

# Communicating in Changing and Difficult Communication Environments: Some Things I've Learned Regarding Influenza Immunization

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# **The Starting Point – The Past Season**

# Most Prevalent Influenza Immunization Messages 2004-2005

- “There will be record amounts of flu vaccine.”
- “The flu vaccine supply has been cut in half. Availability is limited. We have a shortage.”
- “High risk groups are the priority. The people in priority groups are. . .”
- “Keep trying. We’re looking for more vaccine.”
- “More is available. More can get vaccinated.”
- “A lot of places still have a lot of vaccine.”

# And other visible “messages” during the 2004-05 Influenza Season

- “Panic.” “Confusion.” “Chaos.”
- “If you’re not in a priority group, step aside.”
- “Wash your hands. Cover your cough.”
- “Stay home if you’re sick.”
- “Antivirals quickly taken after the onset of symptoms are an effective way to treat influenza.”
- “For the vast majority of people, influenza will just make you feel miserable for a week or so.”

## And,

- “Efficacy of flu shot in children under 2 questioned” (i.e., Jefferson, et al., Lancet)
- “Benefits of flu shot for elderly questioned” (i.e., Simonsen, et al.)
- “High priority groups received vast majority of 2004-05 influenza vaccine”

## **Things I've Learned:**

**Developing effective messages isn't as easy as it appears – and changing attitudes about vaccination is often challenging.**

# Numbers, statistics, and well intended recommendations may not “resonate”

“Why is it when someone utters the words ‘public health,’ we’re expected to flip the brain switch to the off position. . .Perhaps one day, we’ll start thinking for ourselves and force the stampeding herd of alarmists to persuade us, instead of using purely emotional (*sic*) arguments.”

“Health Alarmists Blow Smoke”

David Harsanyi, Denver Post Staff Writer, 4/25/05

## Even when you think they should. . .

- Reasons registered nurses cited for not getting an influenza vaccination:
  - “If you get the flu, your body will work it out, and then you’ll have the antibody.”
  - “We are people who aren’t often ill. . . We get immune by being around sick people— we work with all these sick people and don’t get sick.”
  - “They just want to keep the workforce healthy. They don’t want lots of healthcare workers out sick.”



# New Study: “Trumpeting vaccination may only entrench opposition”

Wilson, et al. (2005) study in *Vaccines*,

- Neither an evidence-based presentation on the benefits of polio vaccine or a talk by a polio survivor positively effected the beliefs of participants who were generally non-supportive of vaccination.
- Extolling the safety and benefits of vaccinations may only serve to strengthen and entrench the positions of those philosophically opposed to them.

## **Things I've Learned:**

**It can be difficult to avoid “mixed”  
messages.**

# Bio-terrorism Example

- “Wake Up”
- “But don’t be alarmed.”
- “We have a terror warning.”
- “But nothing specific.”
- “But it’s coming soon!”
- “But we’re not changing the alert color.”
- “But here are the seven guys.”
- “Who might not be connected with this.”

## Bio-terrorism example continued. . .

- “So be afraid.”
- “But not too afraid”

The likely reaction: “That guy scares me.”

# Influenza Example

- “Wake Up”
- “But don’t be alarmed.”
- “We have an influenza warning.”
- “But nothing specific.”
- “This year’s flu season could be very severe!”
- “But it’s impossible to predict.”
- “But we know these strains usually cause more severe illness and deaths.”
- “But we have a vaccine that may provide some protection.”

## Influenza example continued...

- “So be afraid (i.e., enough to get vaccinated).”
- “But not too afraid (i.e., don’t everyone seek vaccination at once.)”

The likely reaction: “That guy scares me.”

## **Things I've Learned:**

**The media are an important, needed, yet insufficient messenger and channel for achieving higher influenza immunization rates.**

# Media conventions and practices apply to influenza and influenza vaccine

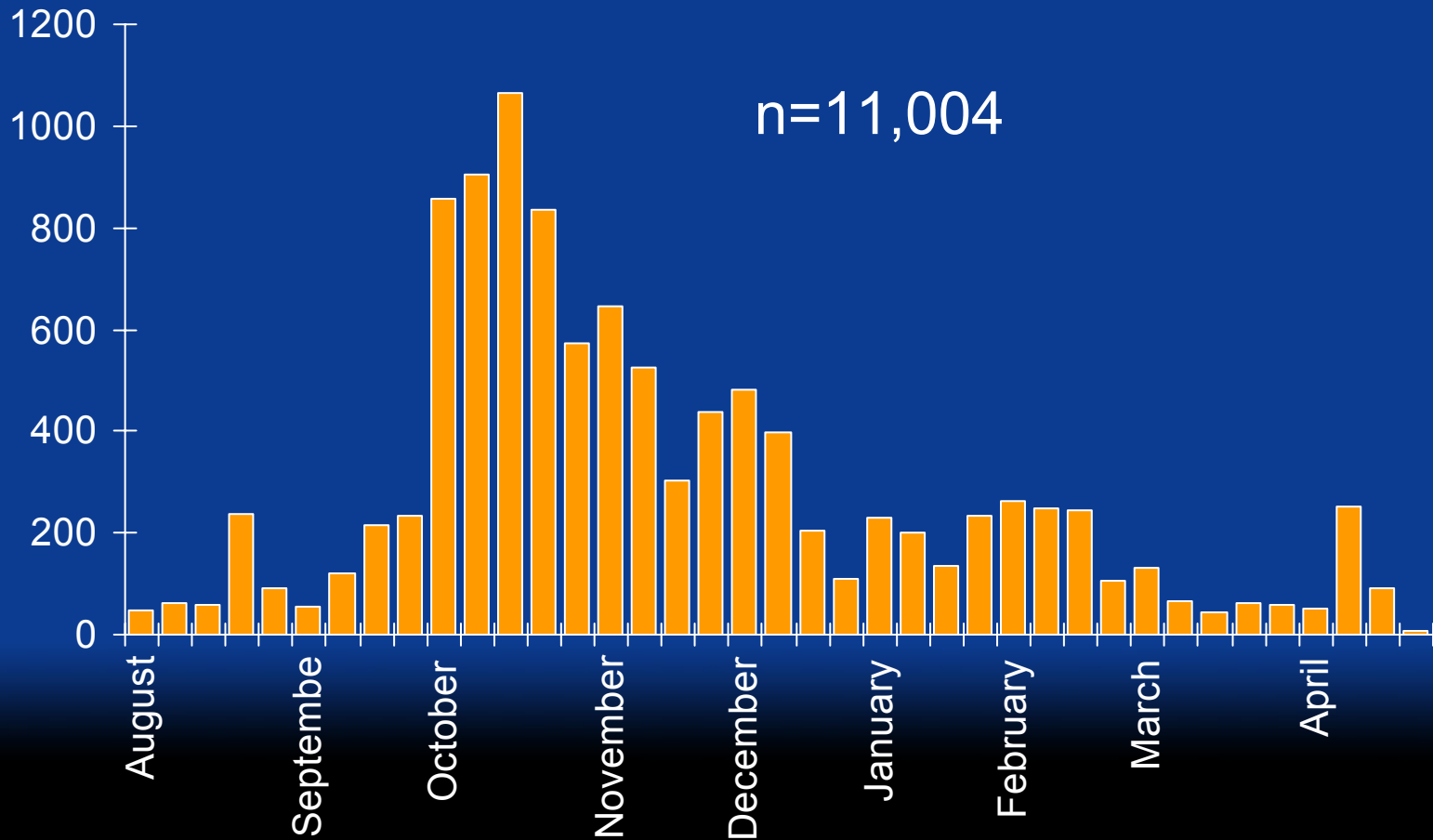
- Media interest and coverage:
  - Depends on “what’s new?” – new findings, new data, new developments, controversy, conflict, things that are unique or unexpected, etc.
  - Lasts primarily to the extent you have something new, interesting, or important– e.g., new developments, more conflict
  - Focuses more on shortcomings and conflicts than on successes (and thus is often a poor reflection of reality)
  - Is affected by “what else is going on in the world”



# Examples

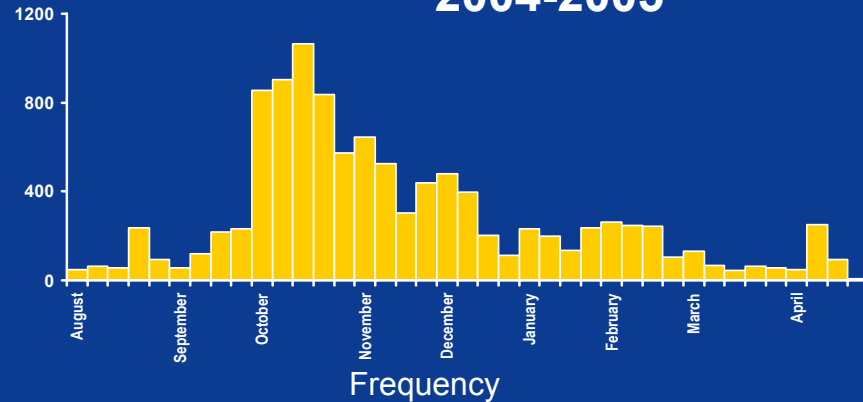
- Press releases and press conferences
- Facts we deem important (e.g., “in an average year, influenza kills an estimated 36,000 people)
- Very visible and sustained media coverage:
  - Requires lots of “news”
  - Greater attention requires “bigger” news
  - And even then, media coverage often looks a lot like influenza activity. . .

# Influenza vaccine-related media print media stories, Aug., 2004- April, 2005

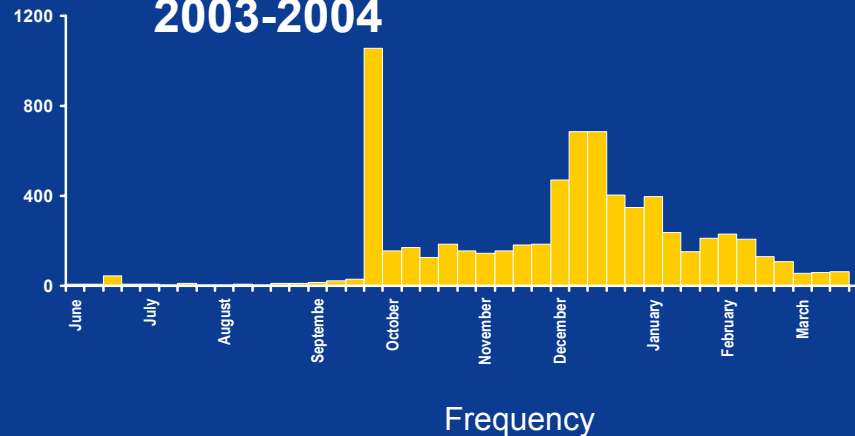


**“News” drives media interest and coverage – the more new developments, the more coverage you receive. . .**

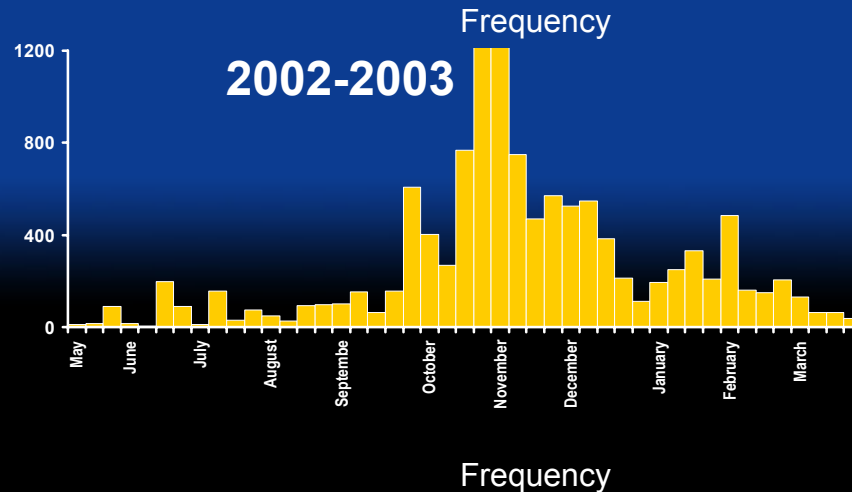
**2004-2005**



**2003-2004**



**2002-2003**



## **Things I've Learned:**

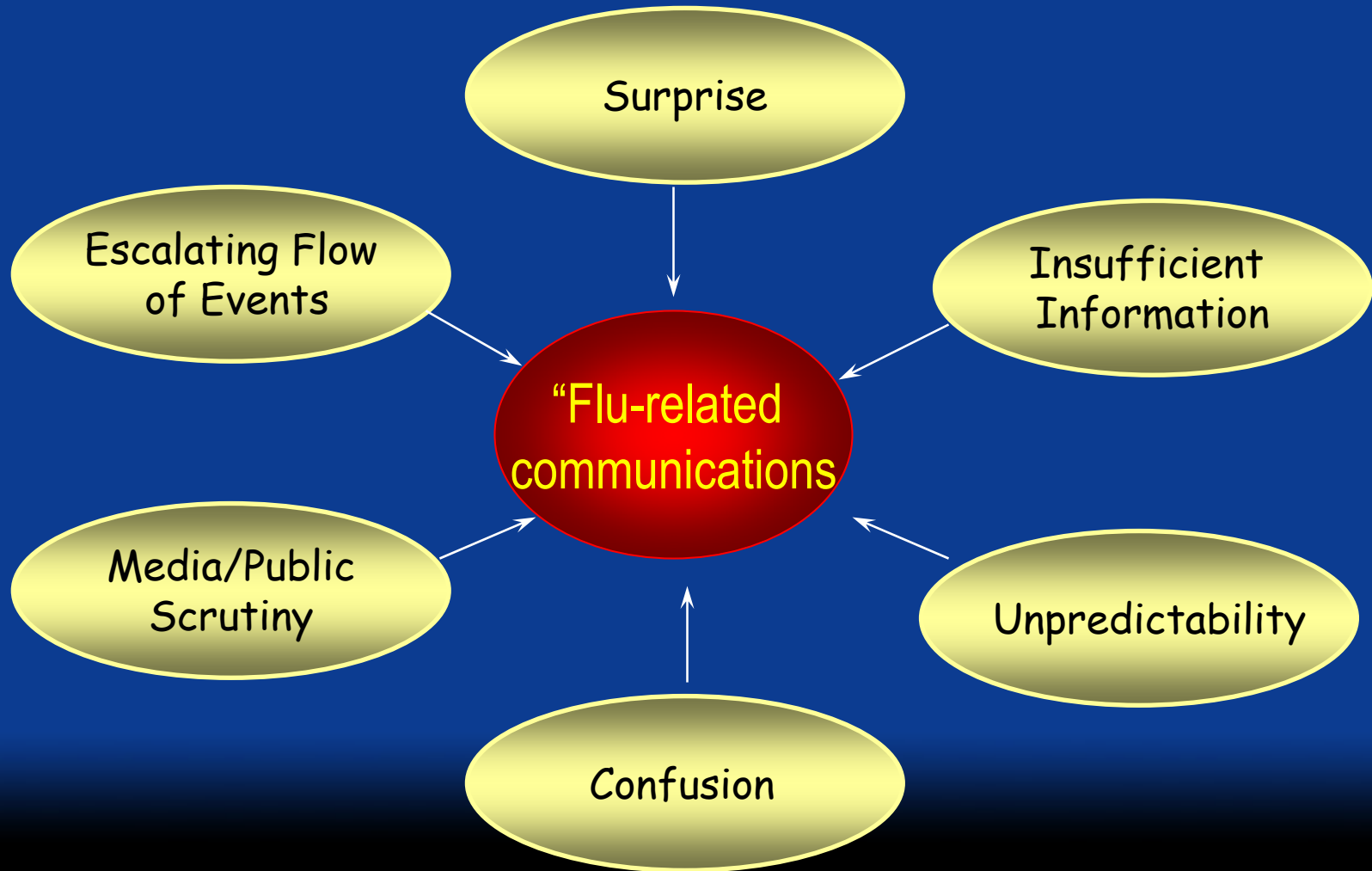
**There are at least two general communication approaches that are relevant and helpful when it comes to influenza immunization communications:**

- 1) Risk/Crisis Communication. . .**

# Characteristics of a "Crisis"



# Characteristics of an Influenza Season



# Utilize Risk Communication “Best Practices”

- **Acknowledge uncertainty** (e.g., “we don’t know how much flu vaccine will be available this season”)
- **Share dilemmas** (e.g., “We want and need your help”)
- **Express empathy** (e.g., “We are sorry this is frustrating for so many people.”)
- **Tolerate uncertainty** (e.g., “Life is unpredictable. We don’t know what is going to happen, so we’re developing a number of plans.”)
- **Model desired responses and behaviors** (e.g., “The situation will evolve— and so will our advice.” “We all need to be flexible, patient, and persistent.”)

# Use Communication Strategies and Messages that are Characterized by...

- Mutual respect and empathy
- Language, images, and viewpoints that audience members use and understand
- Commitment to helping people achieve and maintain good health – even if they aren't favorably predisposed to flu vaccination
- Recognition that individual health-related decisions may be based more on values than on evidence



## **Things I've Learned:**

**There are at least two general communication approaches that are relevant and helpful when it comes to influenza immunization communications:**

- 1) Risk/Crisis Communication and 2)**

**“Thinking like a Marketer”**

# **“Go out and live in the villages.”**

**Bob McDonald, Procter & Gamble**

- Be careful how you think about things. . .
  - “Demand for flu vaccine is lacking. Too many people believe myths.”
  - “People only want to receive flu vaccine in October and November.”
- Remember, “the consumer is the boss.”
  1. They usually are not like you.
  2. But like you, they often/typically like, and need, options.

# Ever-expanding universe of “colas”

Used to be two options:

- Coke
- Diet Coke

Now over 16 different options:

- Caffeine-free
- Cherry
- Vanilla
- Lemon
- Lime
- Half diet / half regular
- Choice of artificial sweeteners

# Ever-expanding universe of influenza prevention options

Used to be “one” option:

- A flu shot

Now many different options:

- Injectable influenza vaccine
- Intranasal influenza vaccine
- Antiviral medicines
- Antiviral Kleenex
- Over-the-counter medicines
- Frequent hand washing
- Avoiding ill people
- Home remedies & strategies

## Thus, it may helpful to . . .

- Acknowledge that consumers have many options when it comes to influenza prevention
- Highlight the benefits of using many to help protect against influenza (e.g., “the more steps you take, the better protected you’ll be”)

# “Formulating Marketing Messages”

(Roger Cauvin, May 2005)

- Portray your product as a solution to a problem
  - Helps if problem is perceived as urgent, pervasive, and one that people are willing to pay to solve
- Your key messages must be clear, memorable, and resonate with audience interests and needs (and number three or fewer)
- “Attack” the weakness within your leading competitor’s strength (i.e., develop messages that call attention to this weakness)
- Avoid over-emphasizing low price as a benefit – a low price often leads to perception of less benefit.

**What could our message be?**

# Influenza Example

- “We hear you.”
- “Many of you are concerned about the value of a flu vaccination.”
- “It’s okay to be concerned. But also consider. . . .”
- “Flu viruses cause serious illness.”
- “And every year, influenza can cause millions of people to get sick.”
- “Many become very ill, and some need emergency care.”
- “The good news is, flu vaccine can help you avoid many days of misery.”
- “And also help prevent very serious illness.”



## Influenza example continued. . .

- “Whether it’s a shot or a mist. . .”
- “It’s better to get vaccinated than to get really sick.”

And hopefully the reaction will become:

“That guy makes sense.”

**Thank You!**