authorities. Participants said that information should be communicated in community members' native language and should not be alarming in nature. One participant described the need for information to be communicated in a calm and sensitive manner saying:

“I prefer that any information related to this issue [emergency preparedness] will be [prefaced by] ‘in case of medical health emergency.’ Don't use biochemical, don't use anthrax, don't use big words that will either scare people, or create a political statement.” (Egyptian)

Focus group participants also indicated that information intended for their communities would need to penetrate these communities: Community members would not go outside their communities looking for the information. Consequently, the following tables, compiled from information given by focus group participants and through additional research, can serve as a rough guide as to how to reach the minority communities who participated in the focus groups.

Table 4. Contact Points for Minority Communities

Community	Name of Entity	Type of Entity	Address	City	Phone number
Arab/Muslim	The Arab American Forum	Organization		Manchester	669-6253
	Islamic Society of Greater Manchester	Organization	228 Maple St.	Manchester	668-4687
	Our Lady of the Cedars	Mosque	161 South Beech St.	Manchester	625-9966
	Manchester Community Resource Center	Organization	Lake Ave.	Manchester	647-8967
	International Institute of NH	Organization	315 Pine St.	Manchester	641-6190
	Orange Street Imported	Market	132 Orange St.	Manchester	
Bosnian	International Institute of NH	Organization	315 Pine St.	Manchester	641-6190
	Manchester Health Department	Organization	1525 Elm St.	Manchester	624-6466
	Manchester Community Health Center	Clinic	1415 Elm St.	Manchester	626-9500
	Child Health Services	Organization	1245 Elm St.	Manchester	668-6629
	Teen Health Clinic	Clinic	72 Concord St.	Manchester	629-9707
	Social Club				665-9726
Vietnamese	St. Anne's Church	Church	Corner of Union St. and Merrimack St.	Manchester	623-8809
	Chua Phi Oc Dion Temple	Temple	684 Auburn St.	Manchester	
	Saigon	Market	93 South Maple St.	Manchester	644-3502
Albanian	St. George Greek Cathedral	Orthodox Church	650 Hanover St.	Manchester	922-9113

Table 4. Contact Points for Minority Communities cont.

Community	Name of Entity	Type of Entity	Address	City	Phone number
South Sudanese	Southern Sudan	Organization	P.O. Box 539	Manchester	682-6995, 647-1540
	St. Anne's Church	Church	Union St.	Manchester	623-8809
	Grace Church	Church	106 Lowell St.	Manchester	622-9813
	Rainbow Beauty Supply	Store	489 Maple St.	Manchester	665-9822
	St. Anne's Church	Church	Corner of Union St. and Merrimack St.	Manchester	623-8809
Haitian	Haitian Community Center of New Hampshire	Organization	134 Calef Rd.	Manchester	627-0331, 645-5290
Russian	Siberia	Russian store	100 Willow St.	Manchester	621-0017
	Moscow	Russian store	42 Harbor Avenue	Nashua	579-6939
	Siberia	Russian market	259A Main St.	Nashua	880-4056
	Forest Ridge	Apartment complex	1B Hampshire Dr.	Nashua	883-7752
	Boulder Park	Apartment complex	24 Kessler Farm Dr.	Nashua	882-9702
	St. Mary's Ukrainian Catholic Church	Church	54 Walnut St.	Manchester	622-0034
Brazilian	Sabor Brazil	Brazilian restaurant and store	42 Canal St.	Nashua	886-5959
	Nashua Area Health Center	Clinic	10 Prospect St.	Nashua	883-1626
	Soup Kitchen	Soup Kitchen	Chestnut St.	Nashua	889-7770
	Adult learning center	Organization	4 Lake St.	Nashua	882-9080

Table 4. Contact Points for Minority Communities cont.

Community	Name of Entity	Type of entity	Address	City	Phone number
Dem. Republic of Congo	International Institute of NH	Organization	315 Pine St.	Manchester	641-6190
	Haitian Community Center of New Hampshire	Organization	134 Calef Rd.	Manchester	627-0331, 645-5290
	Manchester Community Resource Center	Organization	177 Lake Ave.	Manchester	647-8967
	Eliot Hospital	Hospital	1 Elliot Way	Manchester	669-5300
	Victory Women of Vision	NA	NA	Manchester	396-5290
	Jesus is the Way Church Community	NA	NA	Manchester	627-2375
Latino	Hispanic network	Organization	52 Ash St.	Nashua	598-8184
	Latin American Center	Organization	521 Maple St.	Manchester	669-5661
	Latinos Unidos of New Hampshire	Organization	P.O. Box 1202	Manchester	625-5843
	Mexican Association	Organization	P.O. Box 826	Manchester	644-3742
	Vista Foods	Store	310 Wilson St.	Manchester	645-9401
	Two Guys Food Market	Market	414 Union St.	Manchester	627-7709
	St. Anne's Church	Church	Corner of Union St. and Merrimack St.	Manchester	625-4603
	El Mexicano	Restaurant	197 Wilson St.	Manchester	665-9299
	Soup Kitchen	Soup Kitchen	Chestnut St.	Nashua	889-7770
	Rincon Columbiano	Restaurant	34 ½ Canal St.	Nashua	595-1670
El Mexicano Taqueria	Restaurant	40 Canal St.	Nashua	886-8998	

While not as extensive as the list of places identified by participants as contact points for their communities, participants also identified the following as media sources utilized by members of their community.

Table 5. Media sources utilized by minority communities

Community	Name of media source	Type of media source
Latino	Univision	Television
	Telemundo	Television
	Telefuturo	Television
	800 AM	Radio
	1110 AM	Radio
	1400 AM	Radio
	Siglo 21	Newspaper
	El Mundo	Newspaper
Russian	Russian Boston	Magazine
	Arka	Magazine
	Russian Reklama	Magazine
	Contact	Magazine
	Fortuna	Newspaper
	Russian Word (Russkoye Slovo)	Newspaper
Chinese	Boston Chinese News	Newspaper
Haitian	Manchester Public Television (Friday 5pm)	Television

Conclusion

The information collected and the analysis conducted for this report will be used as part of a training plan for health professionals and health departments to develop strategies for communicating with members of diverse communities in emergency situations. A summary of the findings and recommendations of this report can be found on pages 3-5.