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Who would the Australian public trust to tell them about bird flu? Results of an Australia-wide CATI survey

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Abstract

A potential bird flu pandemic is currently the cause of much debate worldwide. Successful control efforts will require effective risk communication, and the choice of credible spokespeople is critical to prevent panic and elicit the desired public responses. This paper reports the results of one Australia-wide CATI survey which examined the Australian public's preferred sources of information on bird flu and credibility of spokespeople in the event of a bird flu pandemic in Australia. Our results indicate medical personnel and organisations are perceived by the public as being the most credible sources for delivering information about bird flu. These findings have vital implications for any communication campaigns about bird flu.

Introduction

The avian influenza A (H5N1) virus (commonly and hereafter referred to as bird flu) has attracted the attention of governments and health organisations worldwide primarily because of its pandemic potential. The recent occurrence of an outbreak within an extended family living in a village in north Sumatra has been a recent cause for concern. Seven members of the extended family died after becoming infected with bird flu, and for the first time WHO officials have indicated that "...an extended chain of human transmission was the most likely explanation" for the outbreak (Butler, 2006).

Concern amongst public health officials about a possible pandemic is based on the history of the 1918 Spanish Influenza in which an estimated 20-50 million persons died. If the bird flu virus can be readily spread from human to human the potential for a repeat of the 1918 pandemic is real. There is currently no vaccine available to protect humans from bird flu and a vaccine cannot be developed until the ultimate form of the virus has been determined.

In addition, preparation within and among countries to control an influenza pandemic appears to be inadequate. Thus, an examination of governmental response to the north Sumatra outbreak lead the head of influenza surveillance at the US Naval Medical Research Unit in Jakarta to conclude that "...Any chance of containment was absolutely hopeless...If this was a test to see whether Indonesia could contain a virus, then they just failed miserably" (Butler, 2006).

Preparation for responding to a pandemic is also a concern in the more developed countries. For example, a study of the national plans in 25 European Union countries found that while the general level of preparedness was adequate a critical flaw was the lack of collaboration in the planning of responses with neighbouring countries (Mounier-Jack and Coker, 2006). If a pandemic appears to be looming governments need to act in a comprehensive, decisive manner to

reduce the impact within its borders. Any successful control efforts will require the cooperation of a country's residents – if coordinated actions are replaced by widespread public panic there is little hope a pandemic can be effectively managed.

Choosing credible spokespeople

The issue of source credibility has been of interest to experts in the field of persuasive communication for over fifty years, with countless studies attempting to assess the extent to which a source is effective in inducing attitudinal, and subsequent behavioural, change amongst audiences (see, for example, Dholakia and Sternthal, 1977; Heesackaer, Petty, and Cacioppo, 1983; McGinnies and Ward, 1980; Homer and Khale, 1990;).

Source credibility is of key concern in communication efforts regarding bird flu. For effective management of a bird flu outbreak in Australia, credible spokespeople must be chosen to deliver accurate and concise information in order to influence public perception and elicit desired behaviours. To achieve this, the elements of source credibility must be considered. The fundamental aim of public health communication is to provide accurate, accessible information that establishes a bond of trust between those in a position of responsibility and those potentially exposed to the threat (Holloway *et al*, 1997). McComas and Trumbo (2001) cite essential factors in building trust between the source of information and the public are timeliness of information and honesty. Renn and Levine (1991) establish that trust depends on perceptions of competence, objectivity, fairness, and consistency and on the general belief in the good will of those responsible for communication.

This bond of trust ultimately determines the way people respond to messages, and these responses differ on the basis of perceived integrity and trust, credibility, honesty, transparency, and accountability of the source (Glick, 2007; National Research Council, 1996). Furthermore, a lack of trust and credibility in sources of information can impede risk communication efforts (Glick, 2007) and potentially inhibit desired responses. An example of this is the US anthrax scare of 2001. An evaluation of communication efforts made by public health agencies during this time revealed that due to inconsistencies in message delivery, and mistreatment and disrespect of certain groups, trust in public health agencies had been eroded, and that this could threaten the effectiveness of communication during future public health crises (Blanchard *et al*, 2005).

The emergence of SARS in Hong Kong in 2002 is another example of poor risk communication. No moves were made to educate the public about preventive measures to stop the spread of SARS for fear of creating widespread panic (Cameron, 2003). However this strategy in fact did the opposite: as well as doing nothing to prevent the spread of the disease; mass pandemonium resulted, as well as more long-term economic effects.

With this in mind, the choice of credible spokespeople is of paramount importance in order to calm public fear and prevent panic, in order to elicit the desired responses and consequently allow effective management of bird flu. The purpose of the current study was to determine the Australian public's preferred sources of information on bird flu and their perceptions of the credibility of likely spokespeople for communications in the event of a pandemic. This information is essential in order to build an effective communication campaign about bird flu.

Method

The computer assisted telephone (CATI) survey was conducted between 16 and 20 May 2006. The sampling frame was the Desktop Marketing System (DTMS), a form of the electronic White Pages. The calls were made on weekdays between the hours of 4:30pm to 9:00pm and on weekends between 10:00am to 6:00pm. Of the 2,816 telephone numbers called, 1,185 eligible households were identified and 203 interviews were completed with persons from the eligible households (response rate of 17.1%).

Of the 203 respondents 51.7% (105) were female. Respondents were spread across all age groups, with 12.4% aged between 18 and 34 years; 19.7% aged 35 to 44 years; 19.2% aged 45 to 54 years; 24.6% aged 55 to 64 years; and 23.6% aged over 65 years. Three of four respondents (75.9%) were born in Australia. Approximately one third of respondents (30.0%) had completed less than five years of high school, 25.1% had completed five years (i.e., higher School certificate), 9.3% a trade or other certificate, and 30.6% a diploma or degree. In terms of the respondents' living situations, 3.5% were single with no children, 3.4% were couples with no children, 22.7% were couples with children under 18, 5.4% were single parents with children under 18, 19.7% were couples with older children, 5.9% were single parents with older children, and 36.9% were older couples or single persons with no children at home.

The data were analyzed using SPSS version 13.0. Inter-group comparisons were conducted as follows: for variables with two groups (eg, gender and birth country), Mann-Whitney U (independent samples) tests were conducted; for variables with more than two groups (eg, age category, income bracket), Kruskal-Wallis (non-parametric ANOVA) tests were conducted.

Results

Respondents were first asked to state, unprompted, which individuals or organisations they consider to be credible sources of information about bird flu: "There are a number of individuals or organisations that might provide information about the risk of bird flu and about things you could do to reduce your risk. Who or which in particular do you consider to be a credible source of information about bird flu?" Respondents were then probed "who else" in order to encourage them to cite as many sources as possible.

The most commonly cited credible source was medical practitioners (36%; 47% if the Australian Medical Association (AMA) is included). The government was perceived to be a credible source by 25% of respondents, including 15% who cited "the government" in general, 4% who cited the Federal government, 4% who cited the State government, and 2% who cited the local government/ council). Mass media was identified as a credible source by 23% of respondents (7% cited television, 6% newspapers, 5% radio, and 5% "the media"). There were no significant differences associated with respondent age, income, gender education, or place of birth.

Respondents were then read out a list of individuals and organisations that could provide information about bird flu, and asked whether they would trust the information provided by each

of these sources: “I am going to read out a list of individuals and organisations that could provide information about bird flu and although you may have already mentioned them I would like you to tell me whether you would trust the information they provide.” They were asked to give an answer of Yes/ No/ Not sure.

The individuals and organisations perceived to be credible sources of information about bird flu by the majority of respondents were the AMA (91.6%), the individual’s personal doctor (89.7%), Australia’s Commonwealth Scientific and Industrial Research Organisation (CSIRO; 89.2%), the Commonwealth’s Chief Medical Officer (87.7%), and university scientists (77.3%). The least trusted information sources were the politicians, with both the Prime Minister and the Premiers¹ being seen as trustworthy sources of information by less than half of the respondents (45.3% and 47.3% respectively) with the Federal Health Minister and State Health Ministers faring only slightly better (52.7% and 53.2% respectively).

Table 1: Trust in potential spokespeople in relation to bird flu

Potential spokespeople	Survey (%)
Prime minister, John Howard	45.3
Federal Health Minister, Tony Abbott	52.7
Chief Medical Officer	87.7
Premier*	47.3
State Health Minister*	53.2
Australian Medical Association (AMA)	91.6
CSIRO	89.2
University scientists	77.3
Your own doctor	89.7

* Individual named dependent on state of residence of respondent

Discussion

We asked a selection of the Australian public who they would trust for delivering public health messages about bird flu. There was a clear pattern of placing trust in medical organisations and medical personnel (i.e., Australian Medical Association – 92%; personal doctor – 90%; Australian Chief Medical Officer – 88%) and not placing trust in politicians (i.e., Commonwealth Minister of Health – 53%; State Health Minister – 53%; Prime Minister – 45%).

¹ Note that for the Premiers and State Health Ministers, these were mentioned by name based on the respondent's state of residents. Individual state-by-state data is not provided here, but can be provided on request.

However, enthusiasm for use of medical personnel and organisations to deliver bird flu messages is tempered by the results from a non-prompted question which asked respondents to indicate who they thought would be credible sources of information on bird flu. In response to this question only 47% of those surveyed spontaneously identified medical sources as being credible – this is, however, almost twice as large as the percent of respondents who identified the government (25%) or the mass media (23%) as being credible sources for bird flu information.

Other than the family doctor, the most trusted information sources among our respondents were the Australian Medical Association, CSIRO, the Chief Medical Officer, and university scientists; and the least trusted information sources were the Prime Minister, the Premiers, and the Federal State Health Ministers. This finding is important to consider in the development and dissemination of public communication campaigns in the event that bird flu is detected in Australia (or, perhaps more immediately, human to human transmission is confirmed in countries to which Australians may travel). In either of these scenarios, the Australian government will encounter a number of significant communication challenges. One of the more significant challenges is that it will be essential to carefully choose spokespeople for communication campaigns that the general public perceived to be credible sources of information. This decision is crucial if we are to encourage people to engage in the appropriate protective behaviours and, importantly, to minimise panic.

The government must carefully select the persons and/or organisations that will have responsibility for being the ‘public face’ of any media campaign. Our results indicate medical personnel and medical organisations are likely to be perceived by the public as being the most credible sources for delivering bird flu messages. Based on these results the government must have an effective communication strategy directed at medical personnel who are likely to encounter persons concerned about bird flu. This is important as in the SARS outbreak medical personnel were found to have critical gaps in their knowledge (Deng *et al*, 2006).

The findings of this study also have important implications for medical practitioners, with respondents own family doctor being spontaneously identified as both the most credible source of information about bird flu and the most likely place to go to seek diagnosis or treatment.

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