

---

---

**FINAL REPORT**  
**Kentucky Bioterrorism Communication Survey**

---

---

**Prepared For:           Jane Mobley Associates**

**Prepared By:           The Matrix Group, Inc.**

**Date:                   November 26, 2007**

# Table Of Contents

<b>Section</b>	<b>Description</b>	<b>Page</b>
<b>1.0</b>	<b>Executive Summary</b> .....	<b>1-13</b>
1.1	Overview & Methodology .....	1-2
1.2	Key Findings .....	3-11
1.3	Insights.....	12-13
<b>2.0</b>	<b>Summary of the Research Findings</b> .....	<b>14-74</b>
	Health Information Sources .....	14
	Levels of Confidence in Health Information .....	15-17
	Level of Concern for Being Prepared for a Large-Scale Emergency Compared with a Year Ago .....	18
	Level of Concern Regarding Large-Scale Emergencies.....	19-22
	Information Sources Used in Large-Scale Emergency (With Power vs. Power Failure).....	23-26
	o Natural Disasters, Hazardous Chemicals and Terrorist Act	23-24
	o Disease Outbreaks.....	25-26
	Reliance on Resources in an Emergency Evacuation.....	27
	Actions Taken in Area or Community to Prepare Citizens for Threat of Emergency .....	28-29
	Family Disaster Plan.....	30-32
	Emergency Preparedness/Supply Kit .....	33-35
	Level of Preparedness .....	36-37
	Accessibility of Services.....	38-39
	Local Health Department Used for Information and Services....	40
2.1	Summary by Region .....	41-66
2.2	Demographic Profile of Respondents.....	67-74
<b>Appendix</b>	<b>2007 Questionnaire</b>	

# Overview & Methodology

As a continuation of a tracking study implemented in 2004, the Kentucky Cabinet for Health and Family Services, in conjunction with Jane Mobley Associates' Bioterrorism Special Populations Network Contract, initiated this quantitative research to measure the level of preparedness Kentucky residents have for an emergency or disaster situation. This study seeks to identify how the level of preparedness has changed from previous years and how levels of preparedness vary throughout special populations.

To generate findings for this study, 1001 randomly selected Kentucky residents residing in one of the 15 area development districts were contacted by telephone from Sept. 13, 2007, through Oct. 9, 2007. Data was stratified within each area development district by age and gender. Based on Kentucky's population of 3,046,951 (2005 U.S. Census projection) for residents age 18 and older, this research provides results at 95% confidence level with margin of error plus or minus 3.1.

Special Population Segment Representation

	%	#
Senior citizens	16.8%	168
Physically disabled	14.4%	144
Deaf and hard of hearing	13.4%	134
Blind and visually impaired	7.5%	75
Developmentally disabled	4.7%	47

Specific objectives targeted throughout the administration of the survey included:

- Determine the health and safety concerns of Kentucky residents and identify what resources they utilize for health information
- Measure the level of confidence Kentucky residents have in the disaster preparedness resources.
- Quantify Kentuckians' level of concern and preparedness for the threat of a large-scale emergency and compare these levels of concern and preparedness to previous years
- Evaluate resources residents use to prepare for emergencies and determine what will motivate residents to become better prepared

The results of this research study will be utilized in the following ways:

- Determine the effectiveness of communication channels established by state and local agencies in order to better prepare Kentucky's area development districts for emergency situations
- Distinguish what sources Kentucky residents turn to for information on how they may become better prepared and informed for a large-scale emergency situation
- Facilitate state and local efforts to increase disaster preparedness by implementing community involvement, increasing the accessibility of information and building community awareness

Notes:

In 2004 and 2005, four emergency situations were presented to respondents in a series of questions. These situations included:

- Natural disasters
- Hazardous chemical spills
- Disease outbreaks
- Terrorist acts

In 2006 and 2007 research participants were asked questions about natural disasters, hazardous chemical spills and terrorist acts collectively. Questions pertaining to disease outbreaks were addressed separately. The survey was restructured in this order because in previous years the responses to natural disasters, hazardous chemical spills and terrorist acts have been quite similar. Disease outbreaks evoked another set of responses, and it was determined that this emergency situation should be kept separate.

Throughout this report:

- Questions allowing multiple responses are marked with an asterisk (\*). Totals for these questions may add to more than 100% due to multiple responses.
- Numerous rating scales were used. When respondents could not provide ratings, “don’t know” responses were removed from the bases for calculating averages.
- Use of the terms *significantly more/greater/higher* or *significantly fewer/lower/less* implies that the difference referred to is statistically significant at the 95% confidence level, using either the Independent Z-Test for Percentages or the Independent T-Test for Means.

# 1.2 Key Findings

## *Preparedness For Large-Scale Emergencies*

Using a 1 to 5 scale with 1 being not prepared at all and 5 being very prepared, respondents were asked to rate how prepared they were for a natural disaster, an outbreak of disease, terrorist acts, and hazardous chemicals spills. Respondents indicated they were most prepared for natural disasters, followed by an outbreak of disease, terrorist acts and hazardous chemical spills.

- Most respondents rated their level of preparedness at the lower end of the scale:
  - Natural disaster (2.74 with 39% rating their preparedness level with a 2 or 1)
  - Outbreak of disease (2.36 with 54% rating their preparedness level with a 2 or 1)
  - Terrorist act (2.18 with 59% rating their preparedness level with a 2 or 1)
  - Hazardous chemical spill (2.14 with 63% rating their preparedness level with a 2 or 1)
- Compared with the 2006 averages, respondents felt *more* prepared for hazardous chemical spills, just as prepared for natural disasters, and *less* prepared for the outbreak of disease and terrorist acts.
  - The average preparedness level for hazardous chemical spills increased from 2.09 to 2.14.
  - In 2006 and 2007, 2.74 was the average preparedness level for natural disasters.
  - The preparedness level for a disease outbreak decreased from 2.40 to 2.36 from 2006 to 2007.
  - From 2006 to 2007, the preparedness level for terrorist acts also decreased from 2.24 to 2.18.
- In this year's findings, compared with the average:
  - Males were more likely to consider themselves prepared for natural disasters and terrorist acts.
  - Individuals with a graduate education felt significantly more prepared for an outbreak of disease and terrorist act.
  - Respondents ages 18-24 were significantly more prepared for hazardous chemical spills.
  - The deaf and hard of hearing were significantly more likely to indicate they were not as prepared for outbreak of disease and terrorist act.

Despite indicating they felt less prepared for large-scale emergencies, 46% of this year's respondents, compared with only 35% in 2006, had created a family disaster plan. A majority of individuals (77%) in this year's study created a family disaster plan from personal experience.

- In addition to using their own experience to create a plan, respondents relied on the following resources to prepare a family disaster plan:
  - Red Cross (7% compared with 3% in 2006)
  - Local health department (4% compared with 3% in 2006)
  - FEMA (4% compared with 3% in 2006)
- Local and national health organizations were utilized most often this year to create disaster plans. In 2006, research participants turned to media sources such as the Internet, television and newspaper to create family disaster plans.
- Green River and Purchase residents were significantly more likely than the average to have created a family disaster plan.

### ***Preparedness for Large-Scale Emergencies-continued***

- Males, physically disabled individuals and those with less than a high school education were significantly less likely to indicate they had created a family disaster plan.

Some respondents in this year's study (10%) indicated they did not have a plan because of their current living situation (they lived alone or lived in a rural area).

Of the 539 individuals that indicated they do not have a family disaster plan, 34% said there was nothing that would motivate them to create a plan. There was more willingness to create a plan this year compared with 2006, when 42% of respondents indicated there was *nothing* that would motivate them to create a plan.

- In 2007, respondents listed the following reasons that *would* motivate them to create a family disaster plan:
  - Threat of emergency/disaster or possible harm to the family (12% compared with 16% in 2006)
  - Some event or disaster actually happening (10% indicated in 2006 and 2007)
  - This interview (7% versus 3% in 2006)
- In 2006 and 2007, 10% of research participants indicated they were already motivated to create a family disaster plan, but had not done so yet.

Respondents were more likely to indicate they had prepared a disaster kit in the case of a large-scale emergency. From 2006 to 2007, the percentage of participants who had a disaster kit increased from 57% to 60%.

- Of the 596 individuals that had an emergency kit, the following items were the most likely to be included in the kit:
  - Bottled water (72%)
  - Food/non-perishable foods/canned foods (62%)
  - First-aid kit (58%)
  - Flashlight/lantern (47%)
- Purchase, Green River and Lincoln Trail residents were significantly more likely to have an emergency preparedness/supply kit.
- Males and individuals between the ages of 25 and 34 were significantly more likely than the average to indicate they had prepared a kit.
- Special populations were significantly less likely than the average to have an emergency preparedness kit ready for a large-scale disaster.

This year's respondents were more motivated than respondents in 2006 to create an emergency preparedness kit if they had not already done so. Of the 405 respondents that did *not* have a kit prepared, only 31% said nothing would motivate them to prepare a kit. In 2006, 35% of the respondents indicated nothing would motivate them.

- Circumstances that would motivate respondents to create a kit included:
  - 12% of respondents in 2006 and 2007 indicated the threat of an emergency or possible harm to their families would motivate them to create an emergency kit.

### ***Preparedness for Large-Scale Emergencies-continued***

- 10% responded that some event or emergency actually happening would motivate them to create a kit compared with 19% in 2006.
  - 10%, compared with only 5% in 2006, indicated participating in the interview had motivated them to create a disaster kit.
  - More information available would motivate 7% of individuals in this year's study to prepare a kit, whereas 8% in 2006 felt more information would be helpful in preparing a kit.
- Of all the research participants interviewed this year, 14% said they were motivated to create a kit, but had not done so yet.

Many Kentuckians continue to be unaware of actions that have been taken in their community to prepare for large-scale emergency situations. Overall fewer people in this year's study (35%) indicated they were unaware of community actions than research participants in 2006 (40%).

- Actions that respondents were aware of in their community included:
  - Local community and government plans (18%)
  - Community alarm/siren (9.5%)
  - Fire department preparedness/training/drills (4%)
- Compared with the average:
  - Kentucky River and Purchase residents were significantly less likely to indicate they were aware of actions that had been taken in their particular communities.
  - Individuals 65 years and older and those with less than a high school education were significantly less likely to indicate they were aware of preparations that had been made for emergency situations in their areas of residence.

### ***Concern for Large-Scale Emergencies***

A majority of respondents (64%) expressed the same level of concern for large-scale emergencies this year as in 2006. Thirty percent of the individuals in this year's study they were more concerned and only 6% said they had less concern than a year ago.

- The 301 respondents that were *more* concerned this year indicated the same main reasons as 2006 research participants for feeling a greater level of concern. Those factors included:
  - Seems to be a lot of/more problems/trouble in the world today (22% compared to 29% in 2006)
  - Recent terrorist acts (20% in 2006 and 2007)
  - Community/government is not prepared/not well prepared/less prepared for large-scale emergencies (18% compared with 12% in 2006)
  - Recent natural disasters/possibility of natural disasters (14% compared with 12% in 2006)
  - War/war in Iraq/ramifications of war in Iraq (12% compared with 8% in 2006)
  - Increased media coverage (8% compared with 7% in 2006)
- On average, Kentucky River and Cumberland Valley residents were significantly more likely to be concerned.

### ***Concern for Large-Scale Emergencies-continued***

- Females and those that identify themselves as physically disabled were significantly more likely to be concerned about a large-scale emergency than the average.
- Individuals age 25-34 were significantly more likely than the average to mention “seems like there is a lot more trouble in the world” as a contributing factor to their increased level of concern.

Of the 60 individuals interviewed that are *less* concerned for a large-scale emergency compared with a year ago, fewer individuals in this year’s study said they were less concerned because they were better prepared *or* because the community is better prepared. The most frequently mentioned reasons as to why respondents were less concerned included:

- The risk of a large-scale emergency is not that great (20% compared with 5% in 2006).
- I generally do not worry about emergencies/disasters (17% compared with 21% in 2006).

Respondents were asked to rate their level of concern for specific large-scale emergencies using a 5 to 1 scale, with 1 being Not Concerned at All and 5 being Very Concerned. Terrorist acts received the highest level of concern, followed by natural disasters, outbreak of disease and hazardous chemical spills.

- Terrorist act (3.52 with 62% rating their level of concern with a 5 or 4)
- Natural disasters (3.37 with 47% rating their level of concern with a 5 or 4)
- Disease Outbreak (3.25 with 45% rating their level of concern with a 5 or 4)
- Hazardous chemical spills (2.83 with 31% rating their level of concern with a 5 or 4)

In the past year, respondents have developed higher levels of concern for *all* large-scale disasters.

- From 2006 to 2007, the level of concern for terrorist acts rose from 3.47 to 3.52.
  - The level of concern for natural disasters increased from 3.27 to 3.37.
  - In the past year, the average level of concern for outbreak for disease increased from 3.17 to 3.25.
  - The concern for a hazardous chemical spill increased from 2.81 to 2.83 in the past year.
- Compared with the average:
    - Pennyrite and Purchase residents were significantly more likely to be concerned about a natural disaster.
    - The physically disabled and those individuals with less than a high school education are significantly more likely than the average to be concerned for all major large-scale emergencies.
    - Individuals that reside in Lake Cumberland area development districts were more likely to be concerned about a disease outbreak.

## ***Information Sources***

A doctor's office continued to be the most frequently mentioned resource individuals turn to for health information.

- 47% of respondents relied on a doctor's office as a source for health information in this year's study.  
Other resources respondents turned to more often than in 2006 included:
  - Internet (36% compared with 31% in 2006)
  - Television (16% compared with 14% in 2006)
  - Books/manuals (10% compared with 5% in 2006)
  - Periodicals (5% in 2006 and 2007)
- Compared with the average:
  - Residents in the Barren River area were more likely to visit a doctor's office.
  - Purchase residents were significantly more likely to turn to the Internet for health information.
  - The television was significantly more likely to be used as a resource for health information in FIVCO area development district.
- The most popular sources for health information varied with the age group represented:
  - Individuals between the ages of 18 and 24 were significantly more likely than the average to use the television as a resource.
  - Respondents between the ages of 25 and 35 were significantly more likely to use the Internet.
  - Participants 45 years of age and older were significantly more likely to say that they used a doctor's office as a health information source.

## ***Confidence In Health Information***

Using a 5-point scale, where 5 is the Highest Confidence level and 1 is the Lowest Confidence level, respondents were asked to rate their level of confidence in private physicians, hospitals, state or local health agencies, other media sources such as the television and newspapers, federal agencies and the Internet.

- Respondents continued to show the most confidence in private physicians, followed by hospitals, state or local health agencies, federal agencies, the Internet and other media such as television or newspapers:
  - Private physicians (4.33 with 81% rating their level of confidence with a 5 or 4)
  - Hospitals (3.80 with 65% rating their level of confidence with a 5 or 4)
  - State or local health agencies (3.51 with 48% rating their level of confidence with a 5 or 4)
  - Internet (3.29 with 35% rating their level of confidence with a 5 or 4)
  - Federal agencies (3.25 with 40% rating their level of confidence with a 5 or 4)
  - Other media such as television or newspapers (3.09 with 33% rating their level of confidence with a 5 or 4)

### ***Confidence In Health Information- continued***

Over the past year, the level of confidence in private physicians has stayed the same and slightly increased for hospitals. Confidence in state or local health agencies, Internet, federal agencies or other media such as television or newspapers decreased from 2006 to 2007:

- Confidence in private physicians was 4.33 in 2006 and 2007.
  - The level of confidence in hospitals increased slightly in the past year from 3.79 to 3.80.
  - Confidence in state or local health agencies was significantly higher in 2006 compared with 2007 (3.63 compared with 3.51).
  - Research participants in this year's study had less confidence in the Internet (3.29 versus 3.31 in 2006)
  - Confidence levels in federal agencies decreased from 3.35 to 3.25.
  - Average confidence in other media, such as television or newspapers, decreased slightly from 3.10 to 3.09.
- Compared with the average:
    - Residents in Lincoln Trail area and Purchase area were significantly more likely to express confidence in private physicians.
    - Lincoln Trail and Pennyrite residents had significantly more confidence in state or local health agencies.
    - Respondents age 65 and older were significantly more likely to have confidence in private physicians.
    - Individuals age 18-24 who completed this year's survey expressed significantly more confidence in hospitals, the Internet and other media, such as newspapers and periodicals.

### ***Information Used in a Large-Scale Emergency***

When asked where they would look first for emergency information in the event of a natural disaster, hazardous chemical spill or terrorist act, television (59%) continued to be the most frequently mentioned resource.

- Other sources respondents would access first in a large-scale emergency included:
  - Radio (16% versus 17% in 2006)
  - Police department (7% in 2006 and 2007)
  - Internet (4% versus 2% in 2006)
- Compared with the average:
  - Respondents between the ages of 25 and 34 were significantly more likely to turn to the television first for information in a large-scale disaster.
  - Radio was significantly more likely to be mentioned as a resource for information by individuals between the ages of 45 and 54.

### ***Information Used in a Large-Scale Emergency- continued***

If a power failure were to occur along with a large-scale emergency such as a natural disaster, chemical spill or terrorist act, respondents continued to express the most confidence in the information they would receive from the radio. Forty-seven percent of this year's research participants indicated they would turn to the radio first for information. Only 34% of individuals in the 2006 survey indicated they would rely on information from the radio in the case of a power failure along with a large-scale emergency.

- Other sources that respondents would turn to in case of a power failure in 2007 included:
  - Electric company (10% compared with 17% in 2006)
  - Neighbors/friends (10% compared with 6% in 2006)
  - Police department (9% compared with 6% in 2006)
  - Community groups/organizations (4% compared with 2% in 2006)
- Purchase area residents were significantly more likely to turn to the radio than the average for information.
- Compared with the average, residents of Northern Kentucky would be significantly more likely to refer to their neighbors and friends for information in a large-scale emergency situation.
- Males and individuals with a college degree are significantly more likely to listen to the radio if a power failure occurred during a large-scale emergency.

If a disease outbreak put their families in danger, 37% of respondents indicated they would first turn to the television for information.

- Other sources respondents would turn to included:
  - Hospital (18% compared with 16% in 2006)
  - Local health department (12% compared with 11% in 2006)
  - Radio (9% compared with 7% in 2006)
- This year only 9.5% of respondents indicated they would turn to a doctor or medical professional if a disease outbreak occurred compared with 17% of respondents in 2006.
- Respondents 65 and older were significantly more likely than the average to turn to the local health department or a doctor/medical professional.
- Cumberland Valley and Gateway residents were significantly more likely to turn to the local health department than the average.
- Residents of the Big Sandy area were significantly more likely to rely on hospitals for information than the average if an outbreak of disease was to occur.

### ***Information Used in a Large-Scale Emergency- continued***

If a power failure occurred during a disease outbreak, the radio continued to be the most frequently mentioned resource respondents would turn to for information. Forty percent of respondents indicated they would rely on the radio for information, compared with only 28% in 2006.

- The other sources respondents would turn to if a power failure were to accompany a disease outbreak included:
  - Hospital (11% compared with 14% in 2006)
  - Neighbors/friends (10% compared with 4% in 2006)
  - Local health department (9% compared with 8% in 2006)
- FIVCO and Purchase residents were significantly more likely to turn to the hospital than the average in the event of a power failure during a disease outbreak.

### ***Accessibility of Resources***

Respondents were asked to rate the accessibility of information sources in their areas using a 5-point scale with 5 being Very Accessible and 1 being Not At All Accessible. This year's participants gave *lower* accessibility ratings for all information sources compared with 2006 with the exception of media sources. They perceived the accessibility of media sources to be slightly higher than 2006.

- Media sources (4.37 versus 4.35 in 2006)
- Internet (4.10 versus 4.19 in 2006)
- Hospitals (4.04 versus 4.16 in 2006)
- State or local health agencies (3.73 versus 3.58 in 2006)
- Buffalo Trace, Green River and Pennyriple residents were significantly more likely than the average to indicate media sources were accessible.
- Residents living in the Purchase area were significantly more likely than the average to find Internet and hospitals accessible to the public and their communities.
- Green River and Lake Cumberland residents area gave the highest accessibility ratings for the state and local health agencies of all area development districts.

### ***Use of Resources in the Event of an Emergency Evacuation***

Research participants were asked if they were more likely to use their own resources or turn to the state or local government to provide adequate shelter and means to evacuate in an emergency.

- A majority of the respondents (62%) indicated they would use their own resources.
- 16% of respondents would turn to state and local government assistance.
- 11% of this year's research participants said they would use their own resources, as well as state and local government assistance.
- Some individuals (10%) did not indicate that they would use their own resources or state and local assistance, but said it really depended on the particular situation.
- Bluegrass and Cumberland Valley residents and individuals over the age of 65 were significantly more likely than the average to turn to state or local government to provide adequate shelter and means to evacuate.

### ***Use of Resources in the Event of an Emergency Evacuation-continued***

- Respondents with a college or graduate degree were significantly more likely to use their own resources for shelter and means to evacuate.
- Respondents age 18-24 were significantly more likely than the average to say they would use both their own resources and state and local government services.

### ***Local Health Department Used for Information and Services***

More than half of this year's research participants (53%) had contacted their local health departments for information or to seek services, an increase from the 47% of respondents that had looked to the local health departments for assistance in 2006.

- Individuals with children under the age of 18 living in their household were significantly more likely to have contacted their local health department for information or to seek services.
- Residents from Cumberland Valley, Green River and Purchase were significantly more likely to have contacted their health departments than the average.
- Northern Kentucky residents were significantly less likely to have contacted their local health departments for information or to seek services.

## 1.3 Insights

Findings from this year's research study reveal that Kentucky residents are taking actions to prepare for large-scale emergency situations. Educational programs and information provided by local, state and federal organizations have equipped Kentuckians. Although respondents are actively planning for emergencies, most people are just as concerned as they were a year ago. As officials address the concerns of the state, it is important to recognize that Kentucky residents continue to trust the same communication channels as in years past.

### ***Progress Made***

*Participants were more likely than in previous years to have prepared a family disaster plan and an emergency preparedness kit.* Furthermore, if residents did not have a plan or kit created, more individuals than in previous years indicated that with more time and information they *would* create a plan and therefore were more motivated than individuals one year ago. Their increased openness to disaster preparedness was also evident through their willingness to visit the local health department. Over half of residents that participated in this year's research study had visited the local health department for health information.

### ***Trends that will help local and state officials improve the levels of preparedness***

*Residents continue to turn to the same information networks for health and disaster information as in previous years.*

- Doctor's office and the Internet continued to be the most trusted resources residents turn to for health information. In addition, respondents' ages were also indicative of what resources were used to receive health information. The youngest respondents preferred television, respondents age 25-34 relied on the Internet and individuals over the age of 45 were more likely to indicate they turn to the Doctor's office.
- In the instance of a large-scale emergency, residents continued to indicate most frequently that they would rely on the radio and television for information.
- Residents continued to report the highest confidence in private physicians and hospitals, and these were the only sources that participants expressed an increased confidence from one year ago.

*Residents seemed more receptive to emergency preparedness discussions. More respondents than in previous years indicated that participating in the telephone interview motivated them to create a disaster plan and/or an emergency kit.* Although residents did seem more open to receiving information, residents this year were also more inclined to use their own resources to create plans/kits or prepare for emergency evacuations. They are less likely to name private, state and federal agencies as sources to use when preparing themselves for an emergency. Presumably, Kentucky residents were feeling more empowered and are relying more on themselves to take the proper steps in preparing themselves and their families for a large-scale emergency.

### ***Opportunities for Enhancing Emergency Preparedness Efforts***

*Although residents have more confidence in their own abilities to deal with emergency situations, Kentuckians must continue to trust new information and educational tools that are provided by local, state and federal organizations.* This year residents were not any more prepared for natural disasters, disease outbreaks or terrorist acts. Overall they felt the Internet, hospitals and state or local health agencies were less accessible than one year ago and had less confidence in information received from these sources. Special populations continued to express a need for outside resources to provide them with

the necessary information and resources. Programs established by community and government officials must convince Kentucky residents that updated and accurate information is available through all information networks.

***Potential Limitations***

*As state, local and private organizations recognize the concerns and handicaps of Kentucky residents that limit all development districts from becoming fully prepared, certain perceptions and fears will always be present, preventing residents from fully embracing and receiving health information.* Although individuals that live alone or in rural places are the population segments *most* in need of plans for emergency situations, many of the respondents in this sector seemed to lack motivation to create a disaster plan because of their living situation. Eliminating this perception is crucial in order to prepare the most vulnerable sectors of Kentucky's population.

No matter what steps residents have taken to better educate themselves, their families and their communities, world events will always influence Kentuckian's level of concern. Although natural disasters were significant to Kentucky residents in past years, the War in Iraq and the fear of terrorist activities were most troubling to this year's respondents. They also continued to say, "there seems like a lot of trouble in the world," as one of the main reasons for an increased level of concern. Although state, local and federal agencies may be conscious of the root of residents' concerns, these organizations can never fully anticipate what may cause the future concerns. Therefore, these organizations must continue to educate residents so Kentuckians have confidence and access to proper information channels.

## 2.0 Summary of the Research Findings

### Health Information Sources

What sources do you look to most often for health information?\*

Source	2004	2005	2006	2007
Doctor's office	49.2%	50.7%	43.5%	47.4%
Internet	24.0%	20.2%	31.3%	35.6%
Television	12.6%	12.6%	14.3%	15.7%
Books/manuals	6.4%	2.6%	4.9%	9.8%
Hospital	5.3%	4.6%	5.9%	7.7%
Newspaper	7.0%	6.8%	8.4%	6.5%
Periodicals	8.3%	3.0%	4.6%	5.1%
Health insurance company	2.7%	0.9%	3.1%	4.9%
Family	5.5%	5.7%	4.1%	3.9%
Local health department	1.6%	2.9%	3.6%	3.5%
Neighbors/friends	3.3%	2.9%	4.0%	2.6%
Radio	2.1%	1.1%	3.5%	2.5%
Employer/co-workers/workplace <sup>1</sup>	1.0%	0.8%	1.2%	1.1%
Other	3.2%	1.8%	5.7%	3.1% <sup>2</sup>
None	2.5%	0.7%	0.5%	0.6%
Don't know	1.1%	0.7%	1.0%	0.2%

	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
<b>Base</b>	<b>168</b>	<b>134</b>	<b>75</b>	<b>47</b>	<b>144</b>
Doctor's office	<b>63.7%</b>	53.7%	52.0%	<b>61.7%</b>	55.6%
Internet	11.3%	20.9%	25.3%	27.7%	20.1%
Television	17.9%	16.4%	20.0%	12.8%	14.6%
Books/manuals	8.9%	7.5%	14.7%	8.5%	11.1%
Hospital	10.1%	4.5%	4.0%	8.5%	7.6%
Newspaper	7.7%	9.0%	2.7%	6.4%	6.2%
Periodicals	6.0%	6.0%	6.7%	6.4%	6.2%

- Individuals age 65 and over and individuals that are developmentally disabled are significantly more likely than the average to turn to a doctor's office for health information.

<sup>1</sup> In the 2006 research study, "workplace" was added to "Employer/co-worker."

<sup>2</sup> 2007 Other responses included: Pharmacist (6). Phone book (4). God (2). Pharmacy. The phone book- where I look for everything. Yellow pages. The Lord. The Heal Park. The Good Lord. Jesus. State employee. I look to GOD for health. Retirement Plan. Railroad directory. People. News. My daughter just passed from being sick. Library. I research what I want to know. I have had a lifetime to learn, so I don't take much advice from others. College sources. CDC.

## Levels of Confidence in Health Information

Using a scale where 5 is the highest level of confidence and 1 is the lowest level of confidence, how much confidence do you have in the health information you receive from the following sources?

(5-point scale: 5=Highest Confidence; 1=Lowest Confidence)

2007							
Source	Highest Confidence	4	3	2	Lowest Confidence	Don't know	Average (base)
Private physician	54.7%	26.4%	11.5%	2.9%	1.9%	2.6%	4.33 (975)
Hospitals	29.7%	35.0%	21.6%	6.3%	5.1%	2.4%	3.80 (977)
State or local health agencies	17.9%	29.8%	30.5%	7.8%	5.4%	8.7%	3.51 (914)
Internet	11.5%	23.6%	25.0%	8.0%	8.1%	23.9%	3.29 (762)
Federal agencies	12.5%	27.7%	26.2%	12.6%	9.0%	12.1%	3.25 (880)
Other media such as television or newspapers	9.9%	22.7%	40.8%	15.6%	9.2%	1.9%	3.09 (982)
2006							
Source	Highest Confidence	4	3	2	Lowest Confidence	Don't know	Average (base)
Private physician	52.1%	30.3%	10.4%	2.6%	1.6%	3.0%	4.33 (971)
Hospitals	27.7%	35.4%	23.2%	6.4%	3.9%	3.5%	3.79 (966)
State or local health agencies	18.0%	34.6%	28.4%	5.7%	3.9%	9.5%	3.63 (906)
Federal agencies	13.1%	27.6%	27.9%	9.2%	7.3%	15.0%	3.35 (851)
Internet	10.7%	19.8%	25.3%	8.2%	5.7%	30.4%	3.31 (697)
Other media such as television or newspapers	12.0%	21.1%	37.9%	18.5%	8.3%	2.3%	3.10 (978)
2005							
Source	Highest Confidence	4	3	2	Lowest Confidence	Don't know	Average (base)
Private physician	46.5%	31.5%	13.6%	4.1%	2.7%	1.7%	4.17 (984)
Hospitals	24.7%	34.8%	21.2%	10.1%	6.8%	2.5%	3.62 (976)
State or local health agencies	15.4%	26.2%	33.9%	11.9%	6.6%	6.1%	3.34 (940)
Other media such as television or newspapers	12.7%	23.7%	32.9%	16.4%	11.6%	2.8%	3.10 (973)
Federal agencies	10.1%	22.9%	28.5%	15.8%	11.2%	11.6%	3.06 (885)
Internet	9.1%	17.2%	23.0%	10.0%	13.3%	27.5%	2.98 (726)

*Levels of Confidence in Health Information – continued*

2004 <sup>1</sup>							
Source	Highest Confidence	4	3	2	Lowest Confidence	Don't know	Average (base)
Hospitals	24.3%	32.9%	22.8%	7.6%	7.7%	4.8%	3.61 (953)
State or local health agencies	16.1%	27.4%	30.3%	9.9%	7.1%	9.3%	3.39 (908)
Internet	11.3%	15.9%	17.5%	8.1%	7.0%	40.3%	3.27 (598)
Other media such as television or newspapers	10.7%	21.9%	34.3%	17.8%	10.7%	4.7%	3.04 (954)

	2004	2005	2006	2007
Source	Average (base)	Average (base)	Average (base)	Average (base)
Comparison Group	(A)	(B)	(C)	(C)
Private physician		4.17 (984)	4.33 (971) <b>B</b>	4.33 (975) <b>B</b>
Hospitals	3.61 (953)	3.62 (976)	3.79 (966) <b>AB</b>	3.80 (977) <b>AB</b>
State or local health agencies	3.39 (908)	3.34 (940)	3.63 (906) <b>ABD</b>	3.51 (914) <b>AB</b>
Internet	3.27 (598) <b>B</b>	2.98 (726)	3.31 (697) <b>Bd</b>	3.29 (762) <b>B</b>
Federal agencies		3.06 (885)	3.35 (851) <b>B</b>	3.25 (880) <b>B</b>
Other media such as television or newspapers	3.04 (954)	3.10 (973)	3.10 (978)	3.09 (982)

Notes:

Comparison groups: ABC

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

- In the past year, the confidence levels tended to decrease for state or local health agencies, Internet and federal agencies. However, the average confidence levels in this year's study were still significantly greater than the average ratings in 2005.

<sup>1</sup> In the 2004 study, respondents were not asked to give their level of confidence in *private physicians* or *federal agencies*.

*Levels of Confidence in Health Information – continued*

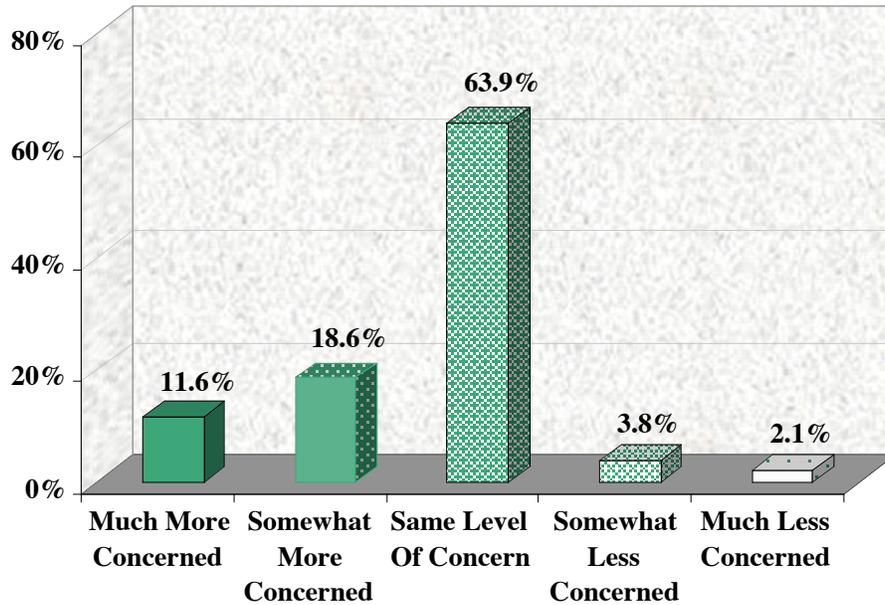
	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
<b>Base</b>	<b>168</b>	<b>134</b>	<b>75</b>	<b>47</b>	<b>144</b>
Private physician	<b>4.46</b>	4.27	4.36	4.36	4.16
Hospitals	3.84	3.72	3.76	3.76	3.55
State or local health agencies	3.53	3.48	3.50	3.50	3.56
Internet	2.74	2.92	3.17	3.28	2.91
Federal agencies	3.18	3.03	3.14	3.05	3.22
Other media such as television or newspapers	3.05	3.03	3.01	3.09	2.99

- Seniors age 65 and older were significantly more likely to consult a private physician than the average.

**Level of Concern for Being Prepared for a Large-Scale Emergency Compared with a Year Ago**

Compared with a year ago or so, would you say you are More, The Same or Less Concerned with being prepared for a large-scale emergency?

(5-point scale: 5=Much More Concerned; 1=Much Less Concerned)



	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
<b>Base</b>	<b>168</b>	<b>134</b>	<b>75</b>	<b>47</b>	<b>144</b>
Much More	13.7%	13.4%	17.3%	17.0%	<b>21.5%</b>
Somewhat More	17.3%	18.7%	18.7%	12.8%	<b>24.3%</b>
Same Level Of Concern	61.9%	60.4%	57.3%	66.0%	50.7%
Somewhat Less	3.0%	4.5%	4.0%	2.1%	2.1%
Much Less	4.2%	3.0%	2.7%	2.1%	1.4%
<b>Average</b>	<b>3.33</b>	<b>3.35</b>	<b>3.44</b>	<b>3.40</b>	<b>3.62</b>

- Households with physically disabled individuals were significantly more likely to be more concerned for a large-scale emergency compared with a year ago.

**IF MORE CONCERNED – Reasons Why**

Why are you *more* concerned?\*

2007 Base: 301

Reason	%
Seems to be a lot of/more problems/trouble in the country/world now	22.5%
Recent terrorist acts/possibility of terrorist acts	19.9%
Community/government is not prepared/not well prepared/less prepared for emergencies	17.5%
Recent natural disasters/possibility of natural disasters	14.2%
War/War in Iraq/ramifications of war in Iraq	11.6%
Increased media coverage of disasters/emergencies	7.9%
I am older now	4.0%
Economic/financial/insurance concerns	4.0%
I am not prepared/as prepared as I should be	3.6%
No specific reason	3.3%
Recent change in health/lifestyle of myself/family member	3.3%
Recent increase in diseases/flu epidemic	3.0%
I am responsible for children/family now	0.3%
Other	7.0%
Don't know	0.3%

**Other responses included:**

- *We don't have the resources.*
- *Slow service, like standing in line when going to the emergency room.*
- *There is so much going on, like burglaries and murders.*
- *Primarily because of the border issue and anybody can come into the country.*
- *There are a lot of foreigners.*
- *Because of the number of illegal immigrants coming into the country, I feel that TSA is not doing their job and that makes us very vulnerable.*
- *I think that there are units in the country that are like "ants," making plans and conspiring to do bad things with our government.*
- *Probably my fear of walking or being out alone.*
- *Just the possibility that it is more of a reality now that we have seen it happen.*
- *I guess because I worked in the healthcare field. I have people, like the Federal Marshall and Air Force, telling me I should be concerned.*
- *If you read the Bible, it says the world is coming to an end, and the Bible has predicted many things that have happened.*
- *I think it has to do with Biblical reasons, like all of the earthquakes and thing.*
- *I am a Bible person.*
- *Because I expect that any day Jesus is coming.*
- *I feel that the rural area that I live in is not prepared for it. I feel we have the minimum amount of resources.*
- *Because of the failures in the past.*
- *This is a very small town and our city is somewhat equipped to handle large-scale disasters.*
- *I just think being able to know ahead of time.*

**IF LESS CONCERNED – Reasons Why**

*Why are you less concerned?\**

**2007 Base: 60**

<b>Reason</b>	<b>%</b>
The risk of a large-scale emergency is not that great	20.3%
I generally do not worry about emergencies/disasters	16.9%
I am prepared/more prepared for emergencies now	13.6%
Community is better prepared	11.9%
Government seems prepared/better prepared for emergencies now	5.1%
Good government response to recent natural disasters	3.4%
Other	30.5%

***Other responses include:***

- *There are no events right now.*
- *Because of the area we live in, the only concern I have is weather.*
- *Because I live in the mountains where I feel much safer. People are different and more friendly here.*
- *I had a stroke, so I don't know what is going on.*
- *Because I just had a baby and that is all I have time to think about right now.*
- *I have a daughter who just passed and I am sick myself.*
- *I don't know what to believe anymore.*
- *Because you don't know what is going to happen next and they won't try helping anyone, like the people in Hurricane Katrina.*
- *Well, I just don't see the local officials doing very much about things like that.*
- *Well, you really don't know.*
- *I've heard that the end is near, and we need to prepare ourselves for the Lord.*
- *We become too comfortable. We are not prepared because we sit back and do nothing.*
- *We haven't got really any at all in Kentucky.*
- *I gave all my concerns to God.*
- *Well, I think that when Bush is out of office, it will get a lot better, and his term is almost up.*
- *There is not a lot we can do about an epidemic because they won't make enough of the vaccine.*
- *That one I cannot answer.*

## Level of Concern Regarding Large-Scale Emergencies

Please tell me your level of concern [regarding the following situations], again on a 5 to 1 scale where 5 is Very Concerned and 1 is Not At All Concerned.

2007							
Emergency	Very Concerned	4	3	2	Not At All Concerned	Don't know	Average (base)
Terrorist act	32.2%	23.9%	19.9%	11.5%	12.3%	0.3%	3.52 (998)
Natural disaster	24.3%	23.0%	28.2%	14.7%	9.9%	0.1%	3.37 (1001)
Outbreak of disease	19.2%	25.5%	27.7%	16.7%	10.9%	0.1%	3.25 (1000)
Hazardous chemical spill	15.4%	15.7%	23.7%	25.9%	18.9%	0.5%	2.83 (996)
2006							
Emergency	Very Concerned	4	3	2	Not At All Concerned	Don't know	Average (base)
Terrorist act	31.6%	21.0%	21.0%	14.2%	11.6%	0.7%	3.47 (994)
Natural disaster	22.9%	19.6%	29.8%	16.8%	10.9%	0.1%	3.27 (1000)
Outbreak of disease	21.4%	18.9%	28.4%	17.6%	13.4%	0.4%	3.17 (997)
Hazardous chemical spill	17.9%	13.7%	21.9%	23.8%	22.3%	0.5%	2.81 (996)
2005							
Emergency	Very Concerned	4	3	2	Not At All Concerned	Don't know	Average (base)
Natural disaster	29.6%	22.0%	24.4%	14.8%	9.3%		3.48 (1001)
Terrorist act	27.3%	19.0%	24.0%	15.8%	13.8%	0.2%	3.30 (999)
Outbreak of disease	23.0%	22.6%	26.0%	17.2%	11.0%	0.3%	3.29 (998)
Hazardous chemical spill	17.8%	13.5%	24.8%	22.7%	20.8%	0.5%	2.85 (996)
2004							
Emergency	Very Concerned	4	3	2	Not At All Concerned	Don't know	Average (base)
Terrorist act	32.0%	19.8%	20.5%	12.8%	14.4%	0.6%	3.42 (995)
Outbreak of disease	24.8%	19.3%	21.3%	18.1%	16.1%	0.5%	3.19 (996)
Natural disaster	27.5%	14.0%	22.8%	18.3%	17.4%	0.1%	3.16 (1000)
Hazardous chemical spill	20.4%	13.6%	18.4%	22.8%	24.1%	0.8%	2.83 (993)

*Level of Concern Regarding Large-Scale Emergencies – continued*

	2004	2005	2006	2007
Emergency	Average (base)	Average (base)	Average (base)	Average (base)
Comparison Group	(A)	(B)	(C)	(D)
Terrorist act	3.42 (995) <b>b</b>	3.30 (999)	3.47 (994) <b>B</b>	3.52 (998) <b>B</b>
Natural disaster	3.16 (1000)	3.48 (1001) <b>ACd</b>	3.27 (1000) <b>a</b>	3.37 (1001) <b>Ac</b>
Outbreak of disease	3.19 (996)	3.29 (998) <b>aC</b>	3.17 (997)	3.25 (1000)
Hazardous chemical spill	2.83 (993)	2.85 (996)	2.81 (996)	2.83 (996)

Notes:

Comparison groups: AB

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

- Compared with a year ago, respondents had a greater level of concern for *all* large-scale emergencies.

	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
<b>Base</b>	<b>168</b>	<b>134</b>	<b>75</b>	<b>47</b>	<b>144</b>
Terrorist acts	3.43	3.51	3.55	3.68	<b>3.74</b>
Natural disaster	3.44	3.42	3.45	3.47	<b>3.64</b>
Outbreak of disease	3.15	3.30	3.42	3.30	<b>3.52</b>
Hazardous chemical spill	2.84	2.96	<b>3.16</b>	3.07	<b>3.15</b>

- Respondents with physically disabled individuals in their households were significantly more likely to show a greater level of concern for natural disasters, terrorist acts, outbreak of disease and hazardous chemical spills.
- Individuals with visual impairments living in respondents' households were significantly more likely to be concerned about a hazardous chemical spill.

## Information Sources Used in Large-Scale Emergency (With Power vs. Power Failure)

If a large-scale emergency were to occur such as a natural disaster, chemical spill or terrorist attack that would put your family in danger, who would you turn to first for information?

Information source	2006 With Power	2006 Without Power	2007 With Power	2007 Without Power
Television	57.2%		59.1%	
Radio	16.5%	34.2%	16.1%	46.7%
Police department	6.6%	8.0%	7.3%	8.9%
Internet	2.2%	0.6%	3.6%	0.6%
Local health department	0.8%	1.0%	1.4%	1.3%
Neighbors/friends	0.3%	5.6%	1.4%	9.8%
Local elected officials/government	2.2%	2.2%	1.3%	1.5%
Hospital	1.2%	2.1%	1.3%	1.3%
Community groups/organizations	1.2%	1.7%	1.1%	3.6%
American Red Cross	1.7%	0.8%	1.0%	1.0%
Would call 911	1.3%	1.0%	0.9%	0.6%
Fire department	1.7%	2.5%	0.8%	1.8%
State and local emergency services	1.1%	1.1%	0.7%	0.6%
Family	1.7%	4.5%	0.4%	1.3%
Doctor/medical professional	0.2%	0.5%	0.4%	0.2%
Newspaper	0.3%	1.8%	0.2%	1.4%
Centers for Disease Control	0.1%		0.1%	
Battery/generator powered TV		1.6%		1.6%
Electric company		17.1%		10.4%
Would not seek information/none	0.4%	2.6%	0.5%	2.5%
Other	1.4%	3.8%	2.1% <sup>1</sup>	2.0% <sup>2</sup>
Don't know	2.0%	7.4%	0.5%	3.2%

<sup>1</sup> 2007 "With Power" Other responses included: Military (3). CNN news (2). Local news. Local media. News media. FEMA. Department of Homeland Security. Meteorologist. Jesus. The good Lord. God. Psychic hotline. Turn my scanner on. Police scanner. Where I heard it from. Ask someone. Honey, I couldn't tell you where I would go. It depends on the situation.

<sup>2</sup> 2007 "Without Power" Other responses included: Cell phone (3). Telephone. News room. News media. Books. Well, it depends on what kind of power failure and if the phones were still working. I guess you could use a cell phone, but then the sources you are able to call are limited. Lantern for light. Alarms that sound in my area. Call the oxygen company because I am on oxygen. I have solar power, so I never know when the power goes out. Jesus. I would pray. Pastor. Prayer. God. Turn to whatever is available to you. I suspect you would have to ban together. Expect someone to come inform us, like they did when there was a chemical spill. Depends on the emergency.

*Information Sources Used in Large-Scale Emergency (With Power vs. Power Failure) – continued*

**LARGE-SCALE NATURAL DISASTERS**

	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
Base	168	134	75	47	144
<b>WITH POWER</b>					
Television	56.0%	56.7%	56.0%	51.1%	57.6%
Radio	17.9%	15.7%	9.3%	14.9%	12.5%
Police department	9.5%	6.0%	9.3%	12.8%	6.2%
Internet	1.2%	4.5%	1.3%	6.4%	1.4%
Local health department	0.6%				0.7%
Neighbors/friends	1.8%	2.2%	1.3%	2.2%	2.1%
<b>WITHOUT POWER</b>					
Radio	42.3%	37.3%	40.0%	34.0%	42.4%
Electric company	14.9%	13.4%	13.3%	19.1%	12.5%
Neighbors/friends	8.3%	8.2%	13.3%	10.6%	10.4%
Police department	10.1%	11.9%	6.7%	4.3%	9.0%
Community Groups/Organizations	4.8%	3.0%	8.0%	6.4%	4.2%
Fire Department	0.6%	1.5%	1.3%	2.1%	1.4%

**WITH POWER**

- ♣ Television and radio were the most popular information sources special populations would rely on for disaster preparedness information.

**WITHOUT POWER**

- Developmentally disabled individuals were more likely to turn to the electric company than other special populations.

**Information Sources Used in Large-Scale Emergency-continued**

*If an outbreak of disease were to occur, putting your family in danger, where would you turn to first for information?*

Information source	2006 With Power	2006 Without Power	2007 With Power	2007 Without Power
Television	33.5%		37.1%	
Hospital	16.0%	13.5%	17.9%	11.1%
Local health department	11.4%	7.9%	12.0%	9.0%
Doctor/medical professional	16.8%	5.2%	9.5%	2.5%
Radio	6.7%	28.3%	9.4%	40.3%
Internet	4.1%	0.5%	5.6%	0.8%
Local elected officials/government	1.0%	2.4%	1.0%	1.4%
Newspaper	1.0%	2.0%	1.0%	1.4%
Police department	0.5%	5.0%	1.0%	4.0%
Neighbors/friends	0.8%	3.9%	0.8%	9.8%
Centers for Disease Control	1.2%	0.7%	0.6%	0.2%
Family	1.4%	5.1%	0.5%	1.0%
Community groups/organizations	0.3%	0.7%	0.5%	3.1%
American Red Cross	1.0%	1.3%	0.5%	1.8%
Would call 911	0.7%	0.8%	0.2%	0.7%
State and local emergency services	0.5%	0.7%	0.2%	0.4%
Poison control center		0.2%	0.1%	0.1%
Fire department	0.6%	1.3%	0.1%	1.5%
Battery/generator powered TV		1.8%		1.0%
Electric company		5.3%		4.1%
Would not seek information/none	0.1%	0.6%	0.4%	2.7%
Other	1.2%	5.3%	1.1% <sup>1</sup>	1.1% <sup>2</sup>
Don't know	1.3%	7.7%	0.6%	2.4%

<sup>1</sup> 2007 “With Power” Other responses included: *CNN news (4). Local news. National media networks. FDA. Military. Jesus. I would go to everything. Turn my scanner on.*

<sup>2</sup> 2007 “Without Power” Other responses included: *Books (2). Cell phone (2). Telephone. Portable power source. Jesus. I'd turn to God. I would pray. Call the oxygen company. I'm on oxygen.*

*Information Sources Used in Large-Scale Emergency-continued*

**OUTBREAK OF DISEASE**

	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
Base	168	134	75	47	144
<b>WITH POWER</b>					
Television	34.5%	35.1%	37.3%	38.3%	36.8%
Hospital	15.5%	22.4%	20.0%	25.5%	22.9%
Local health department	<b>18.5%</b>	11.2%	13.3%	10.6%	11.1%
Doctor/medical professional	14.3%	9.0%	13.3%	2.1%	11.1%
Radio	7.7%	6.7%	4.0%	8.5%	6.2%
Internet	1.8%	3.0%		2.1%	2.1%
<b>WITHOUT POWER</b>					
Radio	39.3%	32.8%	33.3%	31.9%	39.6%
Hospital	11.3%	12.7%	10.7%	14.9%	6.9%
Neighbors/friends	7.1%	9.0%	9.3%	10.6%	8.3%
Local health department	7.7%	11.2%	12.0%	6.4%	11.8%
Electric company	6.5%	6.0%	2.7%	10.6%	5.6%
Police department	5.4%	3.7%	2.7%		4.9%

**WITH POWER**

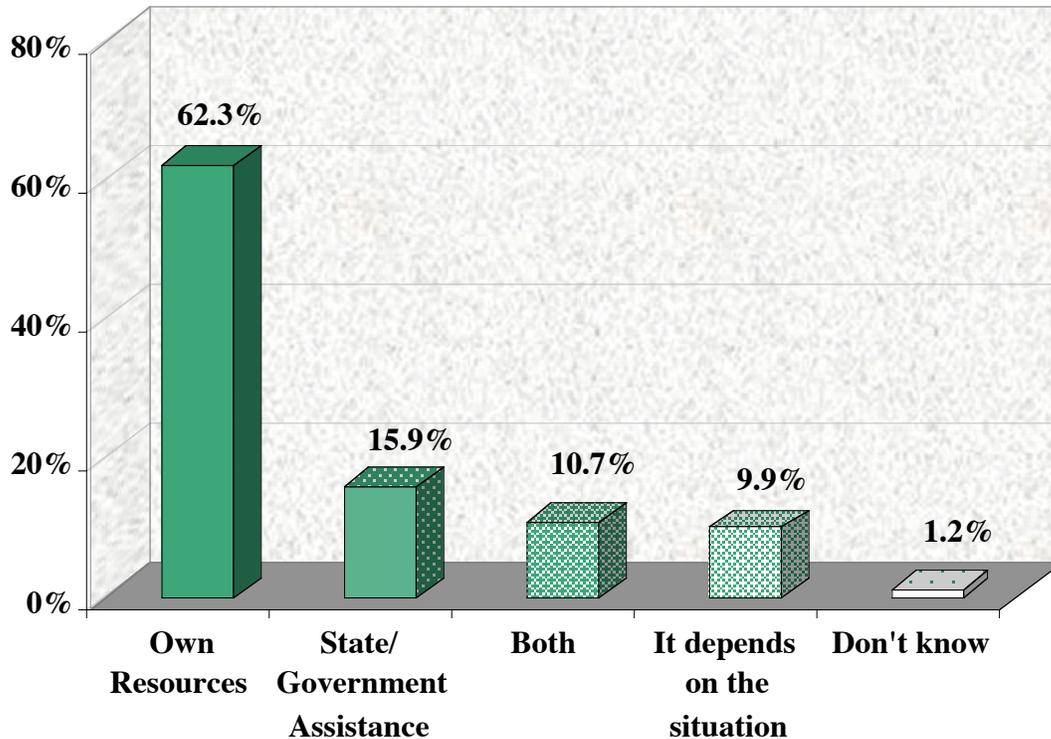
- Respondents age 65 and older were significantly more likely to contact the local health department than the average.

**WITHOUT POWER**

- Households with developmentally disabled individuals were more likely to contact the hospital, neighbors/friends and electric company than other special populations. They were less likely to contact the local health department.

## Reliance on Resources in an Emergency Evacuation

In the event of an emergency evacuation order being issued in your area, would you rely on **your own resources** to evacuate, or would you rely on **state or local government services** to provide you with adequate shelter or the means to evacuate?



	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
Base	168	134	75	47	144
Own resources	59.5%	59.0%	57.3%	55.3%	52.8%
State/government assistance	<b>22.6%</b>	<b>23.9%</b>	21.3%	23.4%	<b>27.8%</b>

- Respondents age 65 and older, respondents identified as deaf/hard of hearing and physically disabled participants were significantly more likely to rely on the state and local government for assistance in case of a large-scale emergency.

***Actions Taken in Area or Community to Prepare Citizens for Threat of Emergency***

*What kinds of actions are you aware of that have been taken in your area or community to prepare citizens for the threat of large-scale disasters or the outbreak of disease?\**

Actions taken	2006	2007
Not aware	39.9%	34.9%
Local community/government preparedness/plans/information	21.0%	17.6%
Community siren/alarm system	9.4%	9.5%
Fire department preparedness/training/drills	6.0%	3.8%
Hospital/medical personnel training	3.9%	3.5%
Broadcast warnings/information/updates on TV	3.9%	2.0%
Police preparedness/training/drills	3.7%	1.9%
Local/community disaster team established	3.0%	1.3%
Local health department/prevention programs/training	2.6%	1.8%
Broadcast warnings/information/updates on TV	2.3%	2.0%
Red Cross programs/events	1.6%	0.6%
Homeland Security established	0.6%	0.5%
Vaccines/flu shots/immunizations made available	0.4%	
Airport security heightened	0.3%	
Military preparedness/training/drills	0.3%	0.1%
Hazmat teams available/Hazmat training drills	0.3%	0.1%
Centers for Disease Control/ prevention programs/training	0.1%	
Other	3.5%	2.1%
None	17.8%	27.5%

***Other responses included:***

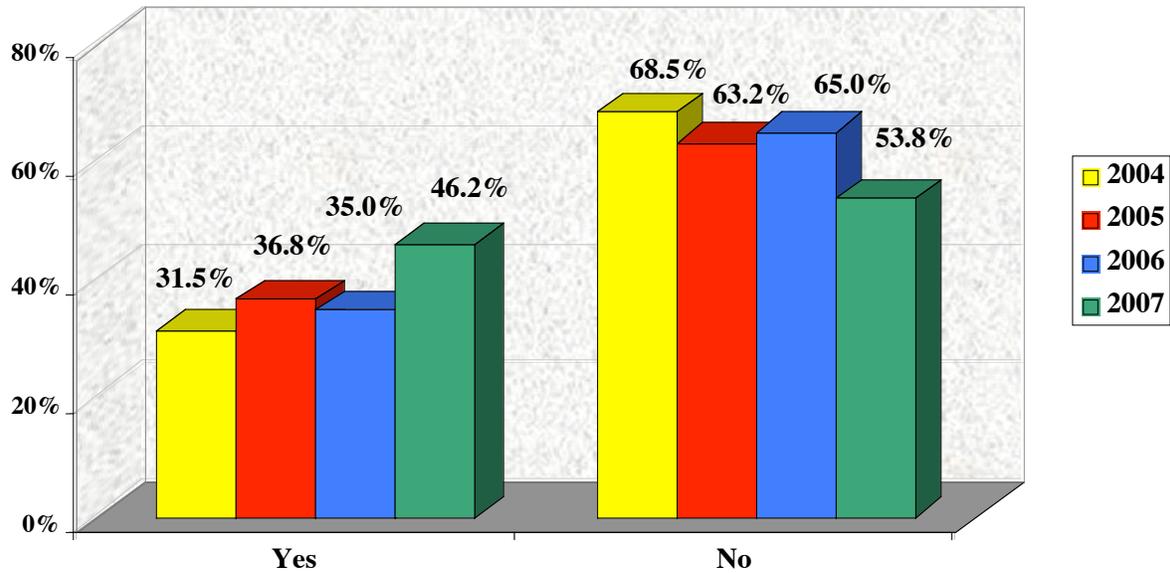
- *Been a lot of talk, but not a lot of action.*
- *I am an older lady, and I do not get around much.*
- *I am aware of some things, but I am not at liberty to discuss them.*
- *I am not familiar enough with that area, but I am sure they have great outreach centers or someone passing out information.*
- *I am very active. I went through a train derailment and the city still has not prepared us. They held meetings, but nothing helped.*
- *I wrote disaster plans for 34 counties in Kentucky because I work in Emergency Management.*
- *I'm not sure of specific actions, but we are pretty much prepared for those sorts of things.*
- *My job keeps my household up to date with those situations. There are plans in place for all contingencies.*
- *There's nothing here to teach us or show us how to protect ourselves in the event of anything. We have families who live in rural areas, as well as elderly residents, like myself, who may need a crash course in what to do in case of an emergency.*

### ***Actions Taken in Area or Community –continued***

- *In case of a storm, they ride around town with a loud speaker, yelling "there's a storm." That's great if you can hear it and make out the words, and they put stuff out on the radio. What good does that do you if you're not using your radio or know to use it? What if you don't have one?*
- *They have worked on the depot over by Richmond.*
- *We have severe weather warnings.*
- *We live in a holler, and the only thing that has ever happened here is someone stealing ginseng. We don't have anything to keep us safe here.*
- *Well, Bill Meck, the channel 18 guy, keeps the community informed of the weather.*
- *Well, I know from experience, in February or March, Fulton had a chemical spill on the railroad tracks. I thought you were supposed to evacuate a 1-mile radius, 360 degrees around, and they only evacuated a few streets by the railroad. So they didn't do people right.*
- *Well, I know the county cooperates with the city, that's all.*
- *They provide medical services for the sick.*

**Family Disaster Plan**

*Do you have a family disaster plan?*



- Kentucky residents were more likely in 2007 than previous years to have a family disaster plan.

	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
<b>Base</b>	<b>168</b>	<b>134</b>	<b>75</b>	<b>47</b>	<b>144</b>
Yes	44.6%	40.3%	52.0%	46.8%	37.5%
No	55.4%	59.7%	48.0%	53.2%	<b>62.5%</b>

- When asked if they had created a family disaster plan, households with physically disabled individuals were significantly less likely to have a family disaster plan.

***IF HAVE A FAMILY DISASTER PLAN – Information Sources Used To Create It***

*What information sources, if any, did you use to create your family disaster plan?\**

<b>Information Source</b>	<b>2004</b> Base: 315	<b>2005</b> Base: 368	<b>2006</b> Base: 350	<b>2007</b> Base: 462
Created my own plan/personal experience	33.7%	34.5%	64.3%	76.6%
American Red Cross	3.8%	9.2%	3.1%	6.9%
Local health department	2.5%	10.3%	2.9%	3.9%
FEMA (Federal Emergency Management Agency)	1.6%	2.4%	2.6%	3.9%
Internet	6.3%	5.7%	12.9%	2.8%
Family/friends	7.0%	10.1%	2.6%	2.4%
National Weather Service	2.9%	16.0%	1.7%	1.9%
Television	18.1%	8.2%	6.0%	1.7%
Schools/school system	9.2%	1.1%	1.4%	1.1%
Local government sources		1.4%	1.7%	1.1%
Medical sources: hospitals/doctor offices/ ambulance/emergency services	3.2%	1.1%	0.3%	0.9%
Church		1.6%		0.6%
Radio	5.4%	0.5%	0.6%	0.4%
Printed publications: books/magazines	4.1%	3.8%	3.4%	0.6%
Newspaper	6.7%	3.3%	4.6%	0.2%
Fire department	5.1%	2.2%	2.3%	0.2%
Insurance company	3.5%	0.3%		
Other	12.1%	2.4%	7.7%	6.9% <sup>1</sup>
Don't know	1.3%	0.3%		

<sup>1</sup> Other responses included: *Military training (3). Boy Scouts (2). My son, who is the services coordinator for Community Action in six counties. State Emergency Management. Civil defense. Earthquake meeting. Homemakers. Spindletop Homemakers Club. I have done research on all these organizations. Training at work. Working for the railroad, I'm involved in hazardous waste disasters. My bank. Media. Bible. We will use a cell phone to contact each other. They gave us brochures from work to hand out to patients about emergency preparedness and disasters. I used one with my family to create our plan. Our plan is a smaller scale of the community plan. We have lived through it before. Preparedness kit. We would leave the area. Rock quarry for protection and we would have stuff set up. Brochure from state fair. Smokey the Bear. I live in a home with my elderly mother, so I have made plans to get both of us out in the event of something happening. It's not very good. We've had meetings at work and they discussed how to set one up.*

**IF DO NOT HAVE FAMILY DISASTER PLAN - Motivation To Create A Disaster Plan**

*Is there anything that might motivate you to create a family disaster plan?\**

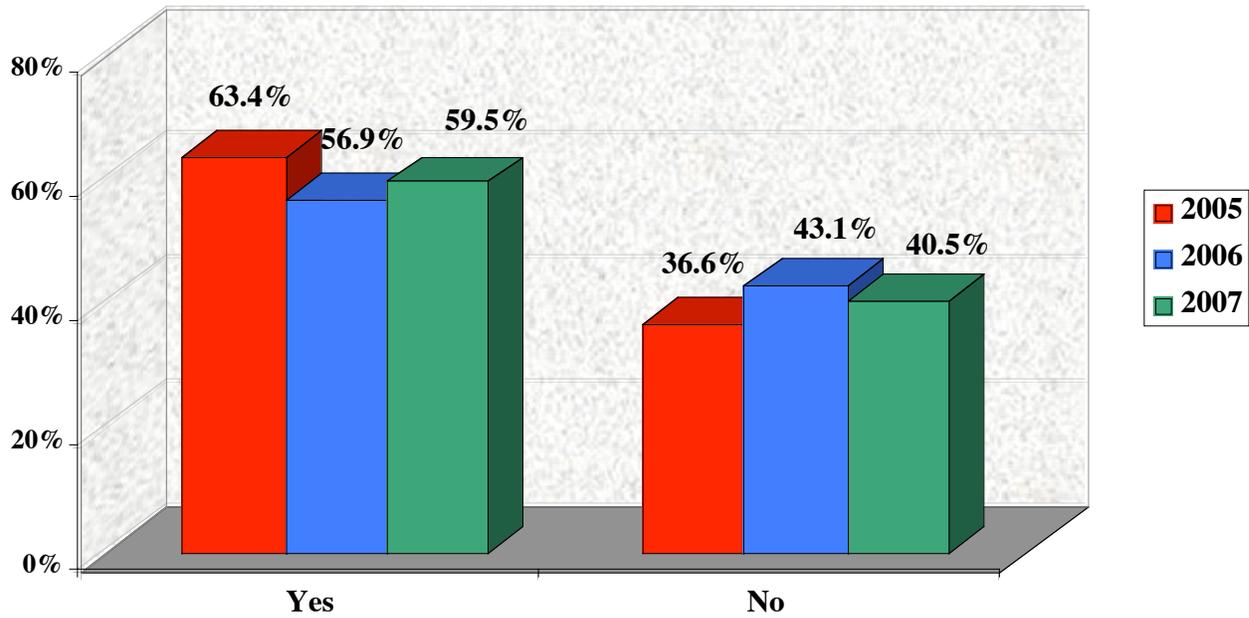
**2007 Base: 539**

Motivation	%
No/nothing	34.1%
Threat of emergency/disaster/possible harm to the family	12.2%
Some event/disaster/emergency actually happening	10.4%
Am motivated/thinking about it but haven't created/completed a plan yet (no specific reason)	10.2%
My current living situation: Live alone/just two of us here/We are old/We live in the country	9.6%
This interview	7.4%
Having more information/help available	5.8%
Having more time available to do so	1.3%
Recent/possible terrorist attack	1.1%
Money	0.2%
Other	2.6% <sup>1</sup>
Don't know	7.4%

<sup>1</sup> Other responses included: *School. Living where we do, we keep some things ready. We would just go to the basement, I guess. What do you plan for? You don't know what is going to happen. I have a bottle of scotch in case I can't get out of a situation. It would depend on the circumstances. I depend on the Lord mostly. After the disaster happens, but then it is too late. Marshall Law and a leak at the Army Depot. We have only one in case of a fire, but nothing for a disaster. If something comes that hard, there is no place in my home for me to go. Yes, but by that time it would be too late to get one together. Well, I live in an apartment with two exits. I don't know what else to do, but live on the supplies in my home.*

## Emergency Preparedness/Supply Kit

Do you have an emergency preparedness/supply kit ready in case it is needed?



- Individuals were more likely to have a kit prepared this year compared with one year ago.<sup>1</sup>

<sup>1</sup> In 2004, respondents were not asked if they had an emergency kit prepared in case of a large-scale emergency.

***Emergency Preparedness/Supply Kit-continued***

***IF HAVE EMERGENCY PREPAREDNESS/SUPPLY KIT - Supplies And Materials In Kit***

*Can you describe some of the supplies and materials that are in the kit?\**

**2007 Base: 596**

Supplies	%
Bottled water	71.8%
Food/non-perishable foods/canned goods	61.7%
First-aid kit	57.9%
Flashlight/lantern	47.1%
Batteries	45.3%
Battery-powered radio	26.5%
Clothing/bedding	20.1%
Matches/candles	19.3%
Non-prescription drugs	13.3%
Mechanical can opener/Swiss army knife	6.4%
Gasoline	6.0%
Sanitation materials (toilet paper, soap, etc.)	5.7%
Important documents (birth certificate, insurance)	5.2%
Stove/grill	2.7%
Heating equipment	2.5%
Pet supplies	2.3%
Cell phone	2.2%
Camping supplies/equipment	2.0%
Baby supplies (diapers, formula, bottles, etc.)	1.8%
Fire extinguisher	1.8%
Weapons	0.2%
Other	6.5% <sup>1</sup>

<sup>1</sup> Other responses included: *Duct tape (4). Wood burning stove (2). Masking tape to cover windows (2). Electrical tape. Plastic (2). Beer (3). Oxygen (2). Bags. Calendar. Car. Concrete bunker. Deck of playing cards. Extra keys. Extra wheelchair. Glow tickets. I don't want to disclose. Lighter. Magazines. Military supplies. Our basement is sealed tight. Scanner. Solar charger. Staples. Supply for 3 days. We don't have quite everything we need, but we are on the way. We live underground and we live far from water. Whistles & wet suit.*

## Emergency Preparedness/Supply Kit-continued

Is there anything that might motivate you to create an emergency preparedness/supply kit?\*

2007 Base: 405

Motivation	%
No/nothing	30.6%
Am motivated/thinking about it, but haven't created/completed a plan yet (no specific reason)	14.3%
Threat of emergency/disaster/possible harm to family	11.6%
Some event/emergency actually happening	10.9%
This interview	10.4%
Having more information/help available	6.7%
Having the time to prepare one	3.0%
Having enough money to create one	1.2%
Other	7.9% <sup>1</sup>
Not sure	4.9%

<sup>1</sup> Other responses included: *I have one started. We had one, but we used some of the stuff that we had in the kit for our daily use. And then some things had expired, we have been trying to replace things. I have a few things together. A lot of it depends on if I take what I hear on the news seriously. I had one, but need to update it. Nothing other than building the shelter. I did after the ice storm, but I used it. I could get one together real quick. Well, if I had more space, I could do a little bit better. I do keep stuff, but I don't have it in one central location. I have something. I would just have to grab and go. I have things at hand that I could grab. I keep water and food on hand, but no kit. I am sure there is. Yes, Marshall law. We have all that stuff, but it's not together. We have flashlights and a crank radio, and I have not gone to that length yet. We have stuff, just not put together. Yes, we live close to the railroad. We created one for Y2K, but I haven't had one since. I have most of the materials, just don't have them centrally located. I used to have one, but not any more because I am getting older and have not been able to create another one. It is not due to lack of motivation. I have plenty of supplies, but they are not all put together. Honey, I am old. I have things, but I guess I need to get them together. I guess I haven't put everything together, but I do have things that I could get my hands on quickly. Things such as water, flashlights, candles, first aid kit.*

## Level of Preparedness

Using a scale where 5 is Very Prepared and 1 is Not At All Prepared, how prepared do you feel you and your family would be for a large-scale...?

2007							
Emergency	Very Prepared	4	3	2	Not At All Prepared	Don't know	Average (base)
Natural disaster	6.9%	18.3%	35.1%	20.5%	18.5%	0.8%	2.74 (993)
Outbreak of disease	4.6%	11.9%	26.1%	24.6%	29.3%	3.6%	2.36 (965)
Terrorist act	6.1%	8.2%	21.9%	19.6%	39.4%	4.9%	2.18 (952)
Hazardous chemical spill	4.4%	9.4%	20.4%	23.6%	39.1%	3.2%	2.14 (969)
2006							
Emergency	Very Prepared	4	3	2	Not At All Prepared	Don't know	Average (base)
Natural disaster	7.2%	17.6%	35.0%	21.1%	18.2%	1.0%	2.74 (991)
Outbreak of disease	5.4%	12.0%	27.7%	22.9%	29.0%	3.1%	2.40 (970)
Terrorist act	6.4%	9.7%	21.2%	21.0%	37.3%	4.5%	2.24 (956)
Hazardous chemical spill	4.5%	8.5%	19.1%	23.2%	40.5%	4.3%	2.09 (958)
2005							
Emergency	Very Prepared	4	3	2	Not At All Prepared	Don't know	Average (base)
Natural disaster	9.0%	18.7%	30.4%	21.7%	19.6%	0.7%	2.76 (994)
Outbreak of disease	6.6%	11.3%	26.1%	22.5%	31.4%	2.2%	2.38 (979)
Terrorist act	7.0%	8.8%	20.4%	20.1%	39.4%	4.4%	2.20 (957)
Hazardous chemical spill	6.1%	8.1%	19.8%	25.2%	38.1%	2.8%	2.17 (973)
2004							
Emergency	Very Prepared	4	3	2	Not At All Prepared	Don't know	Average (base)
Natural disaster	8.7%	16.6%	28.5%	19.4%	25.6%	1.3%	2.63 (988)
Outbreak of disease	6.3%	13.1%	23.7%	19.0%	34.4%	3.6%	2.36 (965)
Terrorist act	6.6%	8.3%	18.6%	18.1%	45.2%	3.3%	2.10 (968)
Hazardous chemical spill	5.4%	7.7%	15.1%	20.0%	47.8%	4.1%	1.99 (960)

**Level of Preparedness –continued**

	2004	2005	2006	2007
Emergency	Average (base)	Average (base)	Average (base)	Average (base)
Comparison Group	(A)	(B)	(C)	(D)
Natural disaster	2.63 (988)	2.76 (994) A	2.74 (991) A	2.74 (993) A
Outbreak of disease	2.36 (965)	2.38 (979)	2.40 (970)	2.36 (965)
Terrorist act	2.10 (968)	2.20 (957) a	2.24 (956) A	2.18 (952)
Hazardous chemical spill	1.99 (960)	2.17 (973) A	2.09 (958) a	2.14 (969) A

Notes:

Comparison groups: AB

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

- ♣ This year’s residents felt *more* prepared for hazardous chemical spills and *less* prepared for disease outbreaks and terrorist acts.

	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf/Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
Base	168	134	75	47	144
Natural disaster	2.73	2.62	2.79	2.53	2.62
Outbreak of disease	2.41	2.30	2.45	2.40	2.28
Terrorist act	2.05	2.01	2.24	2.36	2.09
Hazardous chemical spill	2.11	1.99	2.12	2.15	2.00

- When asked to rate how prepared they were for a natural disaster, outbreak of disease, terrorist act or hazardous chemical spill, deaf and hard of hearing individuals were less likely to indicate they were prepared than the average.

## Accessibility of Services

How accessible do you feel each of the following is in your area?

2007							
Service	Extremely Accessible	4	3	2	Not At All Accessible	Don't know	Average (base)
Information from media sources such as television, radio or newspaper	58.6%	25.4%	10.7%	3.4%	1.5%	0.4%	4.37 (997)
Internet	44.4%	19.4%	11.8%	3.9%	5.5%	15.1%	4.10 (850)
Hospitals	42.2%	32.4%	15.3%	5.5%	4.1%	0.6%	4.04 (995)
State or local health agencies	23.9%	27.1%	26.6%	9.7%	5.5%	7.3%	3.58 (928)
2006							
Service	Extremely Accessible	4	3	2	Not At All Accessible	Don't know	Average (base)
Information from media sources such as television, radio or newspaper	58.0%	24.1%	11.9%	3.8%	1.2%	1.0%	4.35 (991)
Hospitals	49.8%	27.5%	13.1%	5.1%	3.4%	1.2%	4.16 (989)
Internet	43.6%	17.4%	8.8%	3.3%	4.6%	22.4%	4.19 (777)
State or local health agencies	28.9%	27.1%	23.1%	8.5%	4.5%	8.0%	3.73 (921)
2005							
Service	Extremely Accessible	4	3	2	Not At All Accessible	Don't know	Average (base)
Information from media sources such as television, radio or newspaper	55.6%	26.5%	11.9%	3.4%	2.0%	0.6%	4.31 (995)
Hospitals	42.3%	30.4%	16.5%	5.8%	4.3%	0.8%	4.01 (993)
Internet	38.7%	16.9%	13.1%	3.2%	9.6%	18.6%	3.88 (815)
State or local health agencies	25.2%	26.8%	24.5%	10.2%	6.5%	6.9%	3.58 (932)
2004							
Service	Extremely Accessible	4	3	2	Not At All Accessible	Don't know	Average
Information from media sources such as television, radio or newspaper	55.4%	26.6%	12.0%	3.3%	1.5%	1.2%	4.33 (989)
Hospitals	45.1%	29.9%	14.5%	5.1%	4.5%	1.0%	4.07 (991)
Internet	36.1%	15.6%	9.2%	4.8%	5.7%	28.7%	4.00 (714)
State or local health agencies	28.6%	27.9%	19.7%	8.2%	8.0%	7.7%	3.66 (924)

*Accessibility of Services – continued*

	2004	2005	2006	2007
<b>Emergency</b>	<b>Average (base)</b>	<b>Average (base)</b>	<b>Average (base)</b>	<b>Average (base)</b>
<b>Comparison Group</b>	<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(C)</b>
Information from media sources such as television, radio or newspaper	4.33 (989)	4.31 (995)	4.35 (991)	4.37 (997)
Internet	4.00 (714) <b>b</b>	3.88 (815)	4.19 (777) <b>AB</b>	4.10 (850) <b>B</b>
Hospitals	4.07 (991)	4.01 (993)	4.16 (989) <b>aBD</b>	4.04 (995)
State or local health agencies	3.66 (924)	3.58 (932)	3.73 (921) <b>BD</b>	3.58 (928)

Notes:

Comparison groups: AB

Uppercase letters indicate significance at the 95% level. Lowercase letters indicate significance at the 90% level.

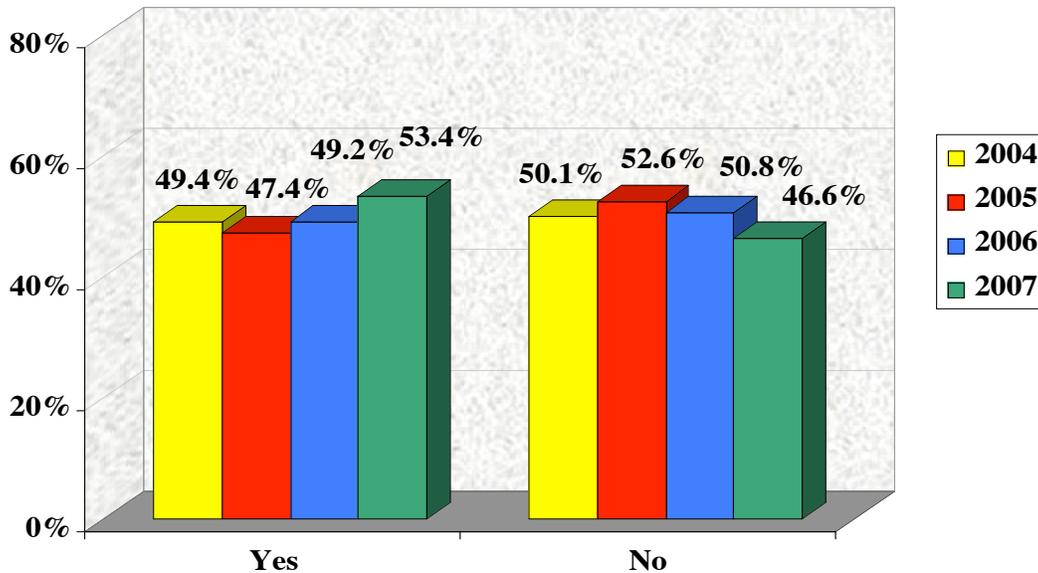
- Respondents indicated that the Internet, hospitals and state and local agencies were *less* accessible than in 2006. Information from media was the only resource that they felt was *more* accessible.

	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
<b>Base</b>	<b>168</b>	<b>134</b>	<b>75</b>	<b>47</b>	<b>144</b>
Information from media sources such as television, radio or newspapers	4.29	4.35	4.20	4.19	4.23
Internet	<b>3.79</b>	3.67	3.81	4.00	3.80
Hospitals	4.10	3.85	3.96	3.91	3.84
State or local health agencies	3.65	3.42	3.63	3.36	3.58

- Respondents over the age of 65 were significantly less likely to give a high accessibility rating than the average.

**Local Health Department Used for Information and Services**

Have you ever contacted your local health department for information or to seek services?



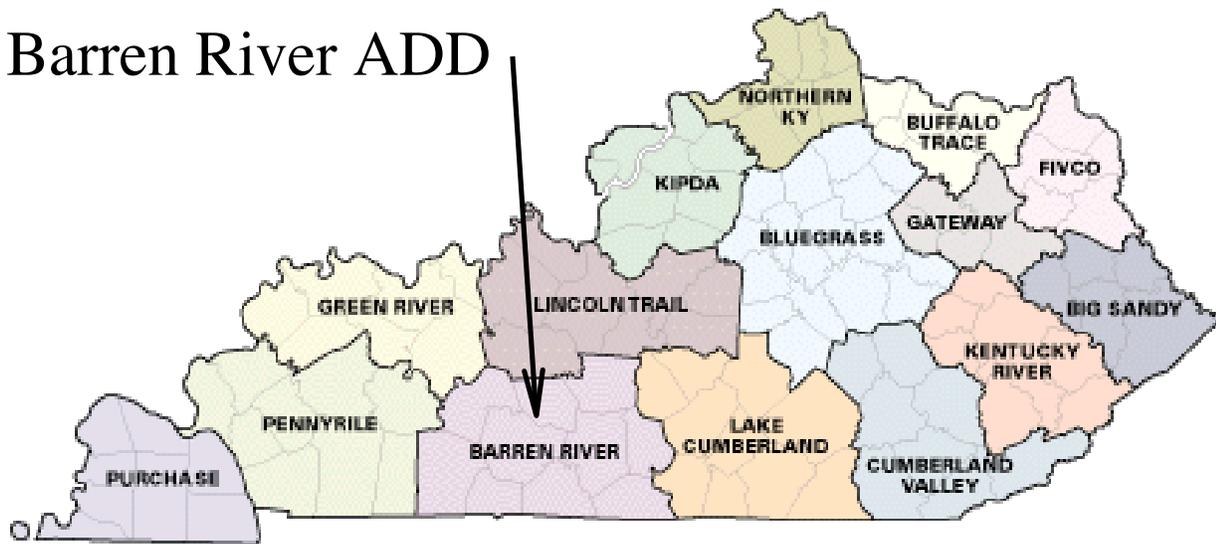
- Kentucky residents were more likely in 2007 than previous years to have contacted the local health department.

	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
<b>Base</b>	<b>168</b>	<b>134</b>	<b>75</b>	<b>47</b>	<b>144</b>
Yes	43.5%	53.0%	53.3%	57.4%	55.6%
No	<b>56.5%</b>	47.0%	46.7%	42.6%	44.4%

- Households with individuals 65 years and older were significantly less likely to contact the local health department to seek information or services.

## 2.2 Summary By Region

### Barren River ADD



#### **Barren River Area Development District (BRADD):**

- ♣ Consists of 10 counties: Allen, Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Monroe, Simpson and Warren.
- ♣ Bowling Green, in Warren County, is the ADD's largest city.
- ♣ Sixty-three individuals were contacted from BRADD.

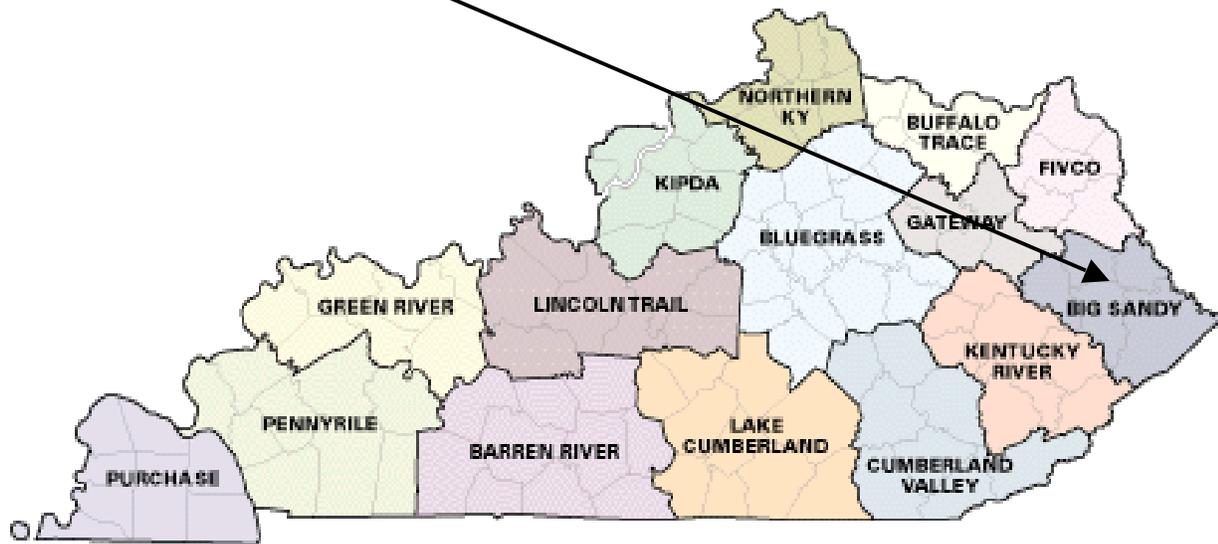
As found in 2005 and 2006, BRADD residents were more likely to:

- Describe their area of living as rural.
- Have completed some college or technical training.
- ♣ Doctor's offices and the Internet were the most frequently mentioned sources Barren River residents turned to for health information.
  - As in the 2006 research study, BRADD residents were more likely than average to use a doctor's office, the Internet and hospital for health information.
  - In 2007, BRADD residents were significantly more likely than the average to rely on a doctor's office for health information.
- ♣ When asked to describe their confidence in the health information they receive from physicians, hospitals, state or local agencies, federal agencies, the Internet and other media sources such as television and the newspaper, BRADD residents expressed a lower level of confidence than average in all sources, with the exception of other media sources.
- ♣ Compared with 2006, BRADD residents were just as concerned or more concerned for large-scale emergency situations.
  - Respondents with higher than average levels of concern were most concerned about the community and government's lack of preparedness and the war in Iraq.

### **Barren River Area Development District (BRADD) – continued**

- ♣ Although BRADD residents had equal levels of concern in 2006 and 2007 about a large-scale emergency, residents of this community felt more prepared for all natural disasters in 2007, excluding terrorist acts.
  - BRADD residents indicated they were significantly more prepared for natural disasters.
- ♣ In the event of a large-scale emergency such as a natural disaster, terrorist act or a chemical spill, Barren River residents identified television as their first source for information.
  - They were less likely than the average to use the radio, local health department, American Red Cross and call 911 in the event of a natural disaster.
  - As found in 2006, residents of this community were more likely than the average to turn to the police department, locally elected officials, Internet, state and local emergency services and community groups and organizations than the average.
  - In the event of a power outage during a large-scale emergency, BRADD residents would turn to the radio first for assistance, followed by the police department.
- ♣ If an outbreak of disease were to occur, BRADD residents were somewhat more likely to turn to the Internet hospital, radio and locally elected officials for assistance. They were less likely to turn to the television and local health department.
  - If a power failure were to occur with an outbreak of disease, residents in this community cited radio and neighbors/friends as the first places they would turn for information.
- ♣ BRADD residents were less likely than the average to indicate they were unaware of actions that have been taken in their area to prepare citizens for a large-scale emergency. BRADD residents were more likely than the average to indicate they knew of some local community/government preparedness plans and information.
  - They were significantly more likely than the average to indicate they were aware of community siren/alarm systems.
  - Residents of this community continued to be more likely than the average to say that they had a family disaster plan and were significantly more likely than in 2005 and 2004 to have a plan.
  - Although in 2006, residents were less likely than the average to have an emergency/preparedness kit, in 2007 BRADD respondents indicated they were more likely than the average to have a kit prepared.
- ♣ When asked to indicate if they were more likely to use their own resources or state and government assistance, respondents living in the Barren River area development district indicated they were more likely to use their own resources.
- ♣ BRADD residents found information from media followed by Internet, hospitals and state or local health agencies most accessible in 2007.
  - Compared with the average, BRADD residents found all information sources to be more accessible.
  - Compared with 2006, information from media and state and local health agencies had higher average accessibility ratings. BRADD residents gave lower average ratings for Internet and hospitals.
- ♣ BRADD residents showed increased confidence in the local health department, and in 2007 they were significantly more likely than the average to go to the health department for information or to seek service.

# Big Sandy ADD



## Big Sandy Area Development District (BSADD):

- ♣ Comprised of five counties in the mountains of eastern Kentucky: Floyd, Johnson, Magoffin, Martin and Pike.
- ♣ Interviews were conducted with 41 residents from the Big Sandy ADD.

Compared with the average, Big Sandy residents were significantly more likely than the average to indicate that they live in a rural area and have a physically disabled individual living in the household.

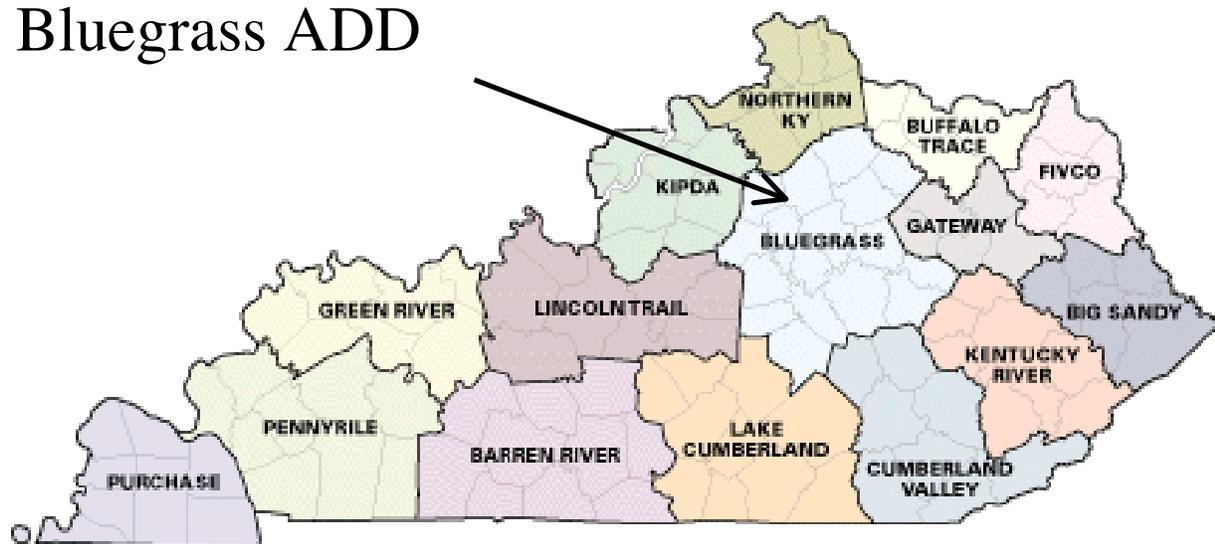
As found in 2006, more than half of Big Sandy residents surveyed had not received education beyond high school, some college or technical school.

- ♣ Like most Kentucky residents, respondents from the Big Sandy district looked to their doctor's office and the Internet most frequently for health information.
  - Big Sandy residents were less likely than the average to refer to a doctor's office, Internet, television, hospital, and newspaper.
- ♣ Although Big Sandy residents had the greatest confidence in health information received from private physicians and hospitals, they had lower than average confidence levels in the information from private physicians and hospitals as well as state or local health agencies, Internet, federal agencies and other media.
  - Compared with a year ago, Big Sandy residents expressed *more* confidence in private physicians and hospitals. They had significantly *lower* confidence in the Internet.
- ♣ Residents in the BSADD were significantly more likely than the average to be more concerned for a large-scale emergency. When asked to indicate their level of concern specifically for terrorist acts, natural disasters, the outbreak of disease or hazardous chemical spill, Big Sandy residents indicated they were more concerned for all emergencies compared with the average.
  - Compared with 2006, Big Sandy residents have greater concern for natural disasters and hazardous chemical spills and lower concern for terrorist acts and the disease outbreaks.

## Big Sandy Area Development District (BSADD)-continued

- ♣ As found in 2006, Big Sandy residents indicated most frequently they would look to the television, followed by the radio for information in the event of a natural disaster, terrorist act or hazardous chemical spill.
  - If a power outage were to occur *during* a large-scale emergency, the radio was the most mentioned source for information and Big Sandy residents were significantly more likely to turn to the electric company.
- ♣ If an outbreak of disease were to occur, *last year* Big Sandy residents were significantly more likely than the average to rely on the local health department for information. *This year's* residents were significantly more likely to rely on hospitals.
- ♣ As in 2006, residents of Big Sandy stated more frequently than any other response that no actions had been taken in their community to prepare citizens for the threat of any of the large-scale emergencies. Seventy percent of BSADD residents surveyed indicated they were not aware or no actions have been taken.
- ♣ Residents in the BSADD continued to be less likely to have a family disaster plan than the average Kentucky resident. In 2007 they were more likely to have a family disaster plan compared with a year ago and also more likely to have an emergency preparedness kit.
- ♣ In 2007, Big Sandy residents indicated they felt more prepared for all large-scale emergencies than the average Kentucky resident. In addition, residents in this community were more prepared than one year ago for all large-scale emergencies.
- ♣ BSADD residents rated the hospital as the most accessible resource for health information, followed by the Internet, other media and state or local health agencies.
  - Compared with a year ago, the Internet was significantly less accessible. State and local health agencies and other media were also rated as less accessible. The hospital was the only source that residents of this community indicated as more accessible than in 2006.
- ♣ Big Sandy residents were slightly less likely than the average to have contacted their local health department.

# Bluegrass ADD



## Bluegrass Area Development District (BGADD):

- ♣ Comprised of 17 counties in central Kentucky: Anderson, Bourbon, Boyle, Clark, Estill, Fayette, Franklin, Garrard, Harrison, Jessamine, Lincoln, Madison, Mercer, Nicholas, Powell, Scott and Woodford.
- ♣ Lexington-Fayette County is the ADD's largest unit of local government and the second-largest urban area in Kentucky.
- ♣ Interviews were conducted with 173 residents of the BGADD.

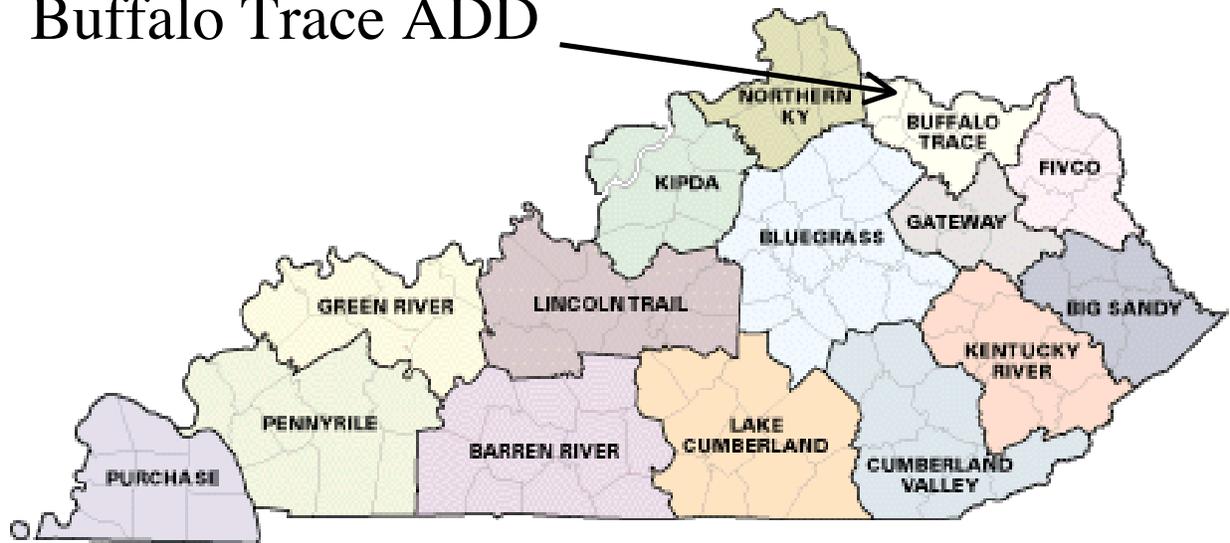
Residents of the Bluegrass ADD continue to be significantly more likely than the average to describe their area of residence as suburban or urban. Compared with the average, residents of the Bluegrass ADD were more likely than the average to have received a college degree or a post-graduate education.

- ♣ Doctors' offices and the Internet continue to be the most popular sources for health information.
- ♣ When asked to describe their level of confidence in private physicians, hospitals, state and local health agencies, Internet, federal agencies and other media, Bluegrass residents indicated they had the most confidence in private physicians. Compared with the average, residents of the Bluegrass had the same or higher level of confidence in all sources except for other media.
  - Compared with 2006, residents reported higher confidence in all sources except for state and local health agencies.
  - This year, Bluegrass residents expressed significantly higher confidence in state or local agencies than 2004 and significantly higher confidence in the Internet than 2005.
- ♣ BGADD reported less concern for the threat of a natural disaster, outbreak of disease and hazardous chemical spill and more concern for terrorist acts compared with the average.
  - Compared with 2006, Bluegrass residents had more concern with all emergencies except for hazardous chemical spills.
- ♣ Residents in this community continued to indicate most frequently they would turn to television, followed by the radio, for information in the event of a large-scale emergency.

## Bluegrass Area Development District (BGADD) – continued

- ♣ If the threat of a disease outbreak were to occur, the television and the hospital were the first places respondents in the BGADD would turn to.
- ♣ Although more than half of the respondents from BGADD were unaware of actions that had been taken in their community to prepare citizens for the threat of a large-scale emergency, residents of this community were more likely to be aware of local community/government preparedness/plans/information than the average.
- ♣ Respondents in the 2007 survey were more likely than the average to have a family disaster plan than 2006 respondents. However, compared with the average, residents of this community were less likely to have a disaster plan and emergency kit.
- ♣ With the exception of terrorist acts, Bluegrass residents were *less* prepared than the average for all large-scale emergencies. BGADD residents reported higher than average preparedness levels for terrorist acts.
- ♣ According to Bluegrass residents that completed this year's study, information from the media, Internet, hospitals and state and local health agencies were less accessible than a year ago. BGADD accessibility ratings were also lower than the average Kentucky resident.
- ♣ Bluegrass residents were just as likely as the average to have visited the local health department for information or to seek services.

# Buffalo Trace ADD



## Buffalo Trace Area Development District (BTADD):

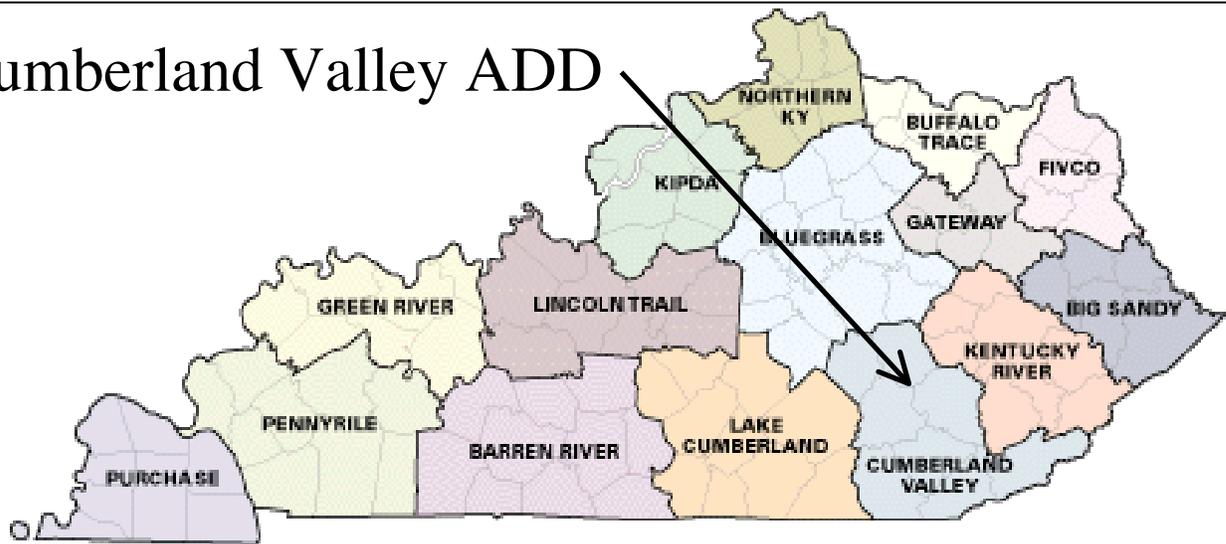
- ♣ Comprised of five counties in northeastern Kentucky: Bracken, Fleming, Lewis, Mason and Robertson.
- ♣ Due to its small population, 13 residents from the Buffalo Trace ADD were interviewed.

Of the individuals that The Matrix Group contacted this year in the Buffalo Trace ADD, most individuals described their area of living as rural and most had not received an education beyond high school.

Because of the small sample size from this region, comparisons were only made between years within Buffalo Trace Area Development District.

- ♣ Buffalo Trace residents expressed the same or lower confidence in all health information sources compared with 2006.
- ♣ Although the average level of concern for natural disasters, terrorist acts, disease outbreaks and a hazardous chemical spill *decreased* from 2005 to 2006, in 2007 residents of BTADD expressed *higher* average levels of concern for all large-scale emergencies than in 2006.
- ♣ BTADD reported they were not as prepared this year for natural disasters, disease outbreaks and hazardous chemical spills compared with last year. Despite being less prepared for specific emergencies, residents of this community indicated they were more likely to have a family disaster plan.
- ♣ Information from media, the Internet, hospitals and state and local agencies was reported to be more accessible to Buffalo Trace residents compared with 2006.

# Cumberland Valley ADD



## Cumberland Valley Area Development District (CVADD):

- ♣ Comprised of eight counties in Southeastern Kentucky: Bell, Clay, Harlan, Jackson, Knox, Laurel, Rockcastle and Whitley.
- ♣ A total of 58 respondents from the Cumberland Valley were contacted for this year's study.

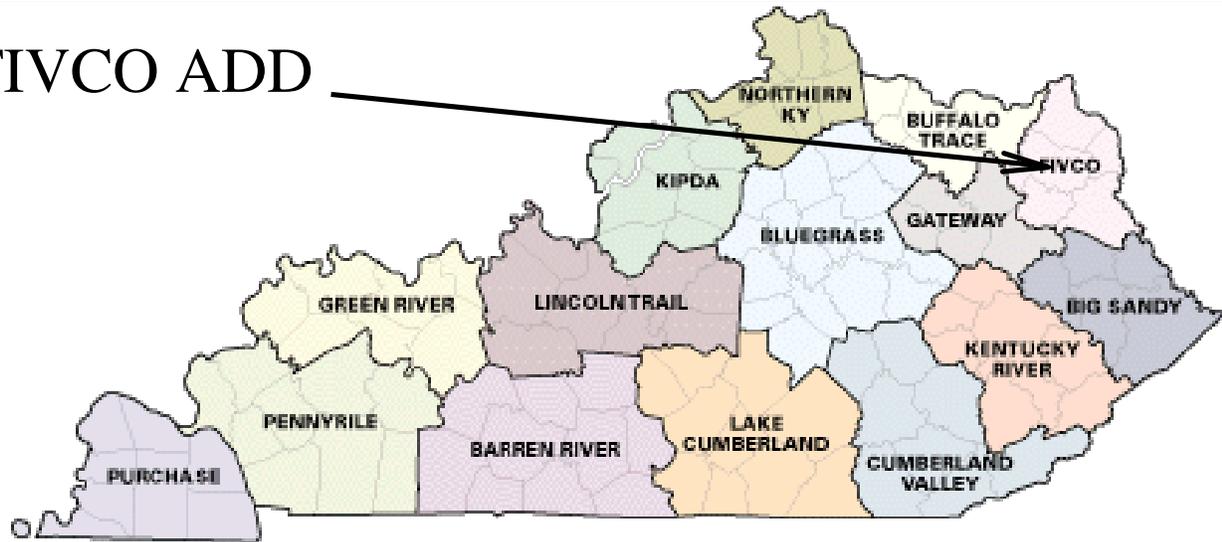
Cumberland Valley residents were more likely to describe the area where they live as rural. Most residents had not received a degree higher than a high school diploma. Residents from this community were more likely than the average to indicate a physically disabled individual lived in the household and significantly more likely to have a deaf/hard of hearing person living in the household.

- ♣ Like most Kentucky residents, Cumberland Valley residents indicated most frequently that they sought health information from a doctor's office, followed by the Internet.
- ♣ Cumberland Valley residents continued to express the most trust in private physicians. Residents in this community expressed the highest level of confidence in the health information they receive from their private physicians, followed by state or local health agencies, Internet, hospitals, federal agencies and media such as television and newspapers.
  - Compared with the average, they had lower levels of confidence in all sources except for Internet and federal agencies.
  - Despite having more confidence in the information sources in 2006 than in 2005, in 2007 the average confidence levels decreased from 2006 with the exception of the Internet. Residents of this community expressed greater confidence in the Internet in 2007 compared with last year.
- ♣ After average concern levels dropped in 2006 from 2005 for all large-scale emergencies, respondents this year reported *higher* levels of concern than last year. In addition, their levels of concern were higher than residents from all other area development districts.
  - Compared with the average, residents had significantly higher levels of concern for hazardous chemical spills.

## Cumberland Valley Area Development District (CVADD) – continued

- ♣ In the event of a large-scale emergency, Cumberland Valley residents were most likely to turn to the television and the radio for assistance.
  - Radio and police departments were the most frequently mentioned resources individuals would contact in the event of a power outage *and* a large-scale emergency.
- ♣ If disease outbreak occurred, residents in the CVADD were *most likely* to turn to the television and health department for guidance. In 2006, residents of this community were significantly more likely to turn to the hospital.
- ♣ In the event of an emergency evacuation being ordered, CVADD residents were significantly more likely to turn to the state and government assistance compared with the average.
- ♣ Most respondents from this development district were unaware of actions taken in their community to prepare for a large-scale emergency. They were significantly more likely to indicate they were more concerned than the average because there “seems to be a lot more trouble in the world.” However, residents were also more likely than in previous years to have created a family disaster plan.
- ♣ This year, Cumberland Valley residents felt the most prepared for natural disaster, followed by the disease outbreak and hazardous chemical spill. Residents felt the least prepared for a terrorist act.
  - Compared with the average, Cumberland Valley residents indicated a lower average level of preparedness for all large-scale emergencies.
  - Compared with 2006, Cumberland Valley residents reported lower average levels of preparedness for all large-scale emergencies with the exception of hazardous chemical spills.
- ♣ Information from media, followed by the Internet, hospitals and state or local health agencies received the highest accessibility ratings.
  - Compared with the average, residents from Cumberland Valley indicated the Internet and state and local agencies were more accessible.
  - Compared with 2006, all information resources were rated less accessible except for the Internet.
- ♣ Cumberland Valley residents were significantly more likely than the average to have contacted their local health department.

# FIVCO ADD



## FIVCO Area Development District:

- ♣ Comprised of five counties in Northeastern Kentucky: Boyd, Carter, Elliott, Greenup and Lawrence.
- ♣ Ashland, in Boyd County, is the area's largest city.
- ♣ In this year's research study, 34 respondents were interviewed.

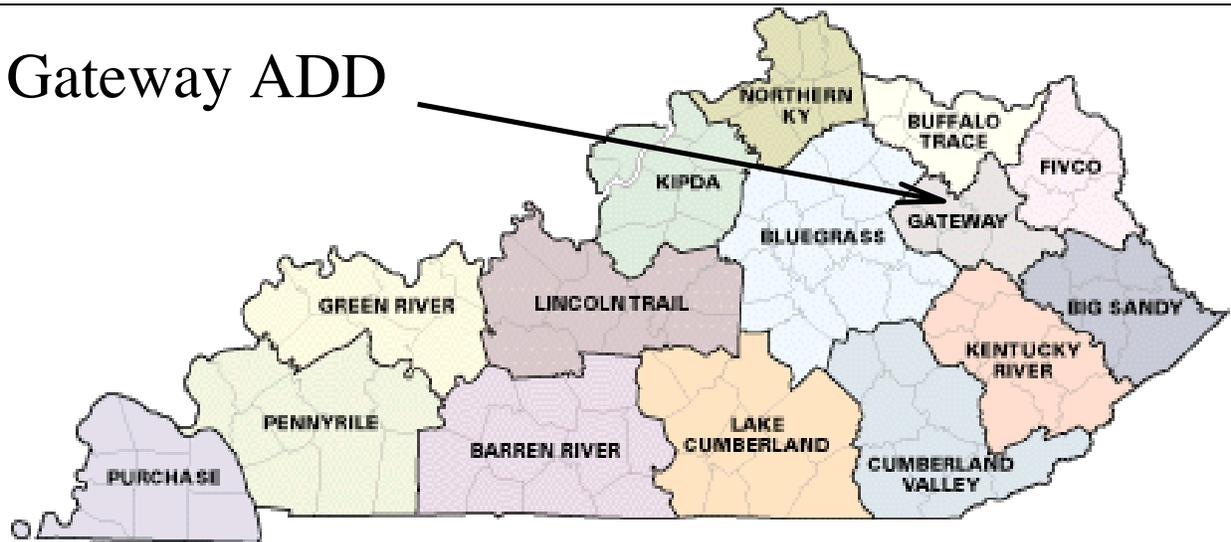
FIVCO respondents continued to describe their area of residence as rural. Of the 34 individuals interviewed, 18 had completed some college, technical school or higher education. The remaining 16 respondents had not completed education beyond high school.

- ♣ Residents in this community indicated a doctor's office, television and the Internet were the resources they consulted for health information.
  - They were significantly more likely than the average to indicate they get health information from television.
- ♣ FIVCO residents indicated the highest level of confidence in the information they received from private physicians followed by hospitals, state and local agencies, other media sources and the Internet. They had the least amount of confidence in federal agencies.
  - Compared with the average, FIVCO residents had more confidence in hospitals, state and local health agencies and other media sources.
  - Compared with 2006, FIVCO residents only had a higher confidence in other media sources.
- ♣ FIVCO residents were more concerned about hazardous chemical spills, terrorist acts, natural disasters and a disease outbreak.
  - Residents of this community reported higher concern for all large-scale emergencies except for terrorist acts. The average Kentucky resident was slightly more concerned for terrorist acts than FIVCO residents.
  - Respondents in the FIVCO ADD were more concerned for terrorist acts, natural disasters and disease outbreaks compared with one year ago.

## FIVCO Area Development District – continued

- ♣ Television and radio were the most common responses given when FIVCO residents were asked to indicate where they would turn to first for information in the event of a large-scale emergency.
  - If a power failure occurred during a large-scale emergency, FIVCO residents would be likely to rely on the radio and electrical company.
- ♣ If an outbreak of disease were to occur and put their families in danger, residents in this district would turn to the television and hospitals most frequently. Last year respondents from this area were more likely to rely on the radio and electric company if an outbreak of disease were to occur.
  - Residents were significantly more likely to contact the hospital than the average if a power failure occurred during an outbreak of disease.
- ♣ FIVCO residents were significantly more likely than the average to use their own resources and state or local government assistance if an emergency evacuation was ordered in their area.
- ♣ Compared with the average, residents from this community felt less prepared for all emergency situations. As stated in 2006, they felt the least prepared for hazardous chemical spills and the most prepared for natural disasters. Compared with 2006, they were less prepared for all emergencies except for terrorist acts.
  - Residents in this area were also less likely to have a plan and a kit prepared than the average.
  - FIVCO respondents were also more likely than the average to be unaware of actions taken in their community to prepare for a large-scale disaster.
- ♣ FIVCO residents rated information from media sources such as television and newspapers, followed by the Internet, hospitals and state or local health agencies as most accessible.
  - Compared with the average, residents reported lower accessibility ratings for all resources except for information from the media.
  - Compared with a year ago, residents felt the Internet, hospitals and state and local health agencies were less accessible.
- ♣ Residents of this community continued to contact their local health department.

# Gateway ADD



## Gateway Area Development District (GADD):

- ♣ Comprised of five counties in north central Kentucky: Bath, Menifee, Montgomery, Morgan and Rowan.
- ♣ Mount Sterling in Montgomery County and Morehead in Rowan County are the region's largest cities.
- ♣ Nineteen respondents from the Gateway area participated in this year's research study.

Out of 19 GADD respondents, 17 had not received an education beyond some college or technical training. All individuals that were contacted for this year's study identified their area of residence as rural.

- ♣ Gateway residents continued to seek health information from the doctor's office and the Internet.
- ♣ Residents in the GADD indicated they had the highest confidence in the information they received from private physicians followed by hospitals, state and local agencies, the Internet, federal agencies and media such as televisions, newspapers and radio.
  - Respondents from the Gateway community expressed higher confidence in all sources compared with 2006, with the exception of private physicians, in which they reported lower confidence ratings. In addition, they had significantly more confidence in hospitals, state or local agencies, federal agencies and other media than in 2005.
- ♣ Although in 2006 GADD residents had lower concern for all large-scale emergencies, this year's respondents felt more concern for all large-scale emergencies.
- ♣ GADD residents were just as likely as in 2006 to have created a family disaster plan.
- ♣ Average preparedness ratings continued to decrease in this community. Residents in this community had lower average levels of preparedness than in 2006 for all large-scale emergencies. In the 2006 research study, GADD residents reported lower preparedness ratings compared with the previous year for all emergencies, except for the disease outbreaks, which they gave a higher average level of preparedness than in 2005.
- ♣ GADD residents indicated that information from media sources such as television, radio or newspapers, the Internet, hospitals, and state and local health agencies were *less* accessible than in 2006.

# Green River ADD



## Green River Area Development District:

- ♣ Comprised of seven counties in western Kentucky: Daviess, Hancock, Henderson, McLean, Ohio, Webster and Union.
- ♣ Owensboro in Daviess County is the area's largest city.
- ♣ A total of 48 respondents were interviewed from the Green River area.

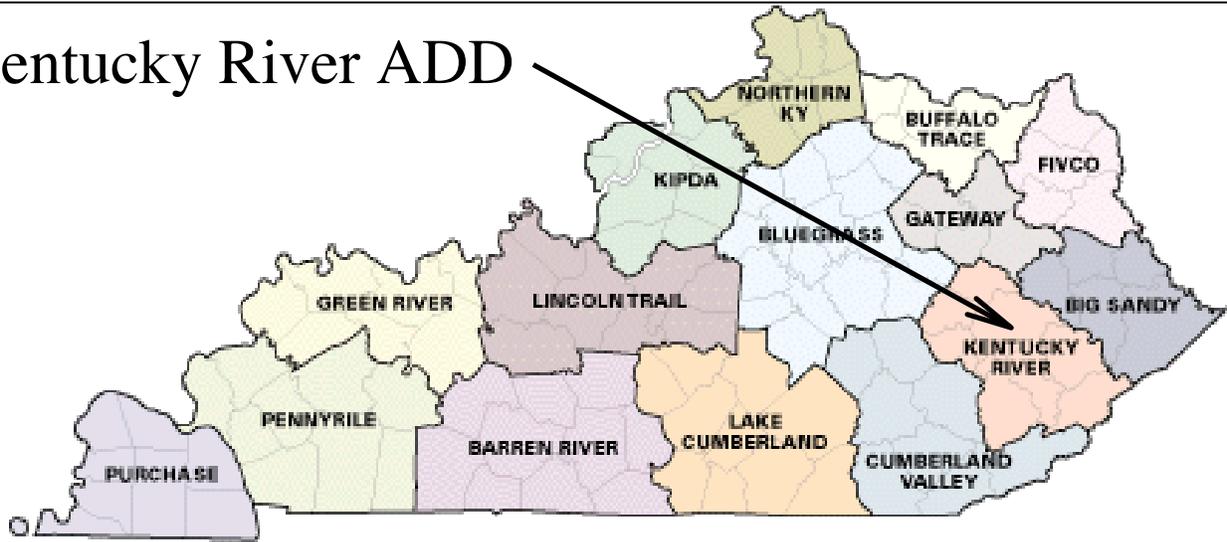
More than half of the respondents from the Green River area described their area of living as rural. Residents in this community were significantly more likely to report they had received some college or technical training. Twenty-seven of 48 respondents received education beyond some college.

- ♣ Green River residents were more likely than the average to turn to a doctor's office, the Internet and television for health information.
- ♣ This year, resident's confidence for all sources was higher than average, not including hospitals.
  - In 2006, residents' confidence increased for all sources compared with the previous year. This year the confidence in private physicians, the Internet and other media sources increased and the confidence in private physicians was significantly greater.
- ♣ Individuals in this community expressed the greatest concern for terrorist acts and natural disasters. Their concern for these large-scale emergencies was also greater than the average.
  - Compared with 2006, their concern was only greater for natural disasters.
- ♣ In the event of a large-scale emergency, Green River residents mentioned television and police department most frequently as places they would go for assistance.
  - Radio, neighbors and friends and police departments were the most likely resources Green River residents would turn to if a power outage occurred during a large-scale emergency.
- ♣ If an emergency evacuation was issued in their area, Green River residents indicated they were most likely to use their own resources to provide their families with adequate shelter and the means to evacuate.

## Green River Area Development District – continued

- ♣ Compared with the average:
  - Green River residents were less likely than the average to be unaware of actions taken in their community to prepare for a large-scale emergency.
    - Residents of this community were more likely than the average to be aware of actions taken by the fire department and local community and government.
  - As found in 2006, GRADD residents were significantly more likely to have a family disaster plan and more likely to have an emergency preparedness kit.
  - Although residents of this community were equally or more prepared than the average for all large-scale emergencies, within their community they were less prepared for a terrorist act, hazardous chemical spill and disease outbreak compared with a year ago.
  - They continued to give higher average ratings for the accessibility of information from hospitals, Internet, information from media and state or local health agencies.
  - Green River residents were significantly more likely to have contacted their local health department for information or to seek services.

# Kentucky River ADD



## Kentucky River Area Development District (KRADD):

- ♣ Comprised of eight counties in Kentucky's southeastern mountains: Breathitt, Knott, Lee, Leslie, Letcher, Owsley, Perry and Wolfe.
- ♣ Interviews were conducted with 30 residents from the Kentucky River area.

As found in the previous years, Kentucky River respondents were significantly more likely than the average to describe their area of residence as rural and to have not achieved levels of education beyond high school.

- ♣ Most individuals from this area relied on the Internet for health information. KRADD residents also looked to a doctor's office for health information, although it was less than the average.
- ♣ Residents of KRADD had the highest average level of confidence in the health information they received from their private physician, followed by federal agencies. They reported the lowest average levels of confidence in media and hospitals.
  - Compared with the average, residents in this community expressed more confidence in state or local health agencies.
  - Compared with 2006, their confidence in Internet increased.
- ♣ Kentucky River residents were significantly more likely to have concern about a large-scale emergency compared with a year ago. Residents continued to be most concerned about terrorist acts, but overall, they had lower concern levels compared with 2006.
- ♣ Individuals from KRADD mentioned television most frequently as a resource they would turn to in the event of a large-scale emergency such as a natural disaster, chemical spill or an outbreak of disease. Participants were more likely to rely on the police department for assistance in the case of a large-scale disaster, such as a natural disaster, hazardous chemical spill or terrorist act.
- ♣ Residents from this community were not as prepared for large-scale disasters as residents from other communities.
  - KRADD residents were significantly more likely to say that no actions had been taken in their community to prepare for a large-scale disaster. In addition, they were significantly less likely to have an emergency plan and emergency kit prepared.

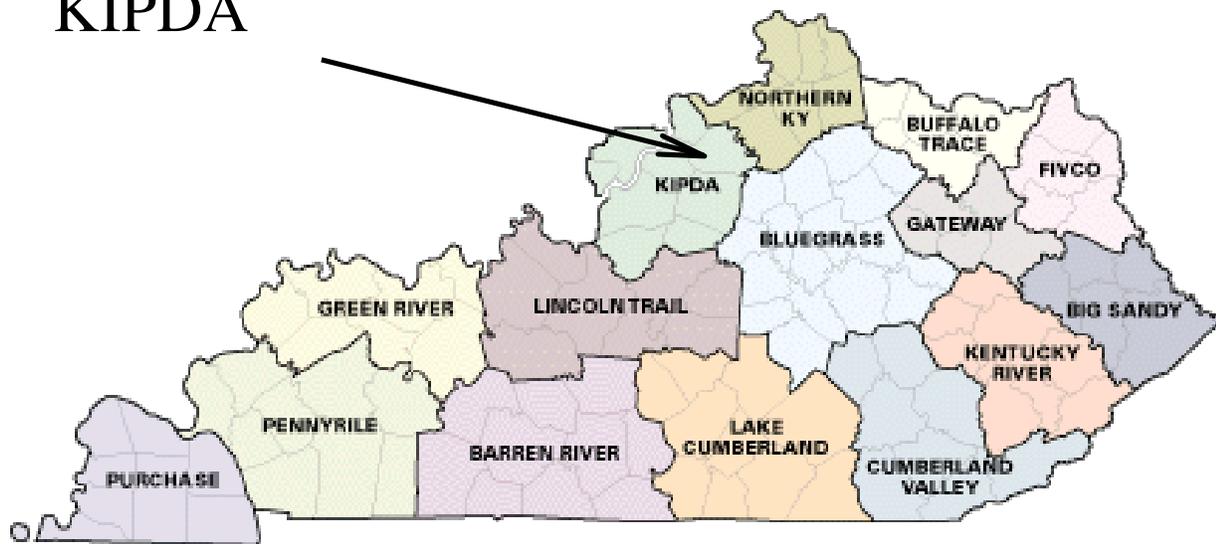
### **Kentucky River Area Development District (KRADD) – continued**

- Compared with the average, they were less prepared for all large-scale emergencies. Compared with a year ago, they were also less prepared, not including their average preparedness levels for terrorist acts.

Kentucky River residents compared with the average:

- ♣ Gave lower accessibility ratings for all resources including information from media, the Internet, hospitals and state or local health agencies
- ♣ Were somewhat less likely to have visited the local health department

# KIPDA



## **Kentuckiana Regional Planning & Development Agency (KIPDA):**

- ♣ Comprised of nine counties in Kentucky and Indiana. The seven Kentucky counties served by KIPDA are: Bullitt, Henry, Jefferson, Oldham, Shelby, Spencer and Trimble.
- ♣ Interviews were conducted with 217 residents from the KIPDA region.

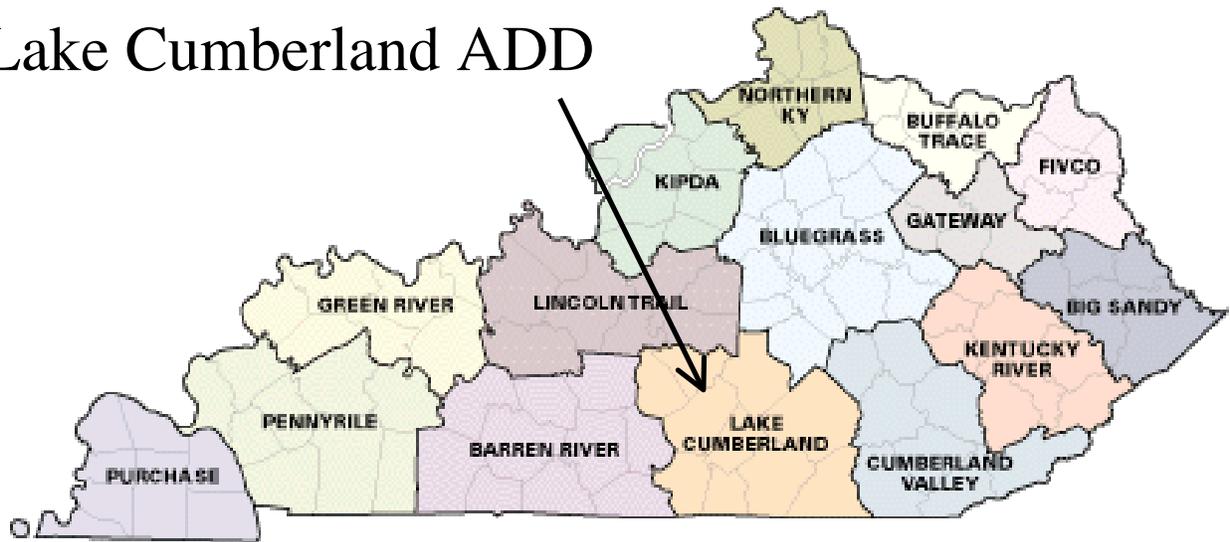
KIPDA residents were more likely than residents in other development districts to describe their area of residence as urban and suburban. Most individuals from this area had received some college education. Significantly more individuals in this district identified their ethnicity as African American.

- ♣ More than half of residents in this district turned to a doctor's office for health information.
  - They were significantly more likely than the average to use periodicals for health information.
- ♣ Compared with the average, KIPDA residents have more confidence in private physicians, hospitals and federal agencies. They had lower confidence in state and local health agencies.
  - Residents of KIDPA expressed greater confidence in hospitals and the Internet than a year ago, and less confidence in private physicians and state, local and federal agencies.
- ♣ A hazardous chemical spill continued to be the greatest concern for residents in this community, for which they expressed more concern than the average. Compared with a year ago, residents of KIDPA reported greater average levels of concern for all large-scale emergencies.
- ♣ In the event of a large-scale natural disaster or outbreak of disease, most KIPDA residents continued to indicate they would turn to the television for assistance.
- ♣ Overall, KIPDA residents reported lower preparedness levels for all disasters compared with other research participants in this year's study as well as how KIPDA residents felt a year ago. They were somewhat more prepared for hazardous chemical spills than the average.
  - They were more likely to have a plan, but less likely to have a kit compared with other Kentucky residents.

## **Kentuckiana Regional Planning & Development Agency (KIPDA) – continued**

- ♣ Average accessibility ratings indicated that residents in this community felt information from media, the Internet, hospitals and state and local health agencies were more accessible than the average. Compared with 2006, information from the media was the only resource KIPDA residents thought was more accessible.
- ♣ KIPDA residents were still not very likely to have contacted their local health department for information or to seek services.

# Lake Cumberland ADD



## Lake Cumberland Area Development District (LCADD):

- ♣ Includes 10 counties in south central Kentucky: Adair, Casey, Clinton, Cumberland, Green, McCreary, Pulaski, Russell, Taylor and Wayne.
- ♣ Interviews were conducted with 48 residents from the Lake Cumberland area.

Residents of Lake Cumberland were significantly more likely than the average to describe their area of residence as rural. Residents of this community had more than the average number of people living in their households and were more likely to have not completed beyond a high school education.

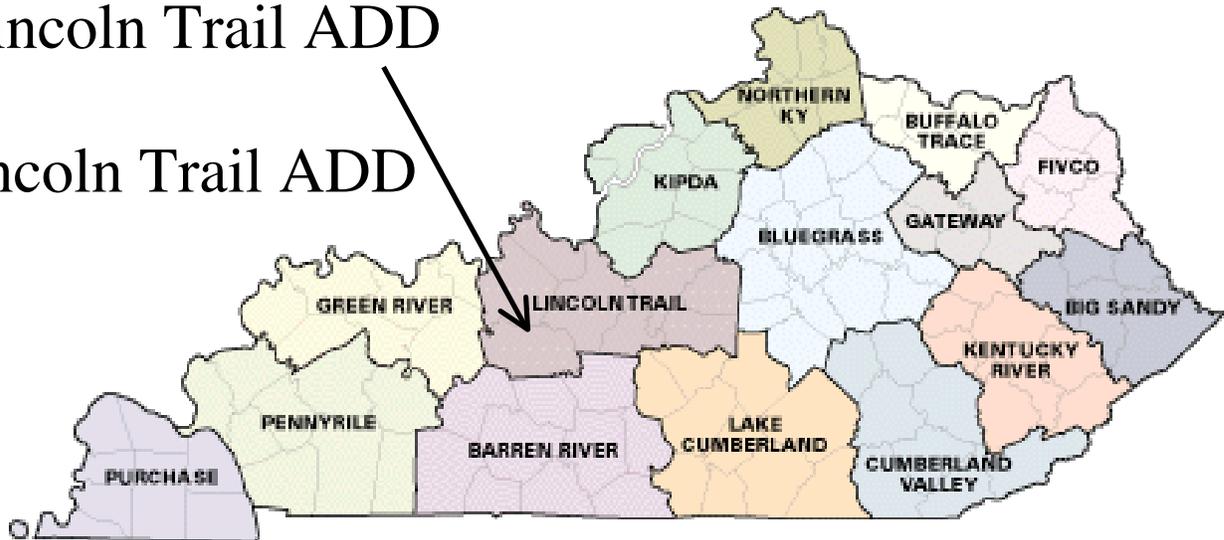
- ♣ Although last year LCADD residents were significantly more likely to mention the local health department as a resource they used for health information than the average, this year doctors' offices and the Internet were the most common sources mentioned.
- ♣ Confidence levels LCADD residents had in private physicians, hospitals, state or local health agencies, federal agencies and other media were not only lower than the overall average in 2007, but also had decreased from the average ratings LCADD residents reported one year ago.
- ♣ Compared with the average, Lake Cumberland residents were more concerned for natural disasters, an outbreak of disease and hazardous chemical spills. They had the same level of concern for terrorist acts.
  - In 2006, their average concern levels had decreased from the previous year. In 2007, residents expressed more concern for all large-scale disasters, not including natural disasters.
- ♣ In the event of a natural disaster, terrorist act, disease outbreak or hazardous chemical spill LCADD residents mentioned the television and radio as the most likely resources they would turn to for emergency information.
- ♣ LCADD residents indicated they were more prepared for natural disasters and terrorist acts than the average. However, compared with a year ago, they were not as prepared for terrorist acts.
  - Although slightly less likely to have a family disaster plan than the average, LCADD residents was much more likely to have a plan than a year ago.

## Lake Cumberland Area Development District (LCADD) – continued

- ♣ Compared with the other research participants in this year's study and to their own ratings one year ago, LCADD residents indicated information from media, the Internet and state or local health agencies were more accessible. The average accessibility rating for hospitals was lower than the average.
- ♣ Although residents were less likely than the average to rely on state resources if an emergency evacuation was being conducted in their area, they were more likely than the average to have visited the local health department.

# Lincoln Trail ADD

## Lincoln Trail ADD



### Lincoln Trail Area Development District (LTADD):

- ♣ Consists of eight counties in west central Kentucky: Breckinridge, Grayson, Hardin, Larue, Marion, Meade, Nelson and Washington.
- ♣ The area's largest commercial center is in Elizabethtown, in Hardin County. The area is also home to Fort Knox.
- ♣ Interviews were conducted with 58 residents from the Lincoln Trail area.

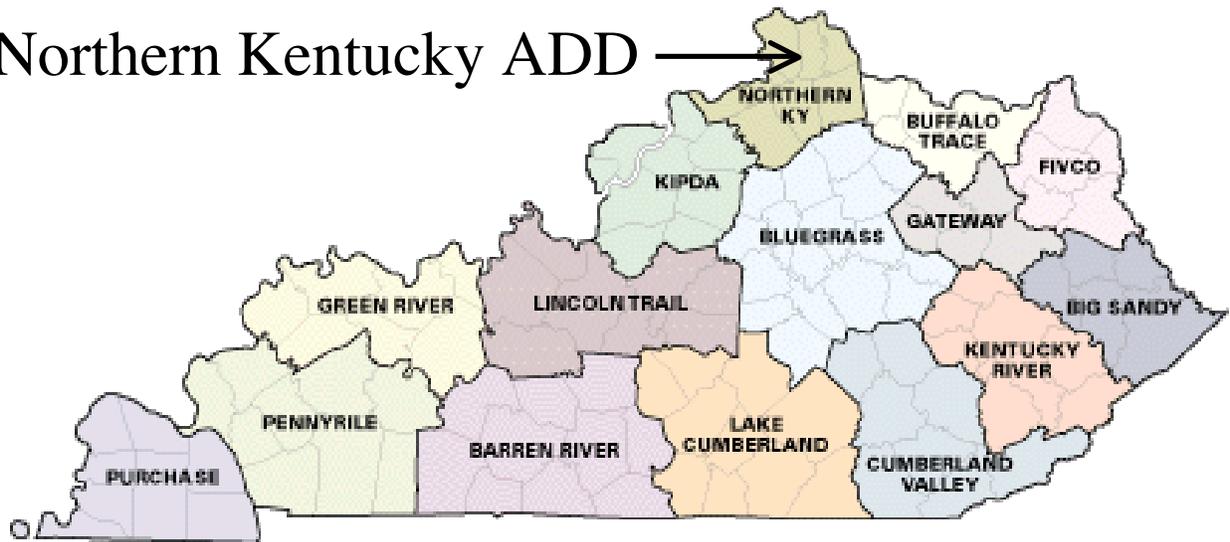
Lincoln Trail respondents were somewhat more likely than the average to describe their area of residence as rural.

- ♣ Lincoln Trail residents had more confidence than the overall average in health information they received from their private physician, followed by hospitals.
  - Although they had high confidence in the Internet last year, in 2007 their confidence in the Internet decreased.
- ♣ Lincoln Trail residents were most concerned for natural disasters and hazardous chemical spills compared with this year's averages and the levels of concern for Lincoln Trail residents in 2006.
- ♣ Overall, residents in this community were more prepared for all large-scale emergencies. Compared with 2006, they were slightly less prepared for terrorist acts.

Lincoln Trail residents compared with the average:

- ♣ Continued to be more likely to report having a family disaster plan and an emergency supply kit.
- ♣ Had higher average level of preparedness for natural disasters and terrorist acts.
- ♣ Had a higher average rating of accessibility for other media and state and local health agencies.
- ♣ Unlike 2006, residents were more likely to indicate that they had contacted their local health department for information or to seek services.

# Northern Kentucky ADD →



## Northern Kentucky Area Development District (NKADD):

- ♣ Consists of eight counties in northern Kentucky: Boone, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton.
- ♣ Interviews were conducted with 100 residents from the Northern Kentucky area.

Most respondents from NKADD described their area of residence as suburban. A majority of residents living in this area had not received an education past college. NKADD residents had more residents living in their households than the average Kentucky resident.

- ♣ NKADD residents continued to look to a doctor's office and the Internet more than any other source for health information.
- ♣ Participants from NKADD had lower confidence than the average in private physicians, federal agencies, local agencies, media and the Internet. They had the least amount of confidence in the Internet and the most confidence in private physicians. Compared with 2006, they had slightly more confidence in state and local agencies and other media.
- ♣ Compared with this year's averages and previous levels of concern in NKADD, residents expressed lower concern for all large-scale emergencies.
- ♣ In the event of a large-scale natural disaster, residents from this community were most likely to listen to the radio for emergency information.
  - If a power outage were to occur in a large-scale disaster, NKADD residents were significantly more likely to turn to neighbors and friends.
- ♣ Residents of NKADD were less likely to have a family disaster plan and an emergency supply kit than the average. Compared with 2006, they were more likely to have a family disaster plan.

## Northern Kentucky Area Development District (NKADD) – continued

- ♣ NKADD residents felt more prepared for terrorist acts, hazardous chemical spills and outbreaks of disease than the average. Compared with this year's averages and the NKADD's level of preparedness in 2006, this year's residents felt less prepared for natural disasters.
- ♣ NKADD residents felt the hospital, information from the media, the Internet and state and local health agencies were *less* accessible than the average.
- ♣ As found in last year's study, NKADD residents were less likely to have contacted the local health department.

# Pennyrile ADD



## Pennyrile ADD:

- ♣ Consists of nine counties in western Kentucky: Caldwell, Christian, Crittenden, Hopkins, Livingston, Lyon, Muhlenberg, Todd and Trigg.
- ♣ Interviews were conducted with 50 residents from the Pennyrile area.

Respondents of the Pennyrile ADD were significantly more likely than the average to consider their area of residence to be rural. The majority of residents interviewed in this area had not received education beyond high school.

- ♣ Pennyrile residents continued to refer to a doctor's office and the Internet most frequently for health information.
- ♣ Residents in this development district expressed more confidence in private physicians, federal agencies and local agencies and less confidence in media compared with the average and their confidence levels in 2006. They expressed the most confidence in private physicians.
- ♣ This year, Pennyrile residents indicated they had less concern for all large-scale emergencies compared with the average. Their levels of concern were also less than their average levels of concern one year ago.
- ♣ The television continues to be the most trusted resource Pennyrile residents turn to for emergency information.
- ♣ As found in 2006, Pennyrile residents were more likely than average to have a family disaster plan established and an emergency supply kit prepared than the average Kentucky resident.
- ♣ Residents of this community continued to express lower preparedness ratings than the average. They were the least prepared for a hazardous chemical spill.
- ♣ Although one year ago Pennyrile residents were more likely to indicate information from the media, the Internet, hospitals and state and local health agencies were inaccessible, in 2007 Pennyrile

residents were significantly more likely than the average to indicate that information from the media was *more* accessible.

- ♣ Most Pennyrile residents that participated in the 2007 research study reported they had visited the local health department for health information.

# Purchase ADD



## Purchase ADD:

- ♣ Consists of eight counties in far western Kentucky: Ballard, Calloway, Carlisle, Fulton, Graves, Hickman, Marshall and McCracken.
- ♣ The New Madrid Fault runs through this area development district and makes this region susceptible to natural disasters.
- ♣ Interviews were conducted with 49 residents in the Purchase area.
- ♣ Purchase area residents were significantly more likely than the average to use the Internet to seek health information.
- ♣ Residents from this community had more confidence than the average Kentucky resident in all information sources.
  - Compared with 2006, they had less confidence in state and local health agencies as well as federal agencies.
- ♣ Purchase residents continued to have the highest level of concern for terrorist acts. They were more concerned than the average for all large-scale emergencies.
- ♣ Purchase area residents indicated they most often would turn to television for information in the event of large-scale emergencies and the outbreak of disease.
  - In the event of a power outage with a large-scale natural disaster, residents of this community reported they would turn to the radio most often.
- ♣ If an emergency evacuation was being ordered in their community, individuals from the Purchase area were significantly more likely to say their likelihood of using their own resources or state assistance really depends on the situation.
- ♣ They were more likely than the average to have an emergency kit prepared and a family disaster plan established.

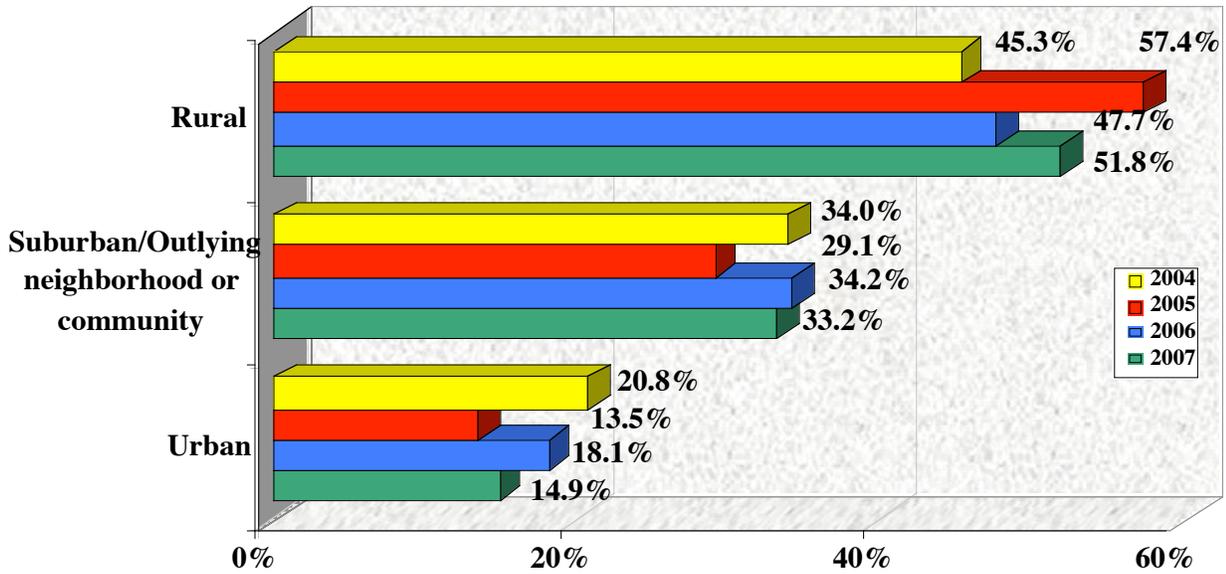
## Purchase Area Development District- continued

- ♣ Although last year Purchase residents were less prepared for all large-scale emergencies, 2007 Purchase participants were more prepared than other residents in Kentucky for natural disasters, hazardous chemical spills, outbreaks of disease and terrorist acts.
- ♣ Residents of this community were significantly more likely than the average to have visited the local health department.

# 3.0 Profile Of Respondents

## Type Of Community – Rural, Urban or Suburban

What would you consider your area of residence to be?



**Members In Household With A Disability**

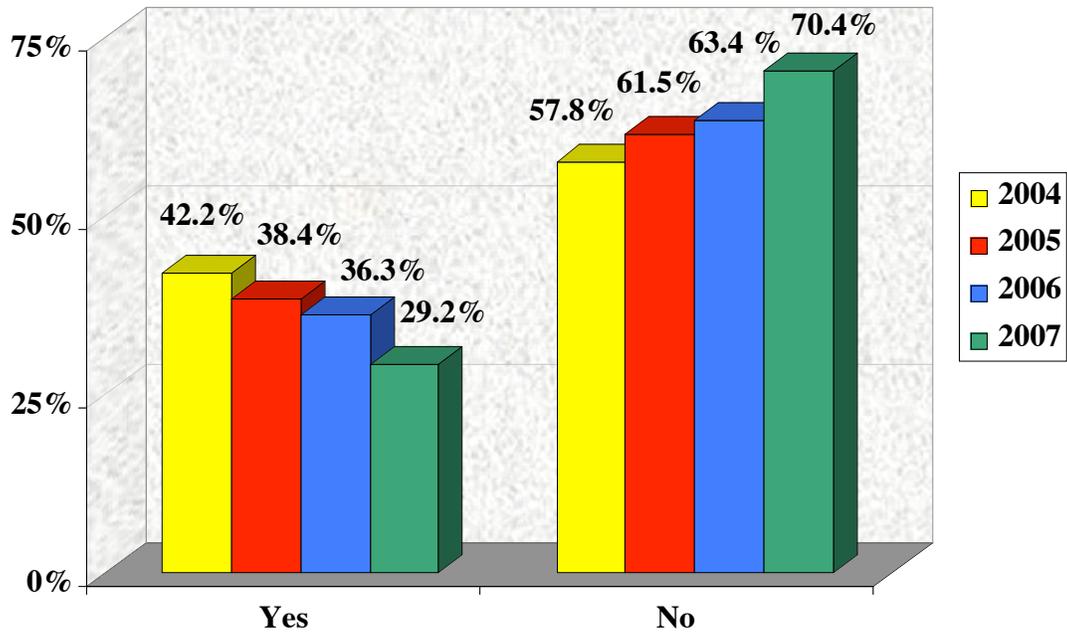
*Is there anyone in your household...?*

Type Of Disability	2004	2005	2006	2007
Deaf/Hard of Hearing	11.5%	11.7%	17.3%	13.4%
Blind/Visually Impaired	8.4%	6.2%	9.5 %	7.5 %
Developmentally Disabled	6.4%	4.1%	4.6 %	4.7 %
Physically Disabled	16.8%	14.8%	14.5 %	14.4 %

	Age 65+	INDIVIDUAL WITH IMPAIRMENTS IN HOUSEHOLD			
		Deaf /Hard Of Hearing	Blind/Visually Impaired	Developmentally Disabled	Physically Disabled
<b>Base</b>	<b>204</b>	<b>173</b>	<b>95</b>	<b>46</b>	<b>145</b>
Deaf or Hard of Hearing	<b>26.8%</b>	100%	<b>40.0%</b>	23.4%	33.3%
Blind/Visually Impaired	10.1%	<b>22.4%</b>	100%	23.4%	<b>20.1%</b>
Developmentally Disabled	2.4%	<b>8.2%</b>	<b>14.7%</b>	100 %	<b>13.9%</b>
Physically Disabled	16.7%	<b>35.8%</b>	<b>38.7%</b>	<b>42.6%</b>	100%

**Children Under 18**

*Are there any children in your household under 18?*



**Refused: 0.4%**

**If Children Under 18 In Household – Age Groups**

*How many children do you have under age 18 (in total)?*

**2004 Average Number Of Children In Household: 1.93**

**2004 Base: 422**

**2005 Average Number Of Children In Household: 1.88**

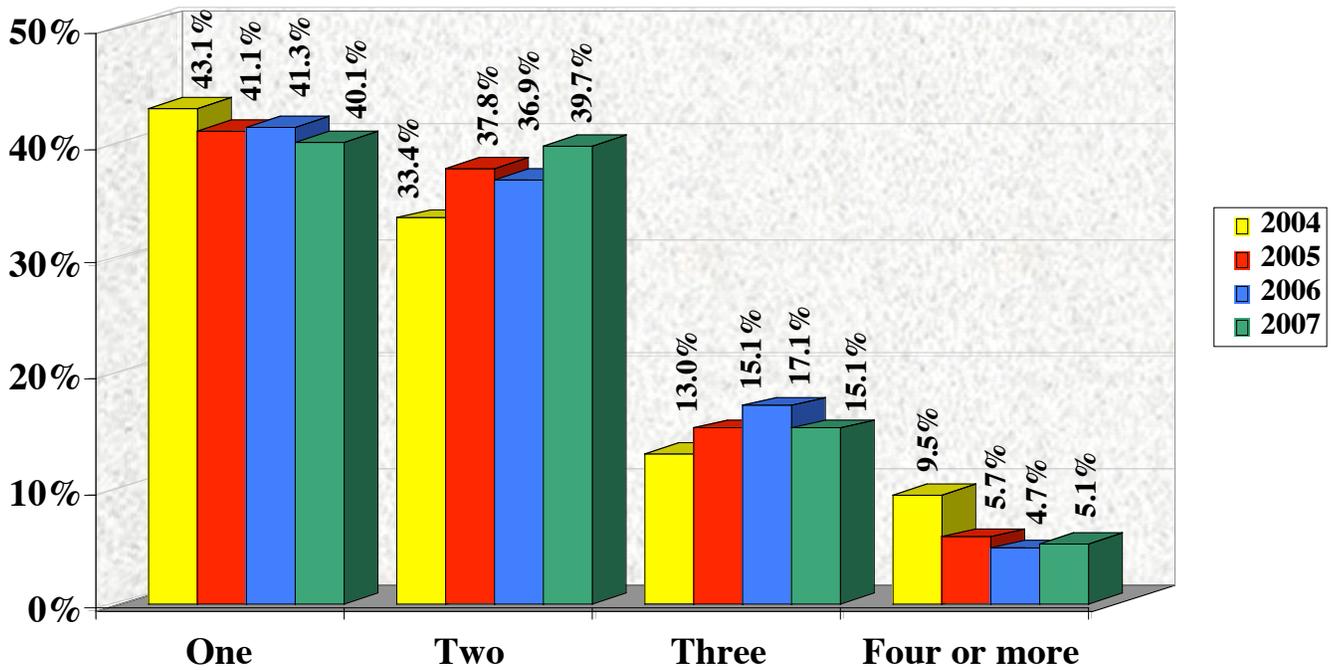
**2005 Base: 384**

**2006 Average Number Of Children In Household: 2.00**

**2006 Base: 363**

**2007 Average Number Of Children In Household: 1.87**

**2007 Base: 292**



Age Group	2004 Average Number of Children	2005 Average Number of Children	2006 Average Number of Children	2007 Average Number of Children
4 years old & under	1.39	1.22	1.37	1.30
5 – 10 years old	1.43	1.40	1.42	1.30
11 – 17 years old	1.40	1.37	1.39	1.44

### ***Seniors In The Household***

*How many people in your household are 65 years of age and older?*

**Average Number Of Seniors In Household: 0.39**

**Base: 1001**

<b>Number of Seniors</b>	<b>%</b>
None	72.2 %
One	17.2 %
Two	10.2 %
Three or more	0.4 %
Refused	0.0 %

### ***Number Of People In Household***

*Including yourself, how many people reside in your home?*

**Average Number Of People In Household: 2.57**

**Base: 1001**

<b>Number of Residents In Home</b>	<b>%</b>
One	17.8%
Two	40.6%
Three	19.8%
Four	12.9%
Five or more	8.1%
Refused	0.9%

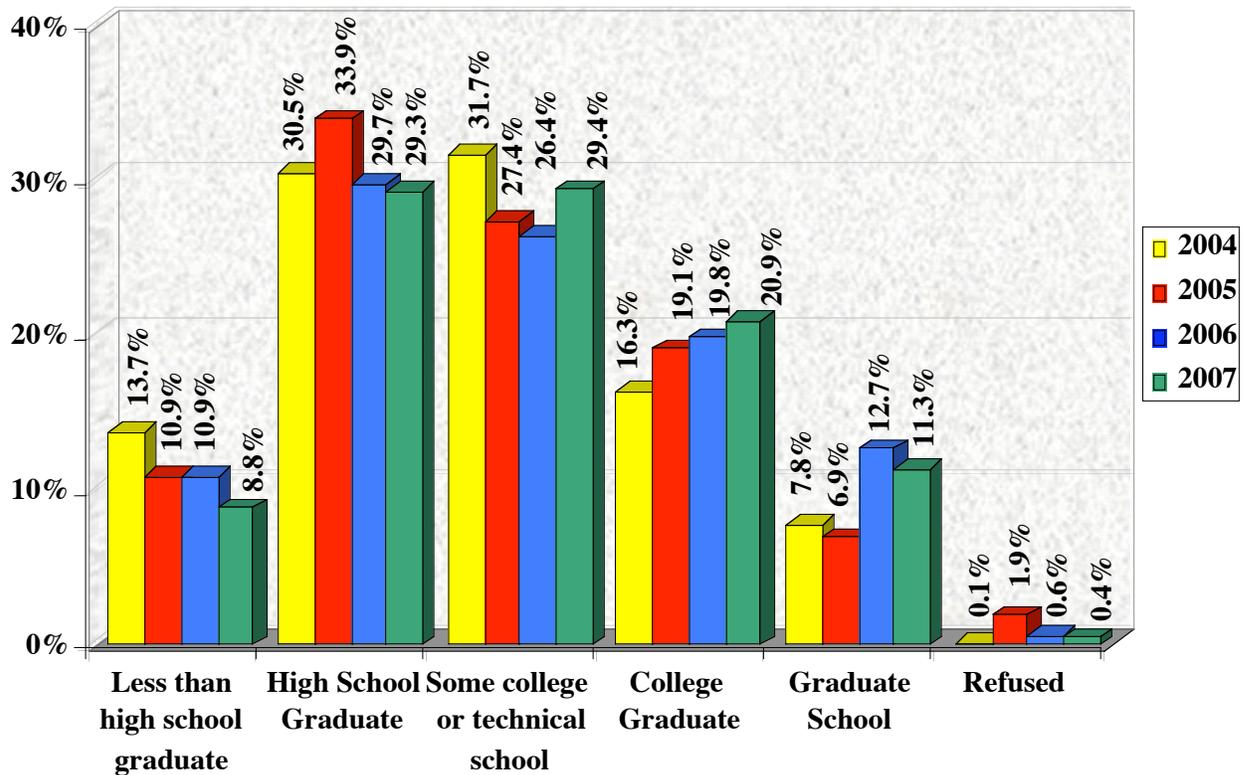
## Age

*Into which of the following categories does your age fall?*

Age Group	2004	2005	2006	2007
18 to 34	28.7%	23.7%	17.7%	24.7%
35 to 44	20.3%	25.5%	20.9%	23.7%
45 to 54	21.0%	18.5%	21.3%	19.6%
55 to 64	14.2%	14.9%	19.4%	14.8%
65 and over	15.8%	16.6%	20.4%	16.8%
Refused	0.1%	0.9%	0.4%	0.5%

## Education

*What is the highest level of education you've had the opportunity to achieve?*



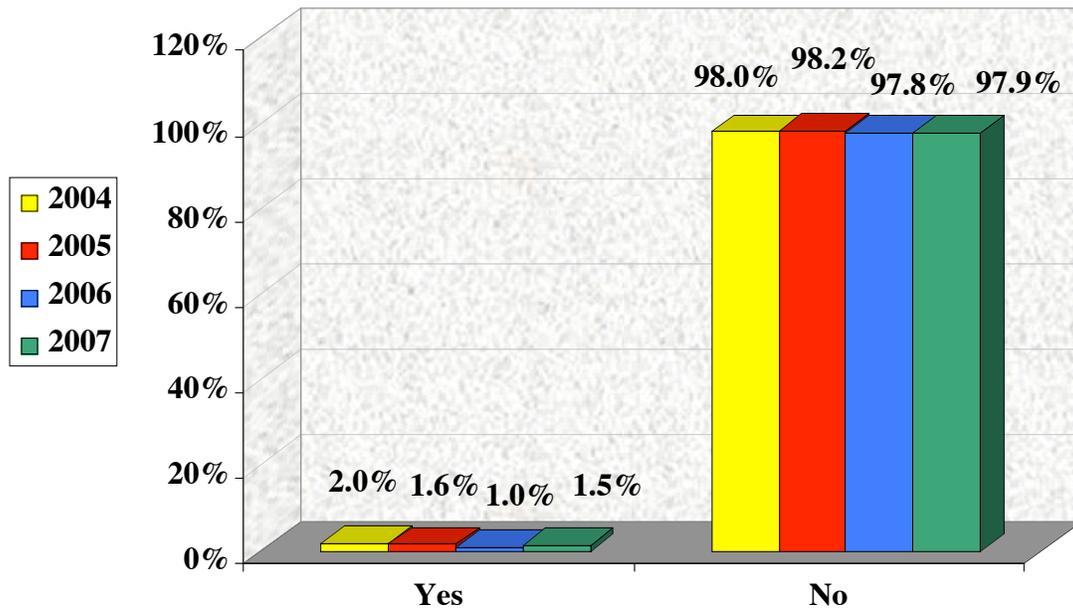
**Race**

*How would you describe your race or racial identity?*

Race	2004	2005	2006	2007
Caucasian	88.9%	90.8%	92.2%	91.6%
African American/Black	8.0%	5.7%	4.8%	5.1%
Bi/Multi-Racial	1.4%	1.2%	1.3%	1.2%
Asian American	0.5%	0.4%	0.2%	0.2%
Other	0.4% <sup>1</sup>	0.9% <sup>2</sup>	0.4% <sup>3</sup>	1.0% <sup>4</sup>
Refused	0.8%	1.4%	1.1%	0.9%

**Hispanic Or Latino**

*Do you consider yourself Hispanic or Latino?*



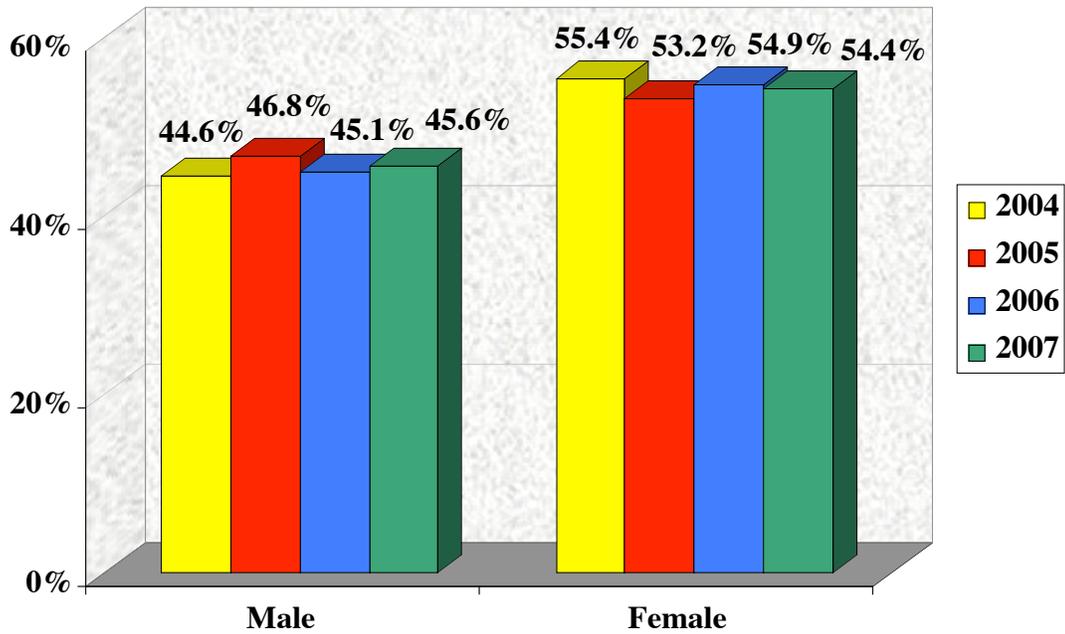
<sup>1</sup> 2004 Other responses include: *East Indian. Hispanic. Native American.*

<sup>2</sup> 2005 Other responses include: *Native American (3). American Indian. American Indian extended. Hispanic.*

<sup>3</sup> 2006 Other responses include: *Native American. Hispanic. Melungeon (tri-racial).*

<sup>4</sup> 2007 Other responses include: *American Indian (2). Native American (2). Hispanic (2). Irish. Indian. Latino. Pacific Islander.Private.*

**Gender**



**Area Development District**

Area Development District	2004	2005	2006	2007
KIPDA	22.0%	22.3%	21.6%	21.7%
Bluegrass	17.0%	16.9%	17.3%	17.3%
Northern Kentucky	10.0%	10.0%	9.4%	10.0%
Barren River	6.0%	6.1%	6.3%	6.3%
Lincoln Trail	6.0%	6.0%	5.8%	5.8%
Cumberland Valley	6.0%	5.9%	5.8%	5.8%
Pennyrile	5.0%	5.0%	5.3%	5.0%
Purchase	5.0%	5.0%	4.9%	4.9%
Green River	5.0%	5.0%	5.1%	4.8%
Lake Cumberland	5.1%	5.0%	4.8%	4.8%
Big Sandy	4.0%	4.0%	4.0%	4.1%
FIVCO	3.0%	2.9%	3.4%	3.4%
Kentucky River	3.0%	3.0%	3.0%	3.0%
Gateway	2.0%	2.0%	1.9%	1.9%
Buffalo Trace	1.0%	1.0%	1.5%	1.3%

Interviewer: \_\_\_\_\_

Length: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone #: \_\_\_\_\_

County: \_\_\_\_\_

MX07047  
Telephone Survey

Hello. This is \_\_\_\_\_ from The Matrix Group, a Kentucky-based market research firm. We're conducting a brief survey of Kentucky residents. We are speaking with residents of all ages and for this call, we would like to speak with the youngest adult living in your household. Would that person be available?

**IF NO**, Then we would like to get your opinions if you have a few minutes?

Are you 18 years of age or older? **IF NO, TERMINATE.**

1. What sources do you look to most often for health information? **DO NOT READ**

- |                        |   |   |                              |   |   |
|------------------------|---|---|------------------------------|---|---|
| Television .....       | Y | 1 | Doctors office.....          | Y | 6 |
| Radio .....            | Y | 2 | Hospital.....                | Y | 7 |
| Internet.....          | Y | 3 | Local Health Department..... | Y | 8 |
| Newspaper .....        | Y | 4 | Family.....                  | Y | 9 |
| Neighbors/friends..... | Y | 5 | Other (Specify)_____         |   |   |

2. Using a scale where 5 is the highest level of confidence and 1 is the lowest level of confidence. How much confidence do you have in the health information you receive from...?

	Extremely Confident				Not At All Confident	Don't Know
	5	4	3	2	1	0
a. State or local health agencies .....	Y	Y	Y	Y	Y	Y
b. Federal agencies .....	Y	Y	Y	Y	Y	Y
c. Hospitals .....	Y	Y	Y	Y	Y	Y
d. Private physician .....	Y	Y	Y	Y	Y	Y
e. Internet .....	Y	Y	Y	Y	Y	Y
f. Other media such as television or newspapers.....	Y	Y	Y	Y	Y	Y

3. Compared with a year ago or so, would you say you are concerned Much More, Somewhat More, Have The Same Level Of Concern, Somewhat Less or Much Less with being prepared for a large-scale emergency?

Much More	Somewhat More	Same Level Of Concern	Somewhat Less	Much Less
5	4	3	2	1
Y	Y	Y	Y	Y

**ASK Q3a**

**ASK Q3b**

3a. Why are you **more** concerned? \_\_\_\_\_

\_\_\_\_\_

3b. Why are you **less** concerned? \_\_\_\_\_

\_\_\_\_\_

4. Now I'd like to read you a list of things some people may be concerned about. When I read each one, please tell me your level of concern, again on a 5 to 1 scale where 5 is Very Concerned and 1 is Not At All Concerned.

	Very Concerned 5	4	3	2	Not At All Concerned 1	Don't Know 0
a. Natural disasters such as tornadoes, earthquakes and floods .....	Y	Y	Y	Y	Y	Y
b. Hazardous chemical spills .....	Y	Y	Y	Y	Y	Y
c. The outbreak of diseases such as Smallpox, SARS and flu epidemics.....	Y	Y	Y	Y	Y	Y
d. Terrorist acts .....	Y	Y	Y	Y	Y	Y

5. If a large-scale emergency such as a natural disaster, chemical spill or terrorist attack were to occur that could put your family in danger, where would you turn first for information?

Television .....	Y	1	Police Department .....	Y	7
Radio .....	Y	2	Fire Department .....	Y	8
Internet .....	Y	3	American Red Cross.....	Y	9
Neighbors/Friends.....	Y	4	Family.....	Y	10
Hospital .....	Y	5	Community Groups/ Organizations .....	Y	11
Local Health Department ...	Y	6			

Other (Specify): \_\_\_\_\_

6. If an outbreak of disease were to occur, putting your family in danger, where would you turn first for information?

Television .....	Y	1	Police Department .....	Y	7
Radio .....	Y	2	Fire Department .....	Y	8
Internet .....	Y	3	American Red Cross.....	Y	9
Neighbors/Friends.....	Y	4	Family.....	Y	10
Hospital .....	Y	5	Community Groups/ Organizations .....	Y	11
Local Health Department ...	Y	6			

Other (Specify): \_\_\_\_\_

7. And if there were a power failure occurring during a large-scale emergency such as a natural disaster, chemical spill or terrorist attack that could put your family in danger, where would you turn first for information?

Television .....	Y	1	Police Department .....	Y	7
Radio .....	Y	2	Fire Department .....	Y	8
Internet .....	Y	3	American Red Cross.....	Y	9
Neighbors/Friends.....	Y	4	Family.....	Y	10
Hospital .....	Y	5	Community Groups/ Organizations .....		

Local Health Department ... Y 6      Organizations ..... Y 11

Other (Specify): \_\_\_\_\_

8. If there were a power failure along with an outbreak of disease, where would you turn first for information?

Television ..... Y 1      Police Department ..... Y 7  
Radio ..... Y 2      Fire Department ..... Y 8  
Internet ..... Y 3      American Red Cross..... Y 9  
Neighbors/Friends..... Y 4      Family ..... Y 10  
Hospital ..... Y 5      Community Groups/  
Local Health Department ... Y 6      Organizations ..... Y 11

Other (Specify): \_\_\_\_\_

9. In the event of an emergency evacuation order being issued in your area, would you rely on **your own resources** to evacuate, or would you rely on **state or local government services** to provide you with adequate shelter or the means to evacuate?

Own resources..... Y 1  
State/Government assistance ..... Y 2  
Both ..... Y 3  
It depends on the situation ..... Y 4  
Not sure ..... Y 5

10. What kinds of actions are you aware of that have been taken in your area or community to prepare citizens for the threat of large-scale disasters or the outbreak of disease: \_\_\_\_\_

11. Do you have a family disaster plan?

Yes..... Y 1 >>>**ASK Q11a, THEN SKIP TO Q12**

No..... Y 2 >>>**SKIP TO Q11b**

11a. What information sources, if any, did you use to create your family disaster plan? **DO NOT READ**

American Red Cross..... Y 1  
FEMA (Federal Emergency Management Agency)..... Y 2  
National Weather Service ..... Y 3  
Local Health Department..... Y 4  
Created my own plan/Personal experience..... Y 5  
No information sources..... Y 6

Other (Specify): \_\_\_\_\_

11b. Is there anything that might motivate you to create a family disaster plan? \_\_\_\_\_

12. Do you have an emergency preparedness/supply kit ready in case it is needed?

Yes..... Y 1 >>>**ASK Q12a, THEN SKIP TO Q13**

No..... Y 2 >>>**SKIP TO Q12b**

12a. Can you describe some of the supplies and materials that are in the kit? **DO NOT READ**

Batteries.....	Y	1	Food/Non-perishable foods/Canned goods.....	Y	8
Battery-powered radio.....	Y	2	Mechanical can opener/Swiss army knife .....	Y	9
Bottled water .....	Y	3	Matches/Candles .....	Y	10
First-Aid kit .....	Y	4	Sanitation materials (toilet paper, soap, etc.).....	Y	11
Non-prescription drugs .....	Y	5	Baby supplies (diapers, formula, bottles, etc.).....	Y	12
Clothing/Bedding.....	Y	6	Flashlight .....	Y	13
Important documents (Birth certificate, Insurance).....	Y	7	Gasoline .....	Y	14

Other (Specify): \_\_\_\_\_  
 \_\_\_\_\_

12b. Is there anything that might motivate you to create an emergency preparedness kit? \_\_\_\_\_  
 \_\_\_\_\_

13. Using a scale where 5 is Very Prepared and 1 is Not At All Prepared, how prepared do you feel you and your family would be for a large-scale...

	Very Prepared 5	4	3	2	Not At All Prepared 1	Don't Know 0
a. Natural disaster.....	Y	Y	Y	Y	Y	Y
b. Hazardous chemical spill.....	Y	Y	Y	Y	Y	Y
c. Outbreak of disease .....	Y	Y	Y	Y	Y	Y
d. Terrorist act.....	Y	Y	Y	Y	Y	Y

14. I'd like to ask you about the accessibility of public health services in your area and by this I mean programs and places that promote and maintain the health of citizens by providing health services and information. Using a scale where 5 is Extremely Accessible and 1 is Not At All Accessible, how accessible do you feel each of the following are in your area...?

	Extremely Accessible 5	4	3	2	Not At All Accessible 1	Don't Know 0
a. State or local health agencies .....	Y	Y	Y	Y	Y	Y
b. Hospitals .....	Y	Y	Y	Y	Y	Y
c. Internet .....	Y	Y	Y	Y	Y	Y
d. Information from media sources such as television, radio or newspapers.....	Y	Y	Y	Y	Y	Y

15. Have you ever contacted your local health department for information or to seek services?

Yes..... Y 1      No..... Y 2

*The following questions are for classification purposes only...*

16. Would you consider your area of residence to be...? **READ LIST**

Rural..... Y 1



Cumberland Valley .....	Y 5	Northern KY .....	Y 13
FIVCO .....	Y 6	Pennyrile.....	Y 14
Gateway .....	Y 7	Purchase.....	Y 15
Green River.....	Y 8		