The impact of communications about swine flu (influenza A H1N1v) on public responses to the outbreak: results from 36 national telephone surveys in the UK

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Record Status
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Authors' conclusions
Implications for practice

1. Uptake of recommended behaviours during the swine flu outbreak was low. Maximising the impact of communications campaigns that promote protective behaviours during future pandemics is therefore important. Our results show that psychological processes are important to consider when designing these campaigns.

2. Rapid-turnaround surveys can be useful as part of a public health response to evaluate whether communications campaigns have had an effect on behaviour and to identify what factors mediated this process. However, in order to get the most out of analysing such data, it is important that the most appropriate constructs are measured using wording and response options that maximise reliability and validity of measurement. This is true both of psychological predictors and of self-report measures of behaviour. Seeking early advice from behavioural scientists on these issues is recommended in any future outbreak. It is also recommended that a model template for such a survey be designed in advance of a future pandemic.

3. During a future outbreak, raising levels of worry about the possibility of catching a disease from low levels is likely to increase uptake of behavioural recommendations. However, it is also likely to increase uptake of non-recommended behaviours. Conversely, attempts to reassure the public about their chances of becoming ill during a future infectious disease outbreak are likely to reduce rates of behaviour change. How to steer the best course in the face of these conflicting influences requires the application of general principles to the specifics of any particular situation.

4. Emphasising the efficacy of recommended behaviours in any future campaign should help to maximise the campaign’s impact on those behaviours. Importantly, although increasing levels of worry might increase rates of all protective behaviours, regardless of whether they had been recommended or not, our results suggest that communicating the efficacy of a specific behaviour may have an impact on that behaviour alone.

Research recommendations

1. While our results suggest that successfully communicating information about the efficacy of protective behaviours will increase the uptake of these behaviours, we are unable to specify the best techniques for providing information about efficacy. Additional research on this topic would help to guide future communications campaigns.

2. Across all of the behavioural outcomes that we assessed, there was evidence that people from particular demographic groups were more inclined to engage in behavioural change. Our results showed that ethnicity, age, household size, health status, socioeconomic status and gender all played a role in determining whether someone engaged in a given behaviour or not. The mechanisms underlying these effects are likely to be complex and may have important implications for the way in which messages for these groups should be framed. Additional research to understand the reasons for and implications of these effects would be of value.

3. Since the cross-sectional analyses reported in studies 2 and 3 were completed, additional data from the surveys have become available. These include potential outcome variables such as hand-washing data and actual, rather than intended, vaccine uptake. We recommend further analysis of this data set, focusing on these variables. Similarly, the database would also allow a more detailed analysis of the content of media reporting to be used as a predictor of worry during the outbreak.
The perception that too much fuss was being made about the risk of swine flu was high throughout the outbreak, and was associated with reduced uptake of recommended behaviours. It is unclear how people's experiences during the swine flu outbreak have affected their perceptions of health warnings produced by scientists, the media or the government, what impact this might have on their response to future warnings about a potentially more severe pandemic or how best to ameliorate any scepticism. Additional research addressing these areas is warranted, informed by evidence-based theories of behaviour change.

For the foreseeable future, telephone surveys are likely to remain the only pragmatic way to obtain rapid, quantitative data with which to inform policy decisions during public health incidents. Additional research to improve the validity of this technique is therefore warranted. As a first step, testing the validity of self-report measures of different types of behaviour would be of value.

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