

Images of safe tourism destinations in the United States held by African Americans

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Abstract: Ensuring a safe destination is an essential factor in travelers' decision-making, as well as a destination's success. Recent crises have threatened perceptions of safety related to tourism. Under such circumstances, negative destination images might be produced and destination choices might be altered. Thus, understanding the effect of risk perceptions on destination image is a necessary research stream. This study examined African American travelers' perceptions of safety related to the top three state tourism destinations in the USA. Factors that influenced perceptions of a safe destination varied among the destinations. Consistently, however, past travel experience and the perception of the likelihood of health-related crisis were significant predictors of perceptions of a safe destination.

Key words: African American, safe destinations, USA, past experience, personal safety, image

1. Introduction

As Maslow (1943) has professed, one cannot move to higher level needs or motives until lower level needs, such as safety and health, are met. In this sense, perceptions of safety are key factors in determining tourists' destination choice (Donaldson & Ferreira, 2009; Sönmez & Graefe, 1998a, b; Sönmez & Sirakaya, 2002). Donaldson and Ferreira (2009) noted that if tourists perceive a destination to be unsafe, they will formulate a negative destination image, which decreases their desire to visit that destination. In addition, there is a spill-over effect, whereby tourists tend to perceive both the affected area and nearby unaffected areas as dangerous (Jonas, Mansfeld, Paz & Potasman, 2011; Lepp

& Gibson, 2003; McKercher & Chon, 2004; Ritichainuwat & Chakraborty, 2009). As a result, tourists tend to avoid traveling to a specific area or entire region because of a perceived threat (Sönmez & Graefe, 1998a).

The United States is a dominant player in the global tourism industry. It is estimated that in the year 2010 domestic and international travelers generated \$1.8 trillion in economic output, which accounted for 2.7% of the gross domestic product (GDP) (US Travel Association, 2011). Each state independently attracts a share of visitors. According to Office of Travel and Tourism Industries (2012), the top three most visited destinations within the United States were New York, Florida, and California. Maintaining one's rank, in terms of arrivals to the state, is

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greatly influenced by destination image (Chon, 1992). The occurrence of a crisis can impact this image, thereby, impacting tourist demand (Chon, 1992).

In particular, public health has emerged as one of the core areas to examine risk (Krewski, Lemyre, Turner, Lee, Dallaire, Bouchard, & Mercier, 2006). Attention to this area has been heightened within the past decade with the occurrence of health-related crises such as bird flu (i.e., H5N1), severe acute respiratory syndrome (i.e., SARS), Methicillin-Resistant *Staphylococcus Aureus* (i.e., MRSA), and Anthrax (Brownstein, 2009). The tourism industry is particularly vulnerable to extreme events such as health-related crises (Jonas et al., 2011; Kozak, Crotts, & Law, 2007; McKercher & Chon, 2004; Ritchie, 2004). For example, the spread of SARS in March 2003 had devastating effects on the tourism industry in Asia (Kozak et al., 2007; McKercher & Chon, 2004). The decline in inbound tourism in Asia (i.e., China, Hong Kong, Singapore, and Vietnam) resulted in a loss of over \$20 billion in GDP and up to three million tourism-related jobs (McKercher & Chon, 2004).

Health-related outbreaks have effects on risk perceptions and, ultimately, their willingness to travel to a specific destination (Jonas et al., 2011; Kozak et al., 2007; Rittichainuwat & Chakraborty, 2009; Slovic & Weber, 2002). Empirical research has suggested that perceptions of risk can be influential in travel-related decision-making; with health-related risk perceptions (e.g. spread of disease, food safety) having an influence on tourists' destination choices (Kozak et al., 2007; Lepp & Gibson, 2003; Rittichainuwat & Chakraborty, 2009). Interestingly, even if a destination is perceived as safe, a sudden occurrence of a health-related crisis (e.g. SARS or bird flu) may result in a change in perceptions of safety and, ultimately, cause tourists to alter their destination choice (Law, 2006; Rittichainuwat & Chakraborty, 2009). Response to a crisis varies across different populations, with those who are risk averse tending to be more affected by certain crises and those who are more risk tolerant tending to be less affected by crises (Schroeder, Pennington-Gray, Kaplanidou, & Zhan, 2013; Sönmez & Graefe, 1998b). In addition, past research has found a relationship between demographic factors such as age (Floyd & Pennington-Gray, 2004) and gender (Kozak et al., 2007; Lepp & Gibson, 2004; Pizam et al., 2004) and risk perceptions.

Race has not generally been a focus of studies related to risk perceptions and tourism behavior. Fothergill, Maestas, and Darlington

(1999) argue that impact of a crisis is not merely related to the event itself, but also determined by the populations' social, cultural and economic conditions. Conditions could include stereotypes based on race and ethnicity which could affect their behaviors. As a result, in the general risk literature, there is an emerging area of research which examines at-risk subpopulations, such as minority groups. Minority groups include African Americans, women, people with disabilities, Hispanics, and people living at or below the poverty level. Understanding how African Americans respond to a crisis grew in importance in the aftermath of Hurricane Katrina in New Orleans (Elliott & Pais, 2006). Due to the crisis impact to this population, scholars and practitioners realized that there was a gap in the literature with regards to perceptions of risk, response to risk, and interpretation of messages surrounding risk.

Thus, a body of literature has emerged around at-risk populations. Unfortunately, perceptions of risk held by African Americans have mainly been related to resident populations. Little is known about African American tourists and their perceptions of risk (Pennington-Gray, Kaplanidou, & Schroeder, 2013) and perceptions of a safe destination.

African American travelers have emerged as a growing market within the travel industry. The African American population currently is made up of 44.2 million people, which equates to 13.6% of the US population (U.S. Census Bureau, 2012). African American travelers generated 172.6 million trips in 2011 and made up approximately one-tenth (9%) of the domestic person-trips in the United States (American Hotel & Lodging Association, n.d.). Travel expenditures accounted for 7% of the total domestic spending in the United States (American Hotel & Lodging Association, n.d.). Due to their increased travel volume and economic contribution, the African American market has been touted as one of the leading markets in the United States (Saunders, n.d.). In fact, the collective buying power of the African American population has been calculated at \$1,038 billion in 2012 with a projected increase of \$1.1 trillion by 2015 (Nielson, 2011). The economic opportunity of the African American market is remarkable.

With regards to the top tourism destinations (i.e., New York, California, Florida), each have already recognized the power of the African American market and have begun including them in their strategic plans. Most recently, the American Hotel & Lodging Association (n.d.) determined that African Americans have collec-

tively generated more than \$70 billion in these three tourism destinations (Humphreys, 2013).

Studies which have examined African Americans and their perceptions of health-related risk have received a tremendous amount of attention in the public health literature, as well as the medical literature. In particular, African Americans perceive higher levels of health-related risks (Quinn, Thomas, & McAllister, 2005). Unfortunately, research examining perceptions of health-related risk associated with travel for this population is scant. One study, however, found that African Americans appear less likely to search and seek out health-related risk information during crisis events (Elliott & Pais, 2006). Given that health-related risks pose the greatest collective threat to all three destinations and there is a strategic focus on the African American market, it is important to understand the role that perceptions of health-related risks play in African American's overall perceptions of safe destinations.

2. Literature review

2.1. Risk Perceptions

Risk is a concept that can be understood through the lens of many disciplines (e.g. health, communications, agriculture, and marketing). It has been defined as “a situation or an event where something of human value (including humans themselves) is at stake and where the outcome is uncertain” (Rosa, 2003, p. 56), the likelihood that “an individual will experience the effect of danger” (Sjöberg, Moen, & Rundmo, 2004, p. 7), or “the probability of an adverse event and the magnitude of its consequences” (Sjöberg et al., 2004, p. 7). Risk is generally categorized in two ways- real risk and perceived risk (Sjöberg, 2002). Real risk can be measured through a series of technological risk assessments, such as identification, quantification, and characterization (Slovic, 1987; Slovic & Weber, 2002). However, it is argued that such a procedure is not effective since risk is “inherently subjective” (Slovic & Weber, 2002, p. 5) and interpretation and reaction to risk may vary with different people and their diverse social and cultural backgrounds (Sjöberg et al., 2004). Thus, perceived risk accounts for the inherently subjective evaluation of an adverse event.

Risk perceptions have become a main focus of research in the past several decades (McComas, 2006; Sjöberg, 2002; Slovic & Weber, 2002). From a micro perspective, it is important to understand risk perceptions because risk is

seen as a mechanism that “human beings have invented to help them understand and cope with the dangers and uncertainties of life” (Slovic & Weber, 2002, p. 5). Further, risk perceptions act as one of the dominant factors in individuals' decision-making and future behaviors (Sjöberg et al., 2004; Slovic & Weber, 2002). From a macro perspective, understanding risk perceptions must be reflected in public response and reactions towards crises and must serve as a reference for policy makers (McComas, 2006; Peterson, 1997).

2.2. Traveler's Risk Perceptions

Within the context of tourism, risk has been defined as “what is perceived and experienced by the tourists during the process of purchasing and consuming traveling services and at the destination” (Tsaur, Tzeng, & Wang 1997, p. 788-799). Travelers' risk perceptions is a concept that is constituted of multiple dimensions and different types of risks could be identified (Floyd, Gibson, Pennington-Gray, & Thapa, 2004; Roehl & Fesenmaier, 1992; Sönmez & Graefe, 1998b). For example, Roehl and Fesenmaier (1992) first proposed seven types of risks in a tourism setting, namely, equipment, financial, physical, psychological, satisfaction, social, and time risk. Based on that, Sönmez and Graefe (1998b) added another three types of risks: health, terrorism, and political instability risk.

2.3. Perceptions of Health Risk in Destination

The impact of a health-related outbreak on a tourism destination can have crippling effects on the entire destination, ranging from economic impacts to image issues to overall destination competitiveness (Kuo, Chen, Tseng, Ju, & Huang, 2008; Page, Yeoman, Munro, Connell, & Walker, 2006). As noted by Richter (2003), public health is an important issue for the travel and tourism industry, particularly due to the rapid growth in international travel and continuous globalization. During the SARS outbreak of 2003, it was observed that Taiwan's tourism arrivals declined 71.54% over the same period the year prior (Mao, Ding, & Lee, 2010). For destinations dependent on tourism, health-related crises can have devastating impacts on the industry. Interestingly, domestic tourism tends to recover faster in the aftermath of a crisis and, thus, can play an important role in recovery. For example, Mao et al. (2010) pointed out that immediately after Taiwan was removed

from the SARS-affected area list, inbound tourism gradually recovered and contributed to the tourism industry. Henderson (2004) found that Singapore's government refocused its' efforts on the domestic tourism market following damages brought on by the SARS crisis.

From an individual perspective, perceptions of risk, especially health-related risk perceptions, have been regarded as important factors that determine travel decisions (Kozak et al., 2007; Law, 2006; Rittichainuwat & Chakraborty, 2009). The outbreak of a health-related crisis can shape individuals' risk perceptions related to a destination, as well as change their destination choice (Page et al., 2006; Rittichainuwat & Chakraborty, 2009; Slovic & Weber, 2002). Kozak et al. (2007) found that the perceived risk of infectious disease was a significant factor leading to changes in travel plans. While Law (2006) found that tourists were more likely to visit destinations where it was perceived that there was no risk related to infectious disease. Rittichainuwat and Chakraborty (2009) found that the perceived risk of disease was one of the main obstacles that impeded international tourists' likelihood to visit Thailand.

2.4. The Influence of Demographics on Risk Perceptions

Previous studies have examined the relationships between risk perceptions and a number of variables, such as past experience (Lepp & Gibson, 2003; Weinstein, 1987), gender (Carr, 2001; Kozak et al., 2007; Matyas et al., 2011), age (Floyd & Pennington-Gray, 2004), and income (Floyd & Pennington-Gray, 2004). Risk perceptions have been found to be influenced by age (Floyd & Pennington-Gray, 2004; Gibson & Yiannakis, 2002). In addition, most literature has found females are more risk averse than males (Lepp & Gibson, 2003; Matyas et al., 2011; Pizam et al., 2004), although some studies have determined the opposite (Carr, 2001). However, research suggests that demographics alone are not significant predictors of risk perceptions (Sönmez & Graefe, 1998a).

Race is one dynamic trait which has been underexplored. Understanding the role of race in the risk process is complex. Blumer (1966) and Crotty (1998) argue that individuals imbue things with different meanings according to his or her background, beliefs, perspectives, interests, expectations, and desires. Goffman (1974) also suggests that an individual's daily situation consists of a series of frames rooted in their prior experiences, knowledge, and cultural background. There has been little systematic examination of the

relationship between race and the social context of risk perceptions (Lindell & Hwang, 2008). It has been suggested that one of the reasons for the lack of attention to race and risk-related research is that researchers typically conceptualize race in terms of demographic variables; they often treat such variables categorically as independent variables to assess differences between groups (Cooper & Denner, 1998).

However, in the general risk literature, research has found that African Americans are less likely to accept a risk or warning message as credible without confirming the message from peers (Fothergill et al., 1999; Lindell & Perry, 2004). Additional research on race indicates that African Americans often maintain a high level of distrust of mainstream institutions and are more likely to turn to peers than those institutions (e.g. government) (Quinn et al., 2005). Moreover, a study on African Americans travelers' use of social media in times of crisis has led research in the area of crisis during travel and risk perceptions (Pennington-Gray et al., 2013). Research found that use of social media in everyday life was not a significant predictor of potential use of social media to receive information during a crisis for African American travelers (Pennington-Gray et al., 2013). Unfortunately, there is a scant body of literature related to African Americans' perceptions of safe destinations, particularly the role that potential health-related crises may play in the image of a safe destination.

2.5. The Influence of Past Experience on Risk Perceptions

Mazursky (1989) postulated that the nature of past travel experience, in addition to the extent of experience, can affect travel behaviors in the future. Sönmez and Graefe (1998a) suggested that, despite the level of past travel experience, experiencing or observing terrorist activity can have a greater effect on future travel behaviors. While those who had visited a destination in the past were likely to indicate that they would visit the destination in the future, rather than staying away because of the risk. Experienced tourists are less likely to change travel plans because of perceived fears (Floyd et al., 2004; Milman & Pizam, 1995; Sönmez & Graefe, 1998a, b).

2.6. Image of a Safe Destination

Studies have investigated the relationship between risk perceptions and travel intentions (Floyd et al., 2004; Kozak et al., 2007; Sönmez & Graefe, 1998b). It has been found that tourists are more likely to choose safe destinations (Jonas et al., 2011; Kozak et al., 2007;

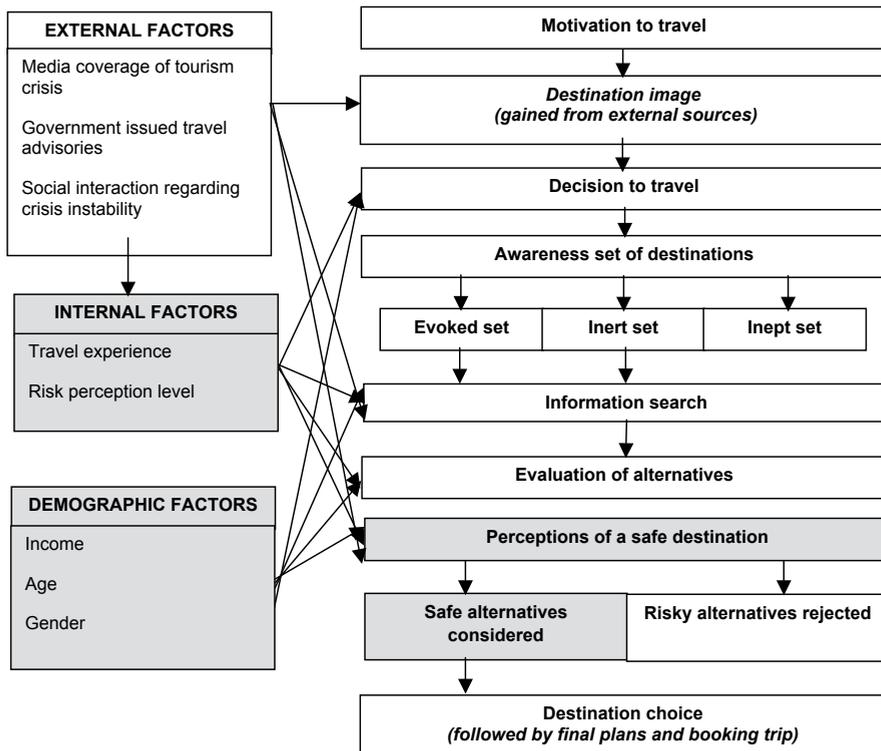
Rittichainuwat & Chakraborty, 2009; Sönmez & Graefe, 1998a, b). Moreover, tourists are willing to change their travel plans in order to avoid unsafe destinations (Floyd et al., 2004; Kozak et al., 2007; Law, 2006; Sönmez & Graefe, 1998a). Besides general risk perceptions, it is noted that specific risk perceptions, such as health-related risk perceptions, have a greater impact on decision-making (Dolnicar, 2005). For instance, Cossens and Gins (1995) found that tourists who are aware of HIV infection in a specific destination are more likely to avoid traveling to places where the number of AIDS cases is greater.

2.7. Conceptual Framework

Sönmez and Graefe’s (1998a, b) Model of International Tourism Decision-Making Process was adopted as the conceptual framework for this research. This model, which was rooted in Information Integration Theory (IIT) and Protection Motivation Theory (PMT), proposes that

there are a number of factors which influence tourists’ decisions from the motivation to travel to destination choice to actual travel (Sönmez & Graefe, 1998a). Relevant to this study, tourists’ evaluation of the safety of a destination may be influenced by factors such as past travel experience, perceptions of risk, and several demographic factors (Sönmez & Graefe, 1998a). Importantly, a destination which is perceived to be risky after an evaluation of destinations may be substituted with a destination alternative which is perceived to be safer (Sönmez & Graefe, 1998a). Thus, perceptions of a safe destination can be influenced by various factors. Furthermore, perceptions of a safe destination can influence destination choice, which can have implications for visitation to a destination. Sönmez and Graefe’s (1998a) model has been adapted and utilized as the conceptual framework for this study to better understand the factors that may influence perceptions of a safe destination among African American travelers (Figure 1).

Figure 1. Conceptual framework: Model of tourism decision-making process (adapted from Sönmez & Graefe, 1998a)



Based on the main purpose of this study and the conceptual framework, four research questions guided this study:

1. What is the relationship between demographics (age, gender, income) and perceptions of a safe destination among African American travelers?
2. What is the relationship between past travel experience to the destination and perceptions of a safe destination among African American travelers?
3. What is the relationship between the influence of perceptions of safety on the likelihood to travel and perceptions of a safe destination among African American travelers?
4. What is the relationship between the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip and perceptions of a safe destination among African American travelers, when controlling for the effects of demographics, past travel experience to the destination, and the influence of perceptions of safety on the likelihood to travel?

Furthermore, the hypothesized model which represents the four research questions is presented in Figure 2.

3. Methodology

3.1. Data Collection

The data for this study was collected as part of a larger study conducted by a private tourism research company in Washington, D.C. A large institution in the southern USA worked with the private firm to formulate

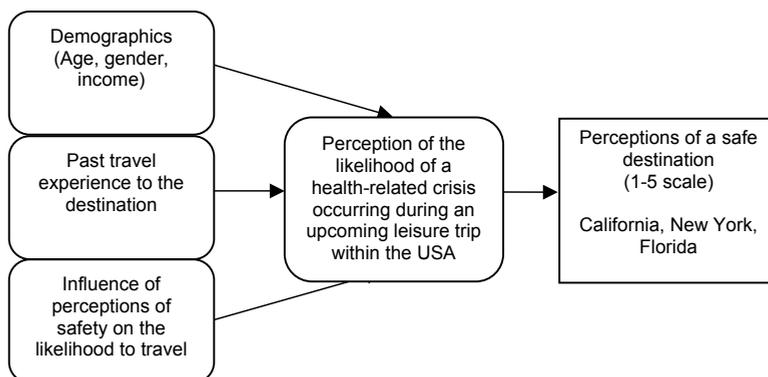
three questions related to crisis and travel. The larger study was conducted among 1018 African American residents of the USA who traveled for leisure in the past 12 months. The data was collected online using an existing ongoing domestic leisure travel panel ("*Travel Answer*" Domestic Leisure Panel) managed by a national marketing research company in December 2010. To qualify for the survey, respondents must have taken at least one trip in the past 12 months for pleasure, vacation, or personal purposes within the United States that was 50+ miles away from home one-way OR where the traveler spent at least one overnight and have shared or have sole responsibility for travel planning. The overall response rate was 4.5%. The sampling error for the total sample size of 1018 was +/- 3.03 percentage points at the 95% confidence level. The sample for the survey was weighted by age, gender, geographical region, race, and ethnicity according to the latest population parameters reported by the U.S. Census Bureau.

The following definitions were used in the larger study:

African American: A person having origins in any of the Black racial groups of Africa. It includes people who indicate their race as "Black, African Am., or Negro," or provide written entries such as African American, Afro American, Kenyan, Nigerian, or Haitian. (Source: U.S. Census Bureau).

African American Travelers: Those who have taken at least one trip in the past 12 months for pleasure, vacation, or personal purposes within the United States that was 50+ miles away from home one-way OR where the traveler spent at least one overnight and has shared or has had sole responsibility for travel planning.

Figure 2. Hypothesized model representing the four research questions



3.2. Operationalization of Variables

The dependent variable *perceptions of a safe destination* was measured by asking respondents "Please rate the states below according to your perception of how safe you feel traveling within the following states, using a 5 point scale, where 1= very safe, 2= safe, 3= neither safe/nor risky, 4= risky, and 5= very risky." According to Office of Travel and Tourism Industries (2012), the top three travel destinations in the USA are New York, California, and Florida. These three state destinations were chosen for analysis purposes to gain a better understanding of perceptions of safety related to the top travel destinations in the USA.

There were five independent variables and one mediating variable in this study. Age, gender, and annual household income were the demographic variables examined. First, *age* was a continuous variable. Second, *gender* was coded as 0: female and 1: male. Third, *annual household income* was a categorical variable and was, therefore, recorded into three dummy variables (under \$34,999; \$35,000-74,999; and over \$75,000) for analysis purposes. The dummy variable under \$34,999 served as the reference group. Fourth, *past travel experience to the destination* was measured as a dichotomous variable, asking respondents "Thinking about your most recent trip, what state(s) did you visit?" Responses were coded as 0: no and 1: yes. Past experience traveling to the top three destinations in the USA, namely New York, California, and Florida, was considered. Fifth, *influence of perceptions of safety on the likelihood to travel* was measured using the statement: "Personal safety/general safety concerns: which of the following has an impact on your taking a leisure trip in the upcoming 12 months?" Responses were coded as 0: no and 1: yes. Lastly, the *perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip*, the mediating variable, was measured as "Disease (e.g. SARS): Using a scale of 1 to 5, where 1= very unlikely, 3= neutral, and 5= very likely, please think about your next or upcoming leisure trip within the United States and rate your perception of the likelihood that the following crisis will occur during your trip."

3.3. Profile of Respondents

Examination of the demographic profile of the respondents revealed that the respondents were more likely to be females (59.3%) and the largest percentage of respondents (38.5%) were between the ages of 51-65 years old, followed by those between the ages of 41-50 years old (22.2%). Additionally, a majority of the respondents were either married (38.6%) or single, never married (28.2%). Respondents were fairly well educated, with approximately 1 in 2 having an Associate's

degree (12.5%), Bachelor's degree (24.5%), or graduate or professional degree (11.2%). Approximately half of the respondents were also considered to be members of the lower middle class, with 20.7% having an annual household income of between \$35,000 and \$49,999 and 24.3% having an annual household income of between \$50,000 and \$74,999. Additionally, approximately 2 out of 5 respondents were employed full time (43.5%).

Table 1. Frequency of demographic variables among African American travelers

Variable	Frequency	Valid %
Age		
18-30	157	15.4
31-40	178	17.5
41-50	226	22.2
51-65	392	38.5
66+	64	6.3
Gender		
Male	414	40.7
Female	604	59.3
Annual household income		
Less than \$10,000	46	4.8
\$10,000-14,999	35	3.6
\$15,000-24,999	99	10.2
\$25,000-34,999	142	14.7
\$35,000-49,999	200	20.7
\$50,000-74,999	235	24.3
\$75,000-99,999	116	12.0
\$100,000-149,999	56	5.8
\$150,000-199,999	21	2.2
\$200,000 or more	16	1.7
Employment status		
Employed full-time	441	43.5
Employed part-time	97	9.6
Full-time homemaker	43	4.2
Full-time student	45	4.4
Self-employed	77	7.6
Retired	183	18.0
Unemployed	105	10.4
Other	23	2.3
Marital status		
Single, never married	285	28.2
Living with significant other	107	10.6
Married	391	38.6
Divorced/separated	181	17.9
Widowed	48	4.7
Education level		
Less than 9th grade	2	.2
9th to 12th grade, no diploma	20	2.0
High school graduate or GED	138	13.6
Some college, no degree	365	36.0
Associate's degree	127	12.5
Bachelor's degree	249	24.5
Graduate or professional degree	114	11.2

Table 2. Frequency of travel variables among African American travelers

Variable	Frequency	Mean	Standard Deviation
Please rate the states below according to your perception of how safe you feel traveling within the following states, using a 5 point Likert scale, where 1= very safe, 3= neither safe/nor risky, and 5=very risky.			
New York	964	3.03	1.19
California	941	2.62	1.09
Florida	960	2.47	1.03
Thinking about your most recent trip, what state(s) did you visit?		Valid %	
New York	113	11.1	
California	119	11.7	
Florida	170	16.7	
Which of the following has an impact on your taking a leisure trip in the upcoming 12 months?		Valid %	
Personal safety/general safety concerns	112	11.0	
Using a scale of 1-5, where 1= very unlikely, 3= neutral, and 5= very likely, please think about your next or upcoming leisure trip within the United States and rate your perception of the likelihood that the following crisis may occur during your trip.			
Health-related (e.g. SARS)	1018	2.26	1.11

Upon examination of the respondents' perceptions of safety associated with the top state destinations in the USA, it was revealed that New York was perceived to be the riskiest ($\mu = 3.03$) and Florida was perceived to be the safest ($\mu = 2.47$) of the three (Table 2). Further, 11.0% of the respondents indicated that personal safety and general safety concerns has an impact on their likelihood to take a leisure trip within the next year. Respondents were most likely to have visited the state of Florida within the past year (16.7%), followed by California (11.7%) and New York (11.1%). Overall, on a scale of 1-5, respondents indicated that a health-related crisis (e.g. SARS) was not likely to occur during an upcoming leisure trip within the USA ($\mu = 2.26$).

3.4. Data Analysis

Linear regression was utilized to analyze the four research questions. More specifically, hierarchical multiple regression was used because it allowed for the control of the effects of demographics, past travel experience to the destination, and the influence of perceptions of safety on the likelihood to travel when examining the relationship between the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip and perceptions of a safe destination for each of the top three state tourism destinations. The first step of the hierarchical regression included demographics (age, annual household income, and gender), past travel experience to the destination, and

the influence of perceptions of safety on the likelihood to travel. The second step added the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip. Three hierarchical regressions were run to examine the factors that influence perceptions of a safe destination for New York, California, and Florida among African American travelers. The results were evaluated through observation of the significant path coefficients and significant model changes (ΔR^2). Preliminary analysis checked for issues with multicollinearity. Review of the indicators (VIF and tolerance) did not reveal multicollinearity among the independent variables (Hair, Anderson, Tatham, & Black, 1998).

4. Results

4.1. Perceptions of New York as a Safe Destination

Results indicated that for each of the three destinations, the predictor variables of perceptions of a safe destination differed. Interestingly, in regards to perceptions of New York as a safe destination, only two variables were significant predictors (Table 3). In the first step, only past experience traveling to New York in the past 12 months ($\beta = -.126$, $p < .001$) was related to perceptions of New York as a safe destination. Those African Americans who had traveled to New York in the past year were more likely to perceive the destination to be safe. The first step accounted for 1.7% variance in perceptions

Table 3. Results of regression analysis testing the effects of demographics, past travel experience, perceptions of personal safety, and perception of the likelihood of a health-related crisis occurring during travel on perceptions of New York as a safe destination

Variable	B	SE	\square
Step 1			
(Constant)	3.261	.158	-.028
Age	-.003	.003	-.020
Gender	-.048	.080	-.013
Dummy variable income \$35,000-74,999	-.031	.090	-.063
Dummy variable income over \$75,000	-.183	.109	-.126**
Past travel experience to New York	-.474	.124	.044
Influence of perceptions of safety on the likelihood to travel	.168	.125	
Step 2			
(Constant)	2.976	.176	
Age	-.003	.003	-.033
Gender	-.055	.079	-.023
Dummy variable income \$35,000-74,999	-.014	.090	-.006
Dummy variable income over \$75,000	-.130	.109	-.045
Past travel experience to New York	-.466	.124	-.124**
Influence of perceptions of safety on the likelihood to travel	.167	.124	.044
Perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip	.129	.036	.119**

*p < .05, ** p < .01

Note: adjusted R² = .017 for step 1, p < .01; Δ R² = .013 for step 2, p < .001

of New York as a safe destination (adjusted R² = .017). When the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip was added to the model, both past experience traveling to New York ($\beta = -.124$, p < .001) and the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip ($\beta = .119$, p < .001) were significantly related to perceptions of New York as a safe destination. In the second step, when controlling for all of the independent variables in the first step, those African American travelers who perceived that a health-related crisis was likely to occur during an upcoming leisure trip within the USA perceived New York to be a riskier destination. The addition of the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip added 1.3% to the overall variance explained by the model (Δ R² = .013, p < .001). The final model accounted for 2.9% of the variance in the perception of New York as a safe destination (adjusted R² = .029).

4.2. Perceptions of California as a Safe Destination

Five variables were significant predictors of perceptions of California as a safe destination (Table 4). In the first step, age ($\beta = -.090$, p < .01), annual household income of over \$75,000 ($\beta = -.115$, p < .01), past experience traveling to

California in the past 12 months ($\beta = -.153$, p < .001), and the influence of perceptions of safety on the likelihood to travel ($\beta = .089$, p < .01) were predictors of perceptions of California as a safe destination. Therefore, those African American travelers who were older, had a higher income, and those who had traveled to California in the past year were more likely to perceive California to be a safer destination. On the other hand, African Americans who indicated that concerns for personal and general safety had an impact on their likelihood to take a leisure trip in the upcoming 12 months perceived California to be a riskier destination. The first step accounted for 4.4% variance in perceptions of California as a safe destination (adjusted R² = .044). When the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip was added to the model, age ($\beta = -.097$, p < .01), annual household income of over \$75,000 ($\beta = -.086$, p < .05), past experience traveling to California in the past 12 months ($\beta = -.162$, p < .001), the influence of perceptions of safety on the likelihood to travel ($\beta = .088$, p < .01), and the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip ($\beta = .185$, p < .001) were predictors of perceptions of California as a safe destination. When controlling for all of the independent variables in the first step, the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip had

Table 4. Results of regression analysis testing the effects of demographics, past travel experience, perceptions of personal safety, and perception of the likelihood of a health-related crisis occurring during travel on perceptions of California as a safe destination

Variable	B	SE	B
Step 1			
(Constant)	3.125	.144	
Age	-.008	.003	-.090**
Gender	.023	.072	.011
Dummy variable income \$35,000-74,999	-.156	.082	-.071
Dummy variable income over \$75,000	-.302	.099	-.115**
Past travel experience to California	-.501	.108	-.153**
Influence of perceptions of safety on the likelihood to travel	.309	.114	.089**
Step 2			
(Constant)	2.721	.159	
Age	-.008	.003	-.097**
Gender	.014	.071	.007
Dummy variable income \$35,000-74,999	-.131	.081	-.060
Dummy variable income over \$75,000	-.226	.098	-.086*
Past travel experience to California	-.531	.106	-.162**
Influence of perceptions of safety on the likelihood to travel	.304	.112	.088**
Perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip	.183	.032	.185**

* $p < .05$, ** $p < .01$

Note: adjusted $R^2 = .044$ for step 1, $p < .01$; $\Delta R^2 = .033$ for step 2, $p < .001$

a positive relationship with perceptions of California as a safe destination. This suggests that those African American travelers who perceived that a health-related crisis was likely to occur during an upcoming leisure trip within the USA perceived California to be a riskier destination. The addition of the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip added 3.3% to the overall variance explained by the model ($\Delta R^2 = .033$, $p < .001$). The final model accounted for 7.7% of the variance in the perception of California as a safe destination (adjusted $R^2 = .077$).

4.3. Perceptions of Florida as a Safe Destination

Finally, five variables were significant predictors of perceptions of Florida as a safe destination (Table 5). In the first step, annual household income of \$35,000-74,999 ($\beta = -.089$, $p < .05$), annual household income of over \$75,000 ($\beta = -.137$, $p < .01$), past experience traveling to Florida in the past 12 months ($\beta = -.146$, $p < .001$), and the influence of perceptions of safety on the likelihood to travel ($\beta = .126$, $p < .001$) were predictors of perceptions of Florida as a safe destination. Thus, those African American travelers who had an annual household income of \$35,000-74,999 and over \$75,000, as well as those who had traveled to Florida in the past year were more likely

to perceive Florida to be a safer destination. Alternatively, African American travelers who indicated that concerns for personal and general safety had an influence on their likelihood to take a leisure trip in the upcoming 12 months perceived Florida to be a riskier destination. The first step accounted for 5.0% variance in perceptions of Florida as a safe destination (adjusted $R^2 = .050$). When the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip was added to the model, annual household income of \$35,000-74,999 ($\beta = -.075$, $p < .05$), annual household income of over \$75,000 ($\beta = -.108$, $p < .015$), past experience traveling to Florida in the past 12 months ($\beta = -.139$, $p < .001$), the influence of perceptions of safety on the likelihood to travel ($\beta = .126$, $p < .001$), and the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip ($\beta = .197$, $p < .001$) were predictors of perceptions of Florida as a safe destination. When controlling for all of the independent variables in the first step, the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip had a positive relationship with perceptions of Florida as a safe destination. Therefore, those African American travelers who perceived that a health-related crisis was likely to occur during an upcoming leisure trip within the USA perceived Florida to be a riskier destination. The addition of the perception of the likelihood of a

Table 5. Results of regression analysis testing the effects of demographics, past travel experience, perceptions of personal safety, and perception of the likelihood of a health-related crisis occurring during travel on perceptions of Florida as a safe destination

Variable	B	SE	□
Step 1			
(Constant)	2.537	.134	
Age	.003	.003	.034
Gender	-.041	.068	-.020
Dummy variable income \$35,000-74,999	-.184	.077	-.089*
Dummy variable income over \$75,000	-.341	.093	-.137**
Past travel experience to Florida	-.398	.089	-.146**
Influence of perceptions of safety on the likelihood to travel	.423	.108	.126**
Step 2			
(Constant)	2.112	.149	
Age	.002	.003	.028
Gender	-.047	.066	-.022
Dummy variable income \$35,000-74,999	-.154	.076	-.075*
Dummy variable income over \$75,000	-.269	.092	-.108**
Past travel experience to Florida	-.379	.087	-.139**
Influence of perceptions of safety on the likelihood to travel	.420	.106	.126**
Perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip	.184	.030	.197**

*p<.05, ** p<.01

Note: adjusted R²= .050 for step 1, p<.01, ΔR²= .038 for step 2, p<.01

health-related crisis occurring during an upcoming leisure trip added 3.8% to the overall variance explained by the model (ΔR²= .038, p < .001). The final model accounted for 8.7% of the variance in the perception of Florida as a safe destination (adjusted R²= .087).

5. Discussion

This study examined African American travelers' perceptions of a safe destination for New York, California, and Florida. Three sets of independent variables (demographics, past travel experience to the destination, the influence of perceptions of safety on the likelihood to travel) and one mediating variable (the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip) were examined as potential predictors of perceptions of a safe destination. The significant predictors varied for each of the three destinations.

Interestingly, all three destinations exhibited different final models of predictors of perceptions of a safe destination. For New York, the fewest number of indicators (past experience with New York and the perception of the likelihood of a health-related crisis occurring) were predictors of perceptions of a safe destination. For Florida, five variables were predictors of perceptions of a safe destination (middle income, high income, past travel experience with Florida, perceptions

of safety, and perception of the likelihood of a health-related crisis occurring). Finally, California had five predictors of perceptions of a safe destination (age, high income, past travel experience with California, perceptions of safety, and perception of the likelihood of a health-related crisis occurring). Interestingly, two variables were consistent in the final three safe destination models- past travel experience and the perception of the likelihood of a health-related crisis occurring while on a trip.

Consistently, the results revealed that past travel experience to the destination was significantly related to African American travelers' perceptions of a safe destination for all three states. African Americans who had traveled to the destination within the past year perceived the destination to be safer. Therefore, this finding supports the notion that positive past experience can help to lessen the perceived risks of visiting the destination (Sönmez & Graefe, 1998a). A possible explanation is that past travel experience to a destination can foster a sense of familiarity, which may lead to a positive destination image and lower destination-specific risk perceptions (Milman & Pizam, 1995). Research also shows that a positive destination image established based on past travel experience could enhance tourists' memory of the trips, increase their satisfaction, and strengthen their intention to revisit in the future (Kim & Brown, 2012).

Additionally, for all three destinations, the perception of the likelihood of a health-related crisis occurring during an upcoming leisure trip was significantly related to African American travelers' perceptions of a safe destination. African American travelers who perceived that a health-related crisis was likely to occur during an upcoming leisure trip within the USA perceived the destination to be riskier. This is consistent with the previous claims that African American travelers, who can be depicted as a specific at-risk population, are sensitive about health-related crises (Quinn, Thomas, & McAllister, 2005). They also normally perceived higher-level risks towards health hazards than other populations (Palmer, 2003). The findings also imply that outbreaks of health-related hazards might have a particular impact on the risk perceptions of African American travelers and such perceived constraints might impede their travel intentions in the future.

Further, the results revealed that African American travelers who expressed that concerns for personal and general safety had an impact on their likelihood to take a leisure trip in the upcoming 12 months perceived both California and Florida to be a riskier destination. This finding suggests that concerns for safety can contribute to the evaluation of perceptions of safety at a destination. Earlier research has found that personal safety was one of the main concerns for tourists' evaluation of destinations (Sönmez & Graefe, 1998a). As a protective behavior, tourists are more likely to avoid destinations if they have greater concerns for safety (Sönmez & Graefe, 1998b). Reisinger and Mavondo (2005) also found that tourists' perceptions of safety were affected by perceptions of health, as well as terrorism, financial, and sociocultural risks. However, it is noticed that tourists' perceptions of health risks are more complicated and comprehensive and they are more likely to perceive themselves to be at-risk when it comes to health-related crises (Jonas et al., 2010).

In regards to the demographic factors, while African Americans with an annual household income of over \$75,000 perceived both California and Florida to be a safer destination, those with an annual household income of \$35,000-74,999 perceived Florida to be a safer destination. The positive relationship between income and perceptions of California and Florida as safe destinations may be correlated with overall past travel experience. Since we measured past experience as travel to the destination in the last year, we may speculate that higher income earners travel more often in general and, thus, their percep-

tions of safe destinations are mediated by the extent of their overall past travel experience. To support, the extent of past travel experience adds to travel self-confidence (Pearce, 1988) and, thus, lower perceptions of risk. Furthermore, increased past travel experience among higher income earners may lead to greater knowledge of the destination and can also mitigate negative risk perceptions. Past experience may lead to a greater perception of controllability of risk, as well (Dosman, Adamowicz, & Hurdey, 2001, Krewski et al., 2006). Furthermore, there was a positive relationship between age and perceptions of Florida as a safe destination. Again, this relationship may be mediated by overall past travel experience. Additionally, Florida is a popular state for retirees and, therefore, those who are approaching the age of retirement may perceive the state to be a safer destination.

With respect to overall perceptions of a safe destination, it was revealed that among the top three state tourism destinations in the USA, Florida was perceived to be the safest. It is interesting to note that Florida was in the process of recovering from a major disaster, the Deepwater Horizon Oil Spill in the Gulf of Mexico, at the time of data collection. The crisis, which had environmental and health consequences, received extensive media coverage from April 20 to after the leak was capped on September 16, 2010. Given the geographic location of Florida, media coverage frequently mentioned the state, as well as impacts on tourism in the state. Perhaps the fact that Florida was still perceived to be the safest destination despite the Deepwater Horizon Oil Spill crisis can at least partially be attributed to VISIT FLORIDA®'s crisis communication efforts (Pennington-Gray, London, Cahyanto, & Klages, 2011). Research conducted throughout different phases of the oil spill found that few potential tourists indicated they would alter their plans to come to Florida or avoid visiting the state as a result of the crisis (Pennington-Gray et al., 2011). Another possible reason accounting for this could be the fact that large portions of the respondents have visited Florida in the past. As discussed earlier, past travel experience to Florida may help these tourists establish a positive destination image and exposure to the media may have enhanced their perceived control over making a decision because of access to information about the destination.

New York, on the other hand, was perceived to be the riskiest destination. Intriguingly, despite being the top tourism destination in the USA, the lowest percentage of respondents had

traveled to New York in the past year. Compared to Florida, New York had the fewest number of past visitors to the state and, therefore, may have had the least amount of knowledge about the destination. The perceived image of New York might have resulted from respondents' limited recent visiting experience. In this case, their destination image towards New York might be constructed using information from other external sources, such as personal and social communication, news reports, and media converge (Gartner, 1994; Sönmez & Sirakaya, 2002). The ambiguity and uncertainty of the information might increase travelers' risk perceptions and, therefore, damage the perceived destination image of New York. Furthermore, we hypothesize that when thinking of New York, the respondents may use Manhattan (New York City) as the surrogate for New York State. Thus, there may be a spillover effect; whereby individuals' risk perceptions associated with the State may be based on their risk perceptions associated with the densely-populated urban destination of Manhattan. In fact, the scientific literature on risk addresses health risks and urban settings and profiles a wide range of increased possible health risks in public settings from bioterrorism to toxic chemicals to infectious diseases (Covello, Peters, Wojtecki, & Hyde, 2001). Predominantly, urban destinations are associated with crime issues and Demos (1992) demonstrated the relationship between decreasing inbound tourist arrivals and an increasing crime rate in the urban destination of Washington, D.C. Similarly, Manhattan, as an urban destination, might also suffer from such a distorted destination image, which may increase travelers' perceived risk and result in the replacement of New York with another safer destination.

6. Conclusion

Ensuring a safe destination is not only one of the essential factors in motivating tourists to choose a destination, but it is also key to the success of the tourism industry. If a destination is perceived to be risky, it is more likely that the destination will be avoided and substituted with a destination that is perceived to be safer (Sönmez & Graefe, 1998a, b). Therefore, destinations that are perceived to be risky may experience devastating decreases in tourism arrivals (Reisinger & Mavondo, 2005). In light of this, establishing and maintaining a safe destination image has emerged as an important

task for both DMOs and travel marketers. Yet, they need to understand how tourists perceive the destination in terms of safety concerns and factors that could influence tourists' perceptions of safe destinations.

As demonstrated by previous literature, the formation of a destination image is a complicated process and it is influenced by a variety of factors (e.g. previous experience, traveler's characteristics, attributes of the destinations) (Baloglou & McCleary, 1999; Crompton, 1979; Sönmez & Sirakaya, 2002). The current study has examined tourists' perceived destination image under the specific theme of risk and attempted to explore the main drivers of these perceptions. Interestingly, the importance of past travel experience has been featured in the findings. Generally speaking, African American tourists are more concerned with health hazards (Palmer, 2003) and the outbreaks of health-related crises. However, the findings illustrate that respondents who have visited a destination before tend to perceive the destination as safer. This finding is in line with previous findings (Floyd et al., 2004; Sönmez & Graefe, 1998a, b) and implies that past travel experience may moderate the influence of destination risk perceptions. Thus, as possible actions, tourism marketers could target frequent travelers as a preferred market when they are recovering from a health crisis. Given that this segment is more risk tolerant (Kozak et al., 2007), they may be more likely to come back sooner.

Another valuable finding is the necessity of effective communication plans for a destination. Previous research has demonstrated that personal and social communications are basic channels for tourists to gather information and cultivate a destination image (Fakeye & Crompton, 1991). However, the content and credibility of information varies by different markets, therefore, messages must be altered to target different markets and provide different messages (Schroeder, Pennington-Gray, Donohoe, & Kioussis, 2013). Overall, the predictors in this study accounted for a small percentage of the variance in perceptions of a safe destination. Therefore, future research needs to examine other factors which may influence African American travelers' perceptions of a safe destination. For instance, Sönmez and Graefe (1998a) suggest that information gained from external sources, such as the media or government issued travel advisories, has an influence on the tourism decision-making process. Thus, it is suggested that future research explore the influence of both traditional and social media on destination-specific

perceptions of safety. Further, a tourist's career ladder (Ryan, 1998) may provide better insight into the understanding of tourists' perceptions of a safe destination. As a tourist garners more travel experience over their lifetime, they may become more confident and, therefore, more risk tolerant. This, in turn, may lead to a decreased influence of risk perceptions on travel choice and behavior.

This study focused on perceptions of safety for the top three destinations within the USA. Future research should examine not only the actual destination but the "type" of destination. For example, do African Americans perceive greater health risks associated with beach destinations or urban destinations? Given that this cognitive image may be shaped by information obtained from personal and social communications (Sönmez & Sirakaya, 2002), it is recommended that future studies take into account varying types of destination. In addition, this study examined three destinations within the USA. How do African Americans' perceive health risk and safety in destinations in Asia or Africa or South America? Past studies have found that Africa is associated with high perceptions of infectious disease-related risk, while China is associated with high perceptions of political and health-related risk, and North America was associated with high perceptions of terrorism risk (Sönmez & Graefe, 1998a). Is this similar for an African American population?

Lastly, this study focused on a sample of African American travelers. The predictors of perceptions of a safe destination should be explored for additional subpopulations of tourists (e.g. Hispanics), as not all tourists are similar in their travel-related perceptions and behaviors (Schroeder et al., 2013). Provided that this study served as one of the first to empirically examine the predictors of perceptions of a safe destination, there is an apparent need for future research to explore this area further.

References

- American & Lodging Association (n.d.). *The power and opportunity of the multicultural market*. Retrieved from http://www.ahla.com/uploadedFiles/AHLA/Programs_and_Initiatives/Diversity/Know_the_Facts/Top%20Markets.pdf
- Baloglu, S., & McCleary, K. W. 1999 "A model of destination image formation". *Annals of Tourism Research*, 26(4): 868-897.
- Blumer, H. 1966 "Sociological implications of the thought of George Herbert Mead". *The American Journal of Sociology*, 71(5): 535-544.
- Brownstein, J. 2009, December 07. *The top 10 health scares of the decade*. ABC News. Retrieved from <http://abcnews.go.com/Health/Decade/top-10-health-scares-past-10-years/story?id=9249373>
- Carr, N. 2001 "An exploratory study of gendered differences in young tourists' perception of danger within London". *Tourism Management*, 22(5), 565-570.
- Chon, K. S. 1992 "The role of destination image in tourism: An extension". *Tourism Review*, 47(1), 2-8.
- Cooper, C. R., & Denner, J. 1998 "Theories linking culture and psychology: Universal and community-specific processes". *Annual Review of Psychology*, 49(1), 559-584.
- Cossens, J., & Gin, S. 1995 "Tourism and AIDS: The perceived risk of HIV infection on destination choice". *Journal of Travel & Tourism Marketing*, 3(4), 1-20.
- Covello, V. T., Peters, R. G., Wojtecki, J. G., & Hyde, R. C. 2001 "Risk communication, the West Nile virus epidemic, and bioterrorism: Responding to the communication challenges posed by the intentional or unintentional release of a pathogen in an urban setting". *Journal of Urban Health*, 78(2), 382-391.
- Crompton, J. L. 1979 "An assessment of the image of Mexico as a vacation destination and the influence of geographical location upon that image". *Journal of Travel Research*, 17(4), 18-23.
- Crotty, M. 1998 *The foundations of social research: Meaning and perspective in the research process*. SAGE Publications Limited, 1998.
- Demos, E. 1992 "Concern for safety: A potential problem in the tourist industry". *Journal of Travel & Tourism Marketing*, 1(1), 81-88.
- Dolnicar, S. 2005 "Understanding barriers to leisure travel: Tourist fears as a marketing basis". *Journal of Vacation Marketing*, 11(3), 197-208.
- Donaldson, R., & Ferreira, S. 2009, February "(Re-) creating urban destination image: Opinions of foreign visitors to South Africa on safety and security?". *Urban Forum* 20(1): 1-18). Springer: Netherlands.

- Dosman, D. M., Adamowicz, W. L., & Hurdey, S. E.
2001 "Socioeconomic determinants of Health and food safety related risk perceptions". *Risk Analysis*, 21(2): 307-318.
- Elliott, J. R., & Pais, J.
2006 "Race, class, and Hurricane Katrina: Social differences in human responses to disaster". *Social Science Research*, 35(2): 295-321.
- Fakeye, P. C., & Crompton, J. L.
1991 "Image differences between prospective, first-time, and repeat visitors to the Lower Rio Grande Valley". *Journal of Travel Research*, 30(2): 10-16.
- Floyd, M. F., Gibson, H., Pennington-Gray, L., & Thapa, B.
2004 "The effect of risk perceptions on intentions to travel in the aftermath of September 11, 2001". *Journal of Travel & Tourism Marketing*, 15(2-3): 19-38.
- Floyd, M. F., & Pennington-Gray, L.
2004 "Profiling risk perceptions of tourists". *Annals of Tourism Research*, 31(4): 1051-1054.
- Fothergill, A., Maestas, E., & Darlington, J.D.
1999 "Race, ethnicity and disasters in the United States: A review of the literature". *Disasters*, 23(2): 156-173.
- Gartner, W. C.
1994 "Image formation process". *Journal of Travel & Tourism Marketing*, 2(2-3): 191-216.
- Gibson, H., & Yiannakis, A.
2002 "Tourist roles: Needs and the lifecourse". *Annals of Tourism Research*, 29(2): 358-383.
- Goffman, E.
1974 *Frame Analysis: An Essay on the Organization of Experience*. New York: Harper and Row.
- Hair, J. F., Anderson, R. E., Tatham, R. L., & Black, W. C.
1998 *Multivariate data analysis*, 5th. NY: Prentice Hall International.
- Henderson, J. C.
2004 "Managing a health-related crisis: SARS in Singapore". *Journal of Vacation Marketing*, 10(1): 67-77.
- Humphreys, J. M.
2013 "Black buying power continues to rise". Retrieved from <http://www.reachingblackconsumers.com/2012/04/black-buying-power-continues-to-rise/>
- Jonas, A., Mansfeld, Y., Paz, S., & Potasman, I.
2011 "Determinants of health risk perception among low-risk-taking tourists traveling to developing countries". *Journal of Travel Research*, 50(1): 87-99.
- Kim, A. K., & Brown, G.
2012 "Understanding the relationships between perceived travel experiences, overall satisfaction, and destination loyalty". *Anatolia*, 23(3): 328-347.
- Kozak, M., Crotts, J. C., & Law, R.
2007 "The impact of the perception of risk on international travelers". *International Journal of Tourism Research*, 9(4): 233-242.
- Krewski, D., Lemyre, L., Turner, M. C., Lee, J. E., Dallaire, C., Bouchard, L., & Mercier, P.
2006 "Public perception of population health risks in Canada: Health hazards and sources of information". *Human and Ecological Risk Assessment*, 12(4): 626-644.
- Kuo, H. I., Chen, C. C., Tseng, W. C., Ju, L. F., & Huang, B. W.
2008 "Assessing impacts of SARS and Avian Flu on international tourism demand to Asia". *Tourism Management*, 29(5): 917-928.
- Law, R.
2006 "The perceived impact of risks on travel decisions". *International Journal of Tourism Research*, 8(4): 289-300.
- Lepp, A., & Gibson H.
2003 "Tourist roles, perceived risk and international tourism". *Annals of Tourism Research*, 30(3): 606-624.
- Lindell, M. K., & Hwang, S. N.
2008 "Households' perceived personal risk and responses in a multihazard environment". *Risk Analysis*, 28(2): 539-556.
- Lindell, M.K. & Perry, R.W.
2004 *Communicating Environmental Risk in Multiethnic Communities*. Thousand Oaks, CA: Sage Publications.
- Mao, C. K., Ding, C. G., & Lee, H. Y.
2010 "Post-SARS tourist arrival recovery patterns: An analysis based on a catastrophe theory". *Tourism Management*, 31(6): 855-861.
- Maslow, A. H.
2004 "The over-reaction to SARS and the collapse of Asian tourism". *Annals of Tourism Research*, 31(3): 716-719.
- Matyas, C., Srinivasan, S., Cahyanto, I., Thapa, B., Pennington-Gray, L., & Villegas, J.
2011 "Risk perception and evacuation decisions of Florida tourists under hurricane threats: A stated preference analysis". *Natural Hazards*, 59(2): 871-890.
- Mazursky, D.
1989 "Past experience and future tourism decisions". *Annals of Tourism Research*, 16(3): 333-344.

- McComas, K. A.
2006 "Defining moments in risk communication research: 1996-2005". *Journal of Health Communication*, 11(1): 75-91.
- McKercher, B., & Chon, K.
2004 "The over-reaction to SARS and the collapse of Asian tourism". *Annals of Tourism Research*, 31(3): 716-719.
- Milman, A., & Pizam, A.
1995 "The role of awareness and familiarity with a destination: The central Florida case". *Journal of Travel Research*, 33(3): 21-27
- Nielson
2011 Reporting the power of the African-American consumer. Retrieved from <http://www.nielson.com/us/en/newswire/2011/report-the-power-of-the-african-american-consumer.html/>
- Office of Travel and Tourism Industries
2012 Overseas visitation estimates for U.S. states, cities, and census regions: 2011. Retrieved from [http://tinet.ita.doc.gov/outreachpages/download_data_table/2011_States_and_Cities.pdf /](http://tinet.ita.doc.gov/outreachpages/download_data_table/2011_States_and_Cities.pdf/)
- Page, S., Yeoman, I., Munro, C., Connell, J., & Walker, L.
2006 "A case study of best practice- Visit Scotland's prepared response to an influenza pandemic". *Tourism Management*, 27(3): 361-393.
- Palmer, C.
2003 "Risk perception: Another look at the 'white male' effect". *Health, Risk & Society*, 5(1): 71-83.
- Pearce, P. L.
1988 *The Ulysses factor: Evaluating visitors in tourist settings* (pp. 24-36). New York: Springer-Verlag.
- Pennington-Gray, L., London, B., Cahyanto, I., & Klages, W.
2011 "Expanding the tourism crisis management planning framework to include social media: Lessons from the Deepwater Horizon Oil Spill 2010". *International Journal of Tourism Anthropology*, 1(3): 239-253.
- Pennington-Gray, L., Kaplanidou, K., & Schroeder, A.
2013 Drivers of social media use among African Americans in the event of a crisis. *Natural Hazards*, 66(1): 77-95.
- Petersen, A.
1997 Risk, governance and the new public health. *Foucault, health and medicine*, 189-206.
- Pizam, A., Jeong, G. H., Reichel, A., van Boemel, H., Lussan, J. M., Steynberg, L., ... & Montmany, N.
2004 "The relationship between risk-taking, sensation-seeking, and the tourist behavior of young adults: A cross-cultural study". *Journal of Travel Research*, 42(3): 251-260.
- Quinn, S. C., Thomas, T., & McAllister, C.
2005 "Postal workers' perspectives on communication during the anthrax attack". *Biosecurity and Bioterrorism: Biodefense Strategy, Practice, and Science*, 3(3): 207-215.
- Reisinger, Y. & Mavondo, F.
2005 "Travel anxiety and intentions to travel internationally: implications of travel risk perception". *Journal of Travel Research*, 43: 212-225.
- Richter, L. K.
2003 "International tourism and its global public health consequences". *Journal of Travel Research*, 41(4): 340-347.
- Ritchie, B. W.
2004 "Chaos, crises and disasters: A strategic approach to crisis management in the tourism industry". *Tourism Management*, 25(6): 669-683.
- Rittichainuwat, B. N., & Chakraborty, G.
2009 "Perceived travel risks regarding terrorism and disease: The case of Thailand". *Tourism Management*, 30(3): 410-418.
- Roehl, W. S., & Fesenmaier, D. R.
1992 "Risk perceptions and pleasure travel: An exploratory analysis". *Journal of Travel Research*, 30(4): 17-26.
- Pidgeon, N., Kasperson, R. E., & Slovic, P. Eds.).
2003 *The social amplification of risk*. Cambridge University Press.
- Ryan, C.
1998 "The travel career ladder: An appraisal". *Annals of Tourism Research*, 25(4): 936-957.
- Saunders, D. J.
(n.d.). Will Africa become the tourism destination of the future for African-American travelers and investors? Retrieved from http://www.africa-ata.org/african_americans.htm
- Schroeder, A., Pennington-Gray, L., Donohoe, H., & Kiouisis, S.
2013 "Using social media in times of crisis". *Journal of Travel & Tourism Marketing*, 30(1-2): 126-143.
- Schroeder, A., Pennington-Gray, L., Kaplanidou, K., & Zhan, F.
2013 "Destination risk perceptions among US residents for London as the host city of the 2012 Summer Olympic Games". *Tourism Management*, 38: 107-119.

- Sjöberg, L.
2002 "Factors in risk perception". *Risk Analysis*, 20(1): 1-12.
- Oltedal, S., Moen, B. E., Klempe, H., & Rundmo, T.
2004 "Explaining risk perception: An evaluation of cultural theory". *Trondheim: Norwegian University of Science and Technology*, 85: 1-33.
- Slovic, P.
1987 "Perception of Risk". *Paul Science, New Series*, 236(4): 280-285
- Slovic, P., & Weber, E. U.
2002 *Perception of risk posed by extreme events*. In discussion at the conference "Risk management strategies in an uncertain world," Palisades, New York.
- Sönmez, S. F., & Graefe, A. R.
1998a "Influence of terrorism risk on foreign tourism decisions". *Annals of Tourism Research*, 25(1): 112-144.
- Sönmez, S. F., & Graefe, A. R.
1998b "Determining future travel behavior from past travel experience and perceptions of risk and safety". *Journal of Travel Research*, 37(2): 171-177.
- Sönmez, S., & Sirakaya, E.
2002 "A distorted destination image? The case of Turkey". *Journal of Travel Research*, 41(2): 185-196.
- Tsaur, S. H., Tzeng, G. H., & Wang, K. C.
1997 "Evaluating tourist risks from fuzzy perspectives". *Annals of Tourism Research*, 24(4): 796-812.
- U.S. Census Bureau.
2012 Retrieved from <http://www.census.gov/US>
- Travel Association
2011 U.S. Travel Answer Sheet. Retrieved from www.ustravel.org/sites/default/files/page/.../USTravelAnswerSheet.pdf
- Weinstein, N. D.
1987 "Unrealistic optimism about susceptibility to health problems: Conclusions from a community-wide sample". *Journal of Behavioral Medicine*, 10(5): 481-500.

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