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Developing pandemic communication strategies: Preparation without panic

Abstract

Communication in the media regarding a potential avian influenza epidemic can serve to accurately and effectively inform the public OR misinform and contribute to unnecessary public panic and subsequent undesirable responses. Governments have time to develop communication strategies and specific messages that can effectively convey desired information at different stages of the anticipated pandemic. Effective social marketing incorporates the concepts of formative research, audience segmentation, and consumer focus. Based on the findings from earlier research on public awareness and understanding of bird flu, the collaborators of the project developed evidence-based advertising messages for two primary time-points in pandemic preparation and tested in a series of focus groups; modified them based on the findings; and then re-tested the final campaign. These findings provide important recommendations for the development of future social marketing campaigns in the event of pandemics or other public health crises.

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Developing pandemic communication strategies: Preparation without panic

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Communication in the media regarding a potential avian influenza epidemic can serve to accurately and effectively inform the public OR misinform and contribute to unnecessary public panic and subsequent undesirable responses. Governments have time to develop communication strategies and specific messages that can effectively convey desired information at different stages of the anticipated pandemic. Effective social marketing incorporates the concepts of formative research, audience segmentation, and consumer focus. Based on the findings from earlier research on public awareness and understanding of bird flu, the collaborators of the project developed evidence-based advertising messages for two primary time-points in pandemic preparation and tested in a series of focus groups; modified them based on the findings; and then re-tested the final campaign. These findings provide important recommendations for the development of future social marketing campaigns in the event of pandemics or other public health crises.

Introduction

Avian influenza (bird flu)

The influenza A (H5N1) virus is currently the focus of the world's attention (www.inspection.gc.ca). The virus can be spread by migratory birds and mechanical means (e.g., from one farm to another via the soil captured by vehicle tires; from birds to mammals; and from birds to humans (Alexander, 2000; Hien et al., 2004). While avian flu viruses are not known to infect humans, disputed evidence exists that the virus can spread from human to human (Ungchusak et al., 2005). Yet, the 2006 outbreak of the virus within a family living in a village in north Sumatra (Wulandari and Lyn, 2006), and more recent cases of bird flu among families or neighborhoods, have truly realized the pandemic potential of bird flu.

If the bird flu virus can be readily spread from human to human, the potential for a repeat of the 1918 Spanish Influenza which killed an estimated 20–50 million people, is real. A recent assessment of the likely numbers and age distributions of cases and deaths, using clinical case rates from three previous influenza pandemics, estimated case rates of between 24.7% and 34.2%, and death rates between 4.4 and 6.7 per 1000 people (Brundage, 2006).

Concern about a possible pandemic is based on a number of factors—including the potential of the virus to be transmitted from migratory birds to domestic poultry; the fact that H5N1 can be transmitted from infected birds to animals wherein the virus can mutate to a form that can be transmitted to humans thereby allowing for human to human infection; the absence of demonstrated effective treatment options or an available vaccine; and lack of collaboration in the planning of responses between neighboring countries. Recent national and international efforts have focused on preparedness planning at country and regional levels and the development of public communication materials (Horvath et al., 2006; Jennings and Lush, 2004; Barrett et al., 2005; Ministry of Health, 2006).

Communicating about bird flu

Numerous examples exist of the public responding inappropriately to inaccurate information disseminated during infectious disease scares. For example, a 2003 pneumonia scare in China, rumored to be treatable with white vinegar, resulted in profiteering vendors selling vinegar to a scared public at 12 times its pre-panic price (Rosling and Rosling, 2003). In addition, 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 by public health agencies during this time reveals that due to inconsistencies in message delivery, trust in public health agencies has been eroded, and that this could threaten the effectiveness of communication during future public health crises (Blanchard et al., 2005).

Communication in the Australian media regarding a potential avian influenza epidemic, hereafter referred to as bird flu, can serve to accurately and effectively inform the public OR misinform and contribute to unnecessary public panic and subsequent undesirable responses. The Australian government has time to develop communication strategies and specific messages that can effectively convey desired information at different

stages of the anticipated pandemic. Communication strategies (including specific messages, media vehicles, spokespeople and images targeted at different audiences) can be developed and pre-tested for use by government, medical authorities, non-government organisations and other relevant organisations in an attempt to increase the public's understanding of the risk. Such strategies will minimise fear, refute misinformation that the public may encounter (e.g., from co-workers or media sources) and enhance the likelihood of the public taking the recommended preventive and remedial actions should these become necessary.

Theoretical underpinnings of the campaign

Inoculation theory (Anderson and McGuire, 1965; McGuire, 1970) suggests that if people are given the worst-case scenario when only a hypothetical risk of catastrophe exists, they will process the issue less dangerously, come to terms with the issue, and be less likely to panic should the issue occur, than if they were to remain in an uninformed state. That is, to learn what a bird flu pandemic really is going to do at the same time as you learn that the pandemic has begun, would seem most conducive to eliciting a panic response.

Social marketing is widely accepted to be a powerful and effective tool which, if utilised correctly, can bring about behavior change for the benefit of individuals, groups, and societies. Evidence exists to suggest that the outcomes needed to address a potential bird flu pandemic are the outcomes that can be achieved by effective social marketing (i.e., voluntary behavior change), although the disease itself is fundamentally different to the majority of conditions to which social marketing has been applied. For example, Kotler's list of 50 major issues that social marketing can benefit includes 22 issues for improved health, 20 of which relate to chronic conditions such as tobacco use, physical inactivity, and dietary intake), but only two relate to communicable diseases and both of these have simple and proven preventive strategies (i.e., immunisation and the use of condoms) (Kotler et al., 2002).

Various factors about a potential bird flu pandemic make the situation fundamentally different to the majority of issues to which social marketing has previously been applied:

- Authorities have not determined the ultimate form of the virus, thus the exact nature of the threat is unknown.
- No vaccine exists, available to protect humans from H5N1 and a vaccine cannot be developed until the ultimate form of the virus has been defined (this would likely take 9–12 months following the initiation of the outbreak).
- No public or medical memory is evident of the 1918 influenza pandemic that resulted in the death of a conservative estimate of 20–50 million persons—thus people have little appreciation of what could happen should an outbreak occur.
- Due to the emerging nature of bird flu, limited research on the public's knowledge and perceptions of the disease is available.
- Preparation within and among countries to control an influenza pandemic appears to be inadequate—in both developing and developed countries (Butler, 2006; Mounier-Jack and Coker, 2006).
- While a bird flu pandemic would have a disproportion impact on developing countries, the developed countries would also be affected, with low income persons within these countries being at highest risk (Murray et al., 2006).

However, a number of aspects of the issue that lend themselves to social marketing approach are present:

- A behavior is being sold: The most effective tools currently available for reducing mortality and morbidity from a bird flu pandemic are basic hygiene and self-protection behaviors. A general consensus exists, that change agents typically want target audiences to do one of four things (Kotler et al., 2002); however, in this case the required changes include all four of the categories of behavior change that social marketers address:
 - (a) accept a new behavior—encourage individuals to wear a face mask if they have symptoms or are exposed to others who have symptoms;
 - (b) reject a potential behavior—discourage individuals from engaging in a range of behaviors that could increase the spread of bird flu such as frequenting places where large crowds gather;
 - (c) modify a current behavior—encourage individuals to wash their hands more frequently and thoroughly, and reduce unnecessary physical contact with other people; and
 - (d) abandon an old behavior—encourage individuals to stop using handkerchiefs and instead use disposable tissues.
- The behavior change is voluntary: Some measures exist, that could require policy changes or legal sanctions (such as closure of schools or increased quarantine procedures), most of the effective measures currently

available are those which would not be possible to impose, or apply, the force of law—such as hand washing and the use of disposable tissues.

- The beneficiary is the individual, group, or society: In the case of a bird flu pandemic, the beneficiaries of an individual's behavior change include the individuals themselves, their families and social groups, and the population as a whole (reducing sources of transmission).
- An exchange with the consumer exists: In order to persuade individuals to engage in this voluntary behavior change—particularly as many of the behaviors are effortful or are socially or psychologically challenging—the consumers must be persuaded that the benefits of engaging in these behaviors exceed the perceived costs.
- A consumer orientation is needed: As with any social marketing program, the application of a consumer orientation is fundamental to the success of the behavior change effort. In order to develop appropriate communication strategies, the target audiences' knowledge, beliefs, attitudes, concerns and current behaviors need to be understood. This can only be achieved by extensive and appropriate market research with the different target audiences.
- A target audience needs to be selected and influenced: Market segmentation is a key component of effective social marketing; different market segments have different needs and respond to different appeals. In the case of a potential pandemic such as bird flu, the entire population should be targeted; however, some segments will be seen to be of higher priority (e.g., health care workers, international travelers, persons in low income housing units) and different strategies will need to be used to ensure the strategy reaches and persuades all groups within the population.
- All 4 Ps of the marketing mix must be incorporated: As will be discussed in the following section, an effective strategy to engage the population in the appropriate responses to reduce the impact of a pandemic requires a careful consideration of the 4Ps:
 - Product—What is being sold is a set of behaviors that individuals can engage in to reduce their risk of contracting, and transmitting, bird flu—the likelihood is these behaviors will change as the pandemic progresses and other control measures become available or are deemed necessary;
 - Price—In order to persuade people to engage in these behaviors, a need exists to reduce the perceived costs of engaging in them (financial, social, psychological etc.) and increase the perceived benefits (increased protection from the disease);
 - Place—Given the need to provide information, services and products to the entire population, a range of channels need to be used to disseminate information and facilitate the behavior change (e.g., medical practitioners, schools, workplaces); and
 - Promotion—Given the potential for the disease to spread rapidly once the virus achieves effective human-to-human transmission, a need exists to develop effective messages and a clear and comprehensive plan for the media channels for their dissemination.

Purpose of the research

The strategic thinking for this campaign was informed by: its philosophical underpinnings (inoculation theory and social marketing); consumer research conducted in the United States (Blendon et al., 2006a,b); and earlier Australian studies into awareness, knowledge and concern regarding bird flu—including a small-scale qualitative study, two Australia-wide CATI surveys (Jones and Iverson, 2008), and two airport intercept surveys (Waters and Jones, 2007). In summary, the qualitative and quantitative studies consistently found that people were generally unconcerned about bird flu and did not see the problem as an issue for Australia.

The current study was undertaken to pre-test, modify, and re-test the final campaign materials for a pandemic preparedness campaign.

Methodology

Developing a communication campaign

Based on the existing evidence regarding the Australian public's awareness of, and attitudes towards, bird flu, a leading Australian advertising agency prepared campaign concepts for testing. The agency undertook the campaign development as two independent teams, each developing an alternative approach. This dual approach resulted in two very different campaigns for testing: a presenter approach (Spokes People), and a non-presenter approach (Paper People). Each campaign consisted of two phases: Phase 1 for pre-pandemic communications and Phase 2 for communications in the event of detection of bird flu cases in Australia.

Approach 1—Spokes People: The Spokes People campaign utilized a team of trusted medical/scientific professionals, each eminently qualified to speak to a specific phase of any pandemic—impending, happening or ending. The agency designed the campaign to be flexible and to balance empathy with gravitas; the campaign used a team approach to reduce reliance on any one spokesperson, an important consideration in a pandemic crisis.

Approach 2—Paper People: This concept used cut-out paper people (which most people would remember making as children) as its visual theme, providing a very flexible and immediately recognizable vehicle for the campaign. The idea of people joined together was proposed to work in two ways. Firstly, a virus is transmitted most easily when people are all together, thus closeness is what makes individuals vulnerable. Secondly, the concept works as a metaphor for cooperation—individuals and organizations need to work together to minimize the potential dangers of bird flu. Further, the paper people concept was seen as a way to enable the portrayal of people—the Australian public—without having to worry about literally representing Australia's multicultural makeup, which is a common predicament of campaigns such as this. The paper people represent all people in Australia.

Testing the communication campaign

Two independent market research companies (one in New South Wales and one in Victoria) tested the advertising concepts (story boards and print ads) using focus groups. The first series of focus groups (July 2006) examined and compared reactions to the two different campaign ideas. In each state, the team recruited four distinct groups for the ad-testing: Young Adults/Travelers (aged 18–40, with no children, males and females, including some frequent international travelers); Mothers (with children aged 0–16 years); Adults aged 50+ (male and female, including some smokers); and Regional Community (adults, male and female). That is, the team conducted a total of eight focus groups, with a total of 64 participants and recorded, transcribed and analyzed all focus groups for key themes. While the limitations of focus groups as a method for ad-testing are acknowledged, this was seen as the most appropriate methodology given both the low levels of awareness and concern identified in previous research (limiting the value of individual-participant methods such as surveys or interviews); and the social nature of the issues to be discussed, including the need to examine the potential for group interaction to result in an escalation of panic in response to the messages. Focus groups have been shown to be an appropriate method for this type of research as they provide an environment which encourages participants to present and exchange opinions (Warr, 2005) and to react and build upon the responses of other group members, resulting in uncovering new data or ideas (Stewart et al., 2006). Evidence suggests the group context serves to facilitate, rather than inhibit, disclosure of information, particularly for sensitive issues (Phillips-Morrow et al., 2000).

The results of these focus groups were then used to make modifications to the campaign materials, and develop one coherent campaign to address both pandemic phases. In two Australian states (Victoria and New South Wales), two experienced commercial research companies then tested the modified campaign in a second series of focus groups (October 2006), with four distinct consumer segments:

- Young Adults/Travelers—males and females aged 18–40, with no children, including some frequent international travelers
- Mothers—women with children aged 0–16 years
- Older Adults—males and females aged 50+, and purposive sampling was used to ensure the inclusion of some smokers
- Regional Community—adult males and females living in regional areas

Again, a total of eight focus groups were conducted, with a total of 64 participants.

Results

Focus groups stage one

As stated above, the objective of these focus groups was to evaluate the participants' responses to the two alternative communication campaigns—notably effectiveness, comprehension, credibility, emotional elicitation and behavioral elicitation—and to generate specific recommendations for the modification of the campaigns and their ad components.

Generally speaking, across both campaigns (but particularly for the Spokes People campaign), people weren't left feeling prepared or secure after seeing the Phase One communication. Phase One communication needs to achieve a number of objectives including: raising awareness of bird flu as an issue; getting people to take bird flu seriously; and reassuring people that the government knows what to do and is in control. The focus groups indicated that people do not want to hear that the government doesn't have all the answers or that the country is unprepared. This means that communication campaigns need to be developed in such a way as to have no contradictions, no divisions of opinion, and no gaps in information. An additional essential component is that the delivery mechanism is in sync with the message, and that people do not feel overwhelmed by fear.

In Phase Two, in response to the now grave situation, the recommended actions seemed inadequate and overly simplistic leaving participants feeling angry and belittled (which was compounded by the apparent focus on hand-washing practice). A key issue for the communication strategy in the event of a pandemic is the need for people to be given effective and substantive actions to take to protect themselves and their families.

Another key issue identified in both campaigns was the need to find exactly the right tone for the messages—many participants commented that the campaigns were either too clever and condescending or too casual. The tone should be calm, reflecting control, direct and personal. When the tone was perceived as appropriate, people responded well to the information that was provided and, for the most part, thought they would comply with the instructions and advice.

Campaign modification

The key factors that were incorporated into the strategic thinking behind the modification of the ad concepts and development of the final ads for testing were:

- Bird Flu is not really on the public radar; and as evidenced by the second CATI survey, the already low levels of awareness and concern are declining.
- The virus should be called Bird Flu; options such as Avian Flu just confused them.
- The three actions which are actually most likely to reduce the spread of Bird Flu hardly gain entry onto the population's high priority actions unprompted, but once reminded of them, they generally embrace each action as do-able. That situation is at once troubling (because the public seems entirely unaware of their best defense) and a rare opportunity (to provide us with a chance to meaningfully inform and strongly connect with them).
- The Paper People concept was effective in Phase 1, with the paper people seen as a clever device for signifying community involvement and co-operation. This more gentle approach was inherently less likely to raise anxieties and generally increased confidence that the government was on top of the problem and knew what to do. However, when used in Phase 2, the concept didn't seem to reflect the (newly perceived) gravity of the situation.
- The Spokes People concept when used in Phase 1 tended to raise anxieties, but might even produce panic in-and-of-itself so was clearly too heavy for this awareness-raising phase. Conversely, when used in Phase 2 the Spokes People concept increased confidence that we're on top of the problem and are able to deal with it. The concept was credible and the inclusion of a human face was well received and perceived as treating people as intelligent (although the recommended actions seemed trivial compared to the seriousness of the problem).

Phase 1 campaign: Phase 1 needs to restore levels of public awareness while concurrently maintaining the level of public confidence. Importantly, Phase 1 needs to heighten their awareness of habits which represent their first line of defense. Thus, the focus of Phase 1 needs to be on inculcating three simple habits as a personal regime and positive action against the spread of the Bird Flu infection. Ideally, an aim to emerge from Phase 1 with Bird Flu awareness established, public confidence intact, and a high level of awareness of the three-part personal protection regime established. The main change to the Paper People campaign was to include the three Ws of preventive behavior: WASH, WIPE and WEAR. The aim is to provide people with simple, tangible behaviors to adopt for the prevention of the spread of the germ. The three Ws are easy to remember, and do.

The television component consists of a 45 second TVC which introduces the concept, provides information regarding Australia's preparedness, and introduces the three Ws; and three 15 second TVCs, each concentrating on one of the W behaviors. The press component consists of three full page ads and three small space ads. The full page ads all concentrate on the three Ws, but with subtle differences: one introduces the campaign idea of co-operation; another, the importance of protecting your family and a third deals more directly with the three

Ws. The small space ads deal with a W each, and work in press in a similar way that the 15 second ads do on TV. Finally, a radio commercial designed to work in tandem with the TV and press exists, in which the voice-over tells us about the three Ws as he demonstrates them.

Phase 2 campaign: In Phase 2 the level needs to be lifted. This campaign needs to be direct and honest; providing clear and concise advice and directions from an accepted authority figure (or a group of such). As no one likes to feel alone in a threatening situation, a need exists to emphasize the partnership which can be brought into being and which will be essential if the Bird Flu threat is to be contained, that is, the health establishment, etcetera are doing THIS but you (the public) also need to do THAT!

Thus, Phase 2 features the Chief Medical Officer (CMO) in a series of pre-produced television and radio commercials. Each spot opens with a graphic—An important message from the Chief Medical Officer. Accompanied by a distinctive musical theme, this will become standard for every message during the pandemic. The purpose of the message is to get attention and even draw people to their TVs or radios (where the same theme will be used). The CMO's delivery isn't mass communication, or an address to the nation, instead the delivery is a personal, one-on-one message. Each spot is shot using the one-way mirror technique. The CMO speaks directly to the camera in an intimate way, with control and confidence. In later TVCs the CMO is joined by colleagues speaking to parents about family issues (children especially) and providing up-to-the-minute authoritative information about the virus (as a way to head-off-panic-promoting rumors, etc.).

Focus groups stage two

The overriding objective of the second series of groups was to evaluate the revised communication pieces. Specifically, the following will be examined:

- The effectiveness of the campaign at Phase I and Phase II
- The comprehension of the campaign at Phase I and Phase II
- The credibility of the campaign at Phase I and Phase II
- The emotional elicitation of the campaign at Phase I and Phase II ▪ The behavioral elicitation of the campaign at Phase I and Phase II.

Prior to exposure to the Campaign, members of the public were gauged on their associations with Bird Flu. The findings were consistent with those from the two previous phases of focus group research (exploratory research conducted in April 2006 and the concept testing described above conducted in July 2006). Throughout all three sets of focus groups, Bird Flu remained an issue quarantined in the public's mind with third-world Asian countries.

Disease infection overseas in third-world countries

Asian countries, not happening in Australia, too far away from us to be a major concern

The three series of focus groups showed that the level of concern was directly proportional to the last recalled time of media coverage. Overall, focus groups participants thought more than 12 months had passed since Bird Flu was last mentioned in the media. Thus, the negative correlation between time last recalled in media coverage and top of mind association of the threat of Bird Flu, results in participants becoming increasingly complacent:

Like it doesn't affect me, so don't think about it much

Not very worried as it's not in Australia and the media coverage has died down now, so it must not be too bad

Responses to Phase One of the Campaign: Immediately after exposure to Phase 1 of the Campaign, members of the public were again gauged on their associations of Bird Flu. Overall, Phase 1 of the Campaign served to remind participants that Bird Flu is not off the radar and, as such, they should not be complacent.

The main take-away message was that tasks exist that one can do and the best approach is if everyone works together. However, different levels of association exist depending on target audience.

For Mothers, Phase 1 of the Campaign served solely to remind them that Bird Flu is not off the radar:

I did not realize we were preparing for a pandemic—more awareness

Much more serious than I thought

For Older Adults, Phase 1 of the Campaign served to remind them that Bird Flu is not off the radar and encourage them not to be complacent:

This could happen to us

It is out there, so be careful, keep yourself clean at all times

For the Regional Community groups, Phase 1 of the Campaign served to remind them that Bird Flu is not off the radar, encourage them not to be complacent, and persuade them that things can be done:

This is controllable to some degree

I am a little more aware of the implied danger and how to prepare against contracting the virus

For Frequent Travelers, Phase 1 of the Campaign served to remind them that Bird Flu is not off the radar, encourage them not to be complacent, persuade them that things can be done and that the best approach is if everyone works together

I now think of preventative measures—hygiene and education and government—and community responsibilities

Possible outbreak in Australia and globally, but can be prevented/ minimized if we all do our part

Overall, Phase I was effective in addressing the complacency surrounding Bird Flu and placing Bird Flu back on the radar, without an alarming tonality, and communicating a message that was simple to recall. Thus, as intended, the focus was on action rather than on threat.

The Wash, Wipe, Wear message was well received by participants. The use of an effective executional mechanism (a short, catchy alliteration—reinforced by using the www acronym) that was consistent and repetitive across the total campaign, appeared to be effective in aiding both recall and understanding:

Consistent, informative, catchy terms wash, wipe, wear

The www idea co-related with the internet address to make the message memorable

The wipe message take-out was correct for the majority of the participants, who accurately recalled that the message was to wipe your nose using disposable tissue. Some confusion existed, among the Older Adult groups who did not clearly register that the message was in reference to disposable tissue but rather presumed the message was to use your hanky (and an associated reticence to change their behavior from the use of handkerchiefs to disposable tissues when they did accurately recall the message).

The wear message take-out was similarly correct for the majority of the participants, who accurately recalled that the message was to wear a mask if you are exposed to a sick person or if you are sick. However, the Mothers and Older Adults predominantly focused on the message that they should wear a mask if they themselves were sick (to protect others), whereas the Regional and Frequent Traveler groups placed equal emphasis on protecting others from their germs and themselves from others' germs. Importantly, despite understanding the message, a clear sense existed among the focus group participants that they would not be prepared to engage in this behavior (and particularly not as a preventative strategy prior to the actual presence in Australia of a certified Bird Flu epidemic).

Wash and wipe I already do, but would never think of wearing a mask

I can't believe they came up with wash, wipe (which everyone should do anyway) and wear (which no one will do).

As with the previous phase of focus groups, the wash message was not correctly comprehended by the participants. The message take-out was a reminder to wash hands, not to thoroughly wash hands; and to wash hands in reference to post bathroom and pre food handling, not to frequently wash hands. Also, consistent with the previous findings, participants found the wash message confronting and interpreted the message as a suggestion that they were unhygienic.

I am in the garden a lot—I do wash my hands thoroughly

I don't need to be told to be hygienic

Responses to Phase Two of the Campaign: Prior to exposure to Phase Two of the Campaign, participants were shown a series of mock newspaper headlines to demonstrate a hypothetical scenario in which a bird flu pandemic had occurred internationally and cases, and deaths, had occurred in Australia.

Phase II of the Campaign was effective in providing clear actionable information and, by using a professional tonality, reinforcing what had previously been communicated. Participants' responses also suggested that Phase I and Phase II successfully linked together.

The spontaneous response to Phase II of the Campaign was positive. Following on from Phase I, Phase II of the Campaign provided very clear action steps, without being alarmist. In conjunction with Phase I, Phase II of the Campaign makes the participants confident in themselves and their ability to cope with the situation, in essence empowering them with knowledge and information:

If this did happen, I would be well informed and prepared

I felt better having the information and knowing there are basic things I can do to protect my family

Phase II Campaign was perceived as credible, non-alarmist and providing clear direction. Importantly, this campaign elicited spontaneous compliance, with focus group participants expressing the view that they would willingly engage in the recommended actions:

It sounds serious, I better do what they say—it's important

I should do more, must check my habits

Interestingly, a significant spontaneous response to the Phase II Campaign was a strong behavioral intent for isolation (which previous survey research suggested that people would be unwilling to engage in unless they were fully convinced of the need to take action). Isolation of the self and family was seen as an actionable constructive behavior and the first priority; with the Wash, Wipe, Wear message providing important preventative steps should people need to venture out into the community:

Need to stay home, keep away from crowds and public transport

Need to stock up my pantry with food and first aid kits—start preparing myself and family

The tonality of the Phase 2 campaign appeared to strike the right approach with the focus groups participants. Of the nine possible communication combinations (see Fig. 1), Parent to Parent (the approach taken in the Phase 2 Campaign) works to elicit a calm and responsible response.

This Parent to Parent communication elicits a mature response, where people do not feel patronized, but have an expectation to take responsibility and see themselves as part of a community response.

Be careful, pay attention to how people are around you, follow the www's to prevent catching flu

This is serious—everyone needs to pull together and make sure we aren't affected

We must take it in a responsible manner to contain it and everyone will make a difference if work together

Discussion

The Phase One Paper People are an effective communication device as they symbolize the everyman (no-one is offended or left out), emphasize connection and co-operation, and are a simple visual device that everyone can understand. Similarly, the use of the color red to indicate germs is an immediately noticed and easily understood device. The Wash, Wipe, Wear message is simple, easily remembered, and was often played back by focus group participants. The suggested actions are accepted as appropriate behavior in the event of a pandemic (although a misunderstanding exists around the hand washing concept and some participants balk at the idea of wearing a face mask). The revised Phase One is now much more effective. The campaign still results in people taking the issue a lot more seriously and becoming considerably more anxious about the threat. However, the big difference from the testing of the original concept is that people now ask fewer questions, and are left feeling personally less scared and more prepared and more confident about the Government's response.

Focus groups participants accept that Bird Flu is a serious and relevant issue, that the country is ready if the virus was to reach Australia, and are fairly confident about the recommended actions. However, some remaining issues exist which need to be resolved. The most significant of these is the key question, why now?—with participants in all groups wanting to know why the government would launch this campaign now, and what that means. Therefore, the campaign's launch would need to be accompanied by a relevant trigger, such as when Australia moves to being on Bird Flu alert, or when the alert level rises, to give the alert a reason for being. Importantly, given the process required within the focus groups to bring participants to the point where they would even consider the hypothetical scenario of bird flu arriving in Australia, a key area to target (for this and any other pandemic) would be the perception that Australians are safe.

The revisions to the Phase Two Spokes People campaign eliminated the criticisms raised in the initial concept testing. Participants still feel scared but do not raise questions this time about the futility of the required actions, and people are much more accepting of the www message now that the message has been explained and communicated in Phase One. The transition from Paper People in Phase One to the use of the real people and a more serious tone in Phase Two works well and is perceived as consistent by participants—that is, a different messenger but the same message. Participants report that having a real person at this stage is very reassuring, and makes them feel that someone is taking charge. Both the Chief Medical Officer (CMO) role and the man himself have credibility and gravitas and his measured, calm tone is perceived as reassuring; and the inclusion of Fiona Stanley is endorsed as demonstrating to the public that a team is in place and working on the problem. The accompanying print ads are seen to be very clear, informative, and easy to read.

Conclusion

Inoculation theory (Anderson and McGuire, 1965; McGuire, 1970) suggests that if people are given the worst-case scenario when only a hypothetical risk of catastrophe exists, they will process the risk less dangerously, come to terms, and be less likely to panic should a pandemic occur, than if they were to remain in an uninformed state. That is, to learn what a bird flu pandemic really is going to do at the same time as you learn that a pandemic has begun, would seem most conducive to eliciting a panic response.

The current research suggests that in the early stages of a pandemic (i.e., prior to the identification of cases within a given country), communications should focus on increasing awareness of the disease and communicating important, but simple, protective behaviors to reduce the risk of transmission. Such a Phase I Campaign will be strategically important—both in addressing the public's current level of complacency and in enabling the government to be seen to have acted—but a need exists to clearly communicate both the wash message and the need to take preventative actions prior to the confirmation of cases in local population.

In later stages of a pandemic (i.e., where cases have been confirmed within a country or a region), communication campaigns need to effectively communicate the key messages for each stage of pandemic and motivate the public to engage in the correct preventive actions without engendering unnecessary panic in the community.

The 1918 Spanish flu pandemic was almost a forgotten event in history until 1995, when a human case of bird flu was recorded in China. Since then, a number of Asian countries have reported various outbreaks of human cases of bird flu. In addition, authorities have found wild fowl infected with the virus, throughout Asia as well as in Europe, Africa and the Middle East. Given the migratory patterns of wild fowl, the virus may also be found in North America and Australia in the near future. The level of concern was significantly about a possible pandemic in 2006, when human-to-human transmission of bird flu was recorded in a village in North Sumatra, Indonesia, with seven members of an extended family dying. This concern about a new pandemic is further exacerbated by the fact that the human cases that have occurred since 1995 have a case-fatality rate of 56%, with the median number of days from the onset of symptoms to death being nine (Butler, 2006; Fleming, 2005). Advance planning across many fronts is the only viable option for minimizing the spread and impact of a bird flu pandemic.

But, the potential bird flu pandemic poses a major challenge for global social marketing. In the event that a pandemic does occur, social marketers throughout the world (along with governments, health services, and businesses) will face a task on a scale which has not previously been experienced—in terms of both the potential for widespread mortality and the speed with which high-quality comprehensive social marketing campaigns will need to be mounted. This would perhaps provide the ultimate test of the efficacy of social marketing as a tool for bringing about behavior change for the benefit of the individual, group and society. Additionally, in the case of a pandemic, a need exists to go beyond education/marketing. Social marketing or educational interventions are unlikely to work in isolation (see Rothschild, 1999), and will need to be combined with policy and legislative actions such as closures of schools and workplaces and restrictions on air travel. However, such marketing campaigns will be an essential first step in raising awareness and knowledge.

Developers of social marketing campaigns will face a number of challenges, including: the need to raise awareness and concern about bird flu to a level that motivates consumers to respond but not to a level that causes public panic; the need to ensure that control measures are clearly identified to the public prior to and during a bird flu outbreak, and that a strategy exists for communicating these measures in an effective manner to the public; and the need to convince persons that they need to comply with all of the recommended control measures, not just those that they personally feel are important. Further, they will need to have an associated strategy for their social marketing campaigns' targeting intermediaries—such as general practitioners and other medical personnel, schools, business owners, and commercial and public organisations which could be utilized to disseminate information and resources.

Perhaps the most significant challenge for social marketing is apathy—both from consumers and from those who could potentially communicate with them. A general consensus exists within the scientific community that a bird flu pandemic will occur but no consensus on when the pandemic will occur is available. The estimates regarding how widespread or virulent the pandemic will vary significantly but even the most conservative estimates involve millions of deaths. Given these uncertainties, social marketers (like consumers) may be tempted to take a wait and see approach, reasoning that no one should not waste financial and academic resources on researching and developing campaigns for a problem that may not eventuate. Taking such an approach is socially irresponsible given the consequences of an actual outbreak—presumptive planning and action is the only socially responsible approach.

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