

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.

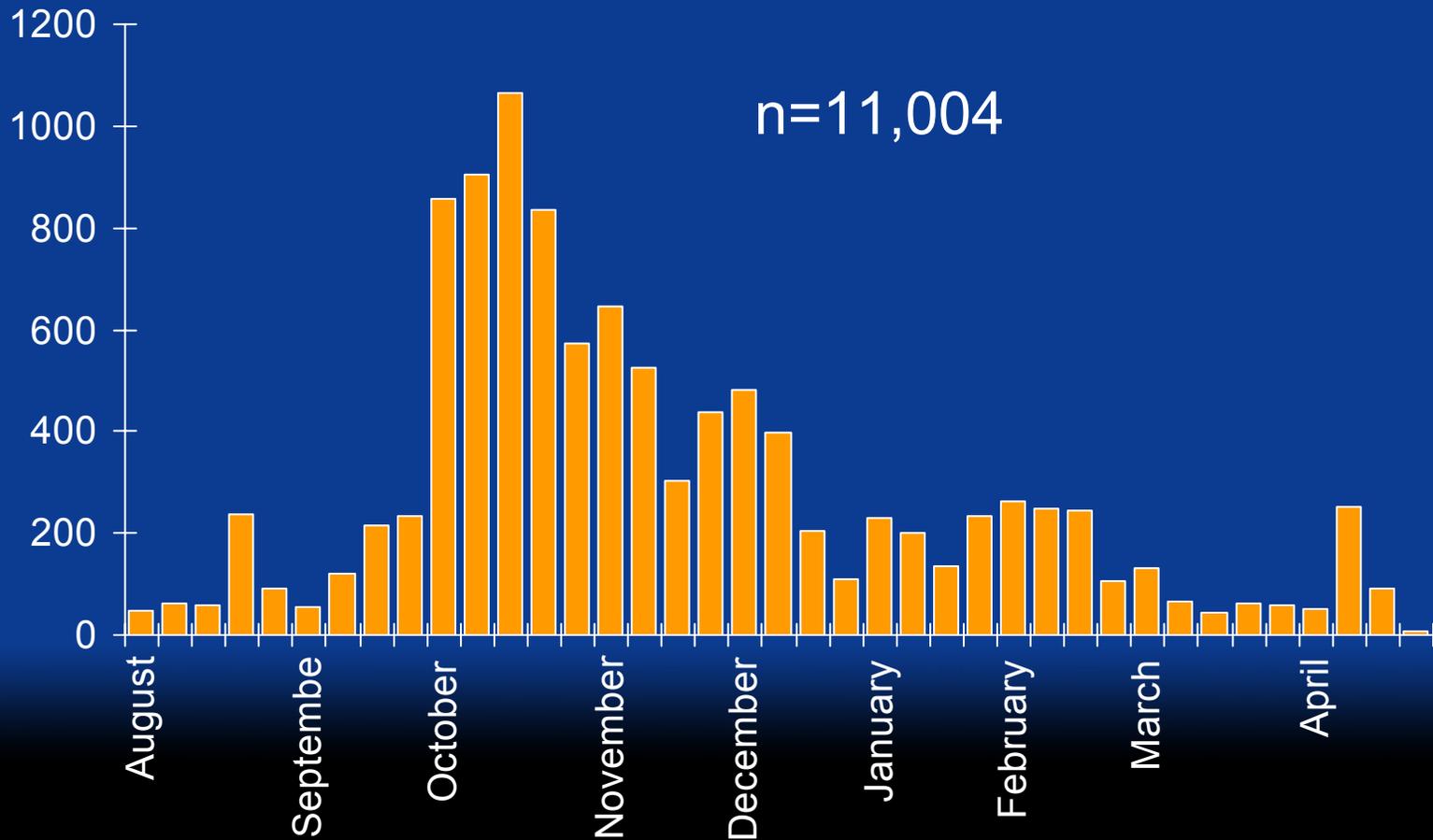
Media conventions and practices apply to influenza and influenza vaccine

- 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

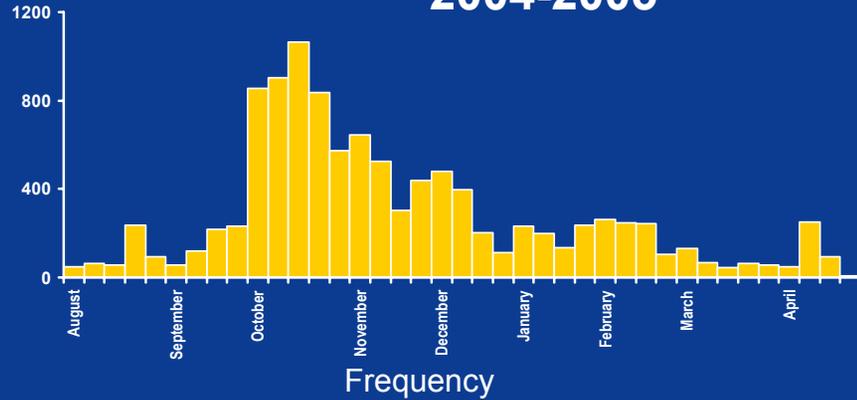
- Press releases and press conferences
- Facts we deem important (e.g., “in an average year, influenza kills an estimated 36,000 people)
- Very visible and sustained media coverage:
 - Requires lots of “news”
 - Greater attention requires “bigger” news
 - And even then, media coverage often looks a lot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

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

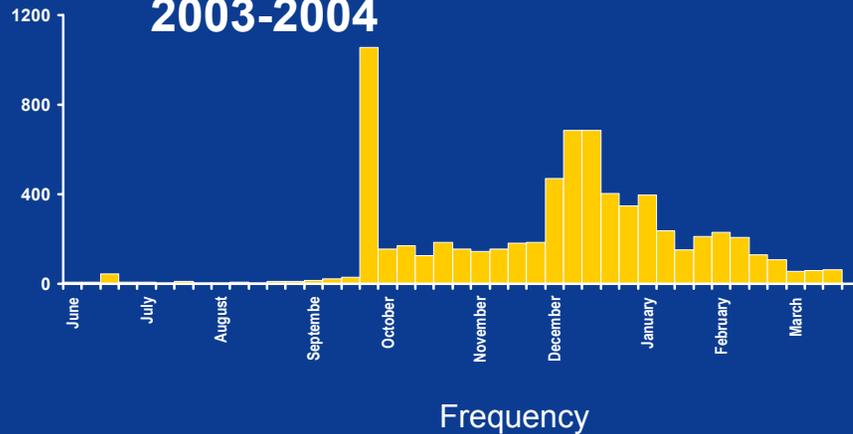


“News” drives media interest and coverage – the more new developments, the more coverage you receive. . .

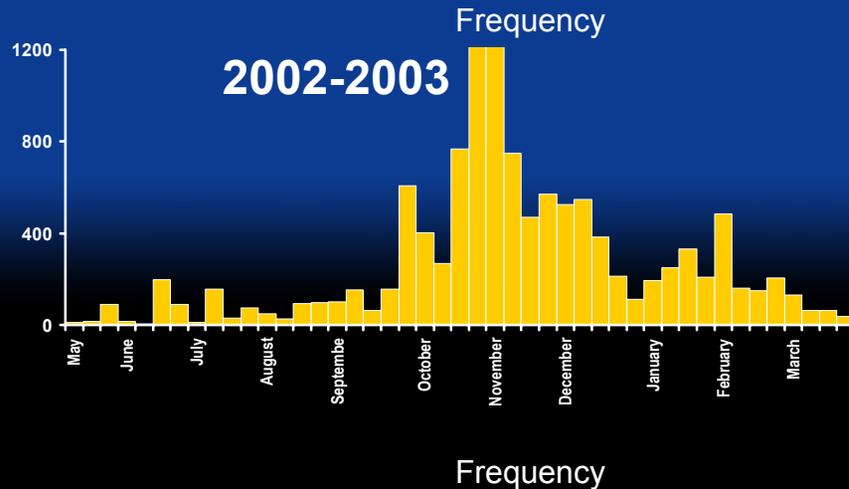
2004-2005



2003-2004



2002-2003



Things I've Learned:

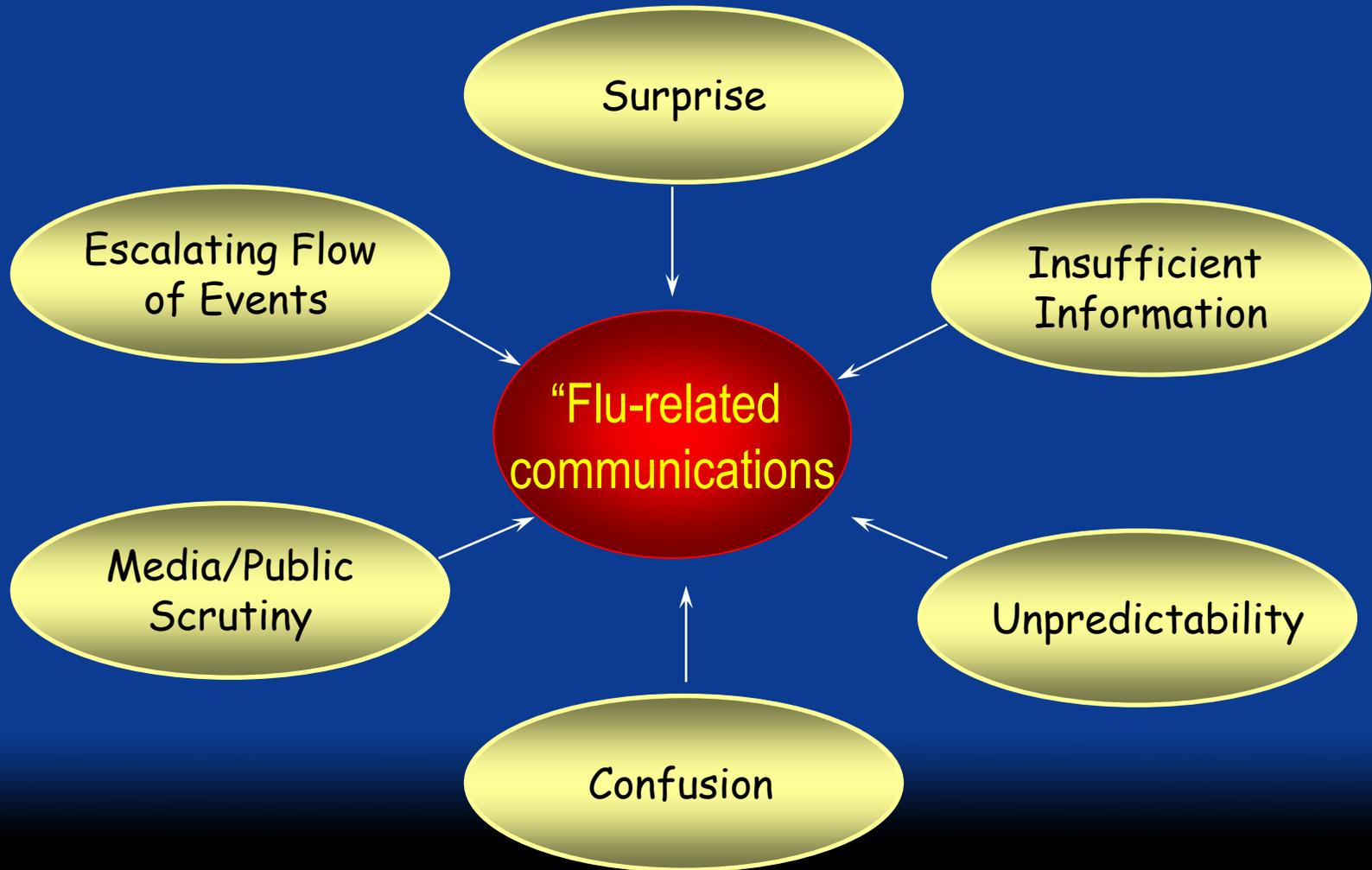
There are at least two general communication approaches that are relevant and helpful when it comes to influenza immunization communications:

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!