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Developing proactive communication strategies for a potential pandemic

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Developing Proactive Communication Strategies for a Potential Pandemic

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Abstract

Communication through the Australian media during a potential avian influenza epidemic could act to inform the public OR misinform, contributing to unnecessary public panic and undesirable responses. This project is part of ongoing research to assess Australians' knowledge and perceptions of bird flu which will allow the development of public service advertising messages for use by the Australian government in the event of a bird flu outbreak or pandemic. Focus group and CATI survey results on bird flu perceptions were used by an Australian advertising agency to prepare two campaign concepts. The concepts (story boards and print ads) were tested using focus groups by two independent market research companies in July 2006. This paper reports on the results of the ad-testing, and provides recommendations for the development and refinement of a public communication campaign to minimise public panic during a bird flu outbreak or pandemic in Australia.

Introduction

Avian Influenza (bird flu)

The influenza A (H5N1) virus, hereafter referred to as bird flu, is currently the focus of the world's attention (www.inspection.gc.ca). The virus can be transmitted from birds to mammals (including pigs, seals, whales, mink, ferrets, tigers, leopards, stone marten and domestic cats), and from birds to humans (Alexander, 2000; Hien et al. 2004; www.cdc.gov). While bird flu viruses are not known to infect humans there have been recent cases where the virus can spread from human to human (Butler, 2006; Ungchusak et al. 2005; Wulandari and Lyn, 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 the virus can be transmitted from infected birds to animals where the virus can mutate into a form transmissible to humans and 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 neighbouring countries. Thus in many respects the world is playing a waiting game hoping that an outbreak doesn't occur or, if it does occur, that the policies and procedures being developed by countries can be implemented in a fashion that is sufficient to control the outbreak. The potential health and economic consequences of bird flu for Australia are enormous and breaking information must be proactively responded to, and indeed, anticipated by government-authorised communications.

Communicating about Bird Flu

Communication in the Australian media regarding a potential bird flu epidemic, , 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, NGOs 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 (eg, from co-workers or media sources) and enhance the likelihood of the public taking the recommended preventive and remedial actions should these become necessary.

This research project is part of a larger project that was developed to gain an understanding of the knowledge and perceptions of Australians about bird flu, to develop and pretest messages (public service ads) that the Australian government could use in the event of a pandemic, and to develop broader communication strategies to produce effective communications and to respond to misinformation that is expected to appear in the public arena. A series of four focus groups and an Australia-wide CATI survey (n =200) were conducted to gather in-depth information on the Australian public's knowledge of, and concerns about, bird flu, which found that people were generally unconcerned about bird flu and did not see it as an issue for Australia (reported elsewhere).

Strategic Thinking

Presently there appears to be little or no risk of a human pandemic from bird transmission of the virus, and little or no risk, whilst it is contained to birds, of anyone in Australia being infected with bird flu. However, should a pandemic eventuate, the government may have limited time to communicate with, and engage, the Australian public in order to bring about the desired behavioral responses. Thus, a key question for the research team was how much or how little information should be provided to the public given that a central goal of the campaign would be to minimise panic.

Witte and Allen (2000) suggest that strong fear appeals produce high levels of perceived severity and susceptibility, are more persuasive than low or weak fear appeals, and motivate favourable risk management actions, therefore resulting in the greatest behaviour change. Applied to communications about bird flu, this theory would mean all information about bird flu would be provided to the public immediately. However, one school of thought says information, where there is a possible downside to its dissemination, should be limited to those who have a need to know. The logic underlying this approach is "why risk the consequences?" of possible despondency, despair, panic or damaged credibility (e.g. the Y2K bug) by spreading the worst news about bird flu when the virus has not mutated, and may never mutate. That is, to learn what a bird flu pandemic really is going to do at the same time as you learn that it has begun would seem most conducive to elicit a panic response, and is therefore not the most favourable option in developing a communication campaign.

On the other hand, inoculation theory (Anderson and McGuire, 1965; McGuire, 1970) would suggest that if people are given the worst-case scenario when there is only a hypothetical risk of catastrophe (that is, pre-exposing the public to information), they will process the risk less dangerously, come to terms with it, and be less likely to panic should it occur than if they were to

remain in an uninformed state. It is a fundamental assumption of risk communication efforts that individuals will be more capable of making important decisions about precautionary behaviors if they are more knowledgeable about the consequences of those behaviours (Gerrard, Gibbons & Reis-Bergan, 1999) . For example, during the SARS outbreak in Hong Kong in 2002 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, it resulted in panic reactions among the public, as well as long-term negative economic effects.

Method

Using the results from the focus groups and the CATI survey 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 resulted in two very different campaigns for testing: a presenter approach, and a non-presenter approach. Each campaign consisted of two phases. *Phase One pre-pandemic communication* aims to educate the public that bird flu does present a real and significant risk; to reassure them that the government is taking action; and to inform them that there are precautionary actions they can take. *Phase Two communication in the event of bird flu cases in Australia or a pandemic* builds on Phase One awareness messages with more specific action messages; the fact that the public have been ‘recruited’ by the Phase 1 communication efforts and begun to take protective actions (or at least accept the value of doing so), further minimising panic as the now receptive public has already processed and come to terms with the health scare.

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

Approach 2 – ‘Paper People’: The visual theme for this concept was cut-out paper people (which most people would remember making as children) which were used to provide a very flexible, and immediately recognisable 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 we are all together, thus it is our closeness that makes us vulnerable. Secondly, the concept works as a metaphor for cooperation – we need to work together to minimise 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, a common predicament of campaigns like this. That is, the paper people represent *all* people in Australia.

The advertising concepts (story boards and print ads) were tested using focus groups by two independent market research companies (one in New South Wales and one in Victoria). The focus groups were conducted in July 2006. Each company conducted three focus groups in the metropolitan area and one in a regional area. In each state, there was a group of “Young Adults/Travellers” (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).

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 behavioural elicitation. The focus group results were used to generate specific recommendations for the modification of the campaigns and their ad components.

Results

Current Bird Flu Perceptions

Prior to exposure to the campaigns, participants were asked about their perceptions of bird flu. Consistent with the first series of focus groups and the CATI survey, bird flu was recognised as serious and deadly but an issue quarantined in their minds with third-world Asian countries. Respondents also appeared sceptical as to the extent of media scare mongering, perceiving coverage of bird flu as another example of media hype over scares that never eventuate here (like SARS and the Y2K bug), and cite the current lack of media attention as evidence to support this point of view.

Phase One

Spokes People: Immediately after exposure to Phase 1 of the Spokes People Campaign, members of the public were gauged on their perceptions of bird flu. Overall, Phase 1 of the Spokes People campaign increased the public's perceived threat of bird flu. However, their spontaneous written responses indicated the potential existed for a panic response when people were exposed to the Phase 1 Spokes People materials. On the other hand the campaign did result in participants having a reasonable degree of confidence in the Australian Government's ability to respond to a bird flu problem.

However, the Phase 1 Spokes People materials did not stimulate the participants to *personally* become more informed or to be personally more responsible. In essence the Spokes People campaign elicited a greater response in relation to the threat of bird flu, compared to confidence in the Australian Government, and at the expense of a call to action to be personally responsible. Faced with an actual bird flu outbreak, this would be considered an unacceptable response.

Paper People: Immediately after exposure to Phase 1 of the Paper People Campaign, the participants were again gauged on their perceptions of bird flu. Spontaneous response to Phase I of the Paper People Campaign was positive. The campaign appeared to have increased the public's confidence in the Australian Government. More importantly, this campaign spontaneously elicited a call to action to *personally* become more informed – to be personally responsible.

Using the Paper People was seen as an effective strategy as it sent the message that all persons would be affected - thus participants responded that "it could be me." The Paper People approach effectively communicates that we are all linked (i.e., we can catch the disease from one another and we need to co-operate with each other to effectively manage the problem). It was also seen as a useful device for quickly and simply demonstrating the required actions to take in the event of a pandemic without being confronting. Finally, many participants commented that the paper doll device is linked to disease awareness symbolism (eg, the pink ribbon for breast cancer).

Phase Two

Spokes People: Spontaneous response to Phase 2 of the Spokes People campaign continued to highlight the potential for the public to react with alarm to the messages. In addition, the focus on hand washing contributed to this feeling of "hopelessness". There was a strong perception that washing hands is an act most individuals undertake without a second thought, and this trivial act

was being proposed as being capable of warding off potential death. This tended to result in the perception that if this is all we can do we are in trouble.

Paper People: The spontaneous response to Phase 2 of the Paper People Campaign was positive. The Campaign provided very clear action steps, without being alarmist. Elements of Phase 2 of the Paper People campaign which were assessed favourably by the participants included the fact that the TVC focused on a list of actionable actions (i.e., washing hands, using disposable tissues, stocking up, and staying away from others), and that there was a clear call to action (i.e., take these actions and seek out further information from these sources).

Discussion

Generally speaking, across both campaigns (but particularly for the Spokes People campaign), people were not left feeling prepared or secure after seeing the Phase One communication.

There are a number of objectives the Phase One communication needs to achieve including: raising awareness of bird flu as an issue; getting people to take bird flu seriously; and reassuring people that the government knows what it is doing and is in control. It was very clear from the focus groups that people do not want to hear that the government does not 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, no gaps in information, and this needs to be communicated in a timely manner. It is also essential 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 - this was compounded by the apparent focus on hand-washing which was seen as something that is already adequately practiced on a daily basis. This reaction is supported by Gerrard, Gibbons & Reis-Bergan (1999) who state that people tend to react to risk information in a defensive manner, and this is especially true if the message suggests that their current or past behaviour has been unwise or unhealthy. 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 – for example a *different* and more “medical” approach to washing hands – 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.

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