



COI Research Management Summary on Behalf of the Department of Health

Title

Pandemic Flu – Radio Executions Testing - Hands and Rhythm Phase 4/5.
Research conducted by Research Works Ltd. (October 2006)

COI Reference number:

277726

Audience

British general public aged 16 and over.

Background

The Department of Health have developed two pandemic flu radio executions intended for Alert Phase 4 and 5 of a pandemic flu scenario. The executions consisted of ‘ Hands’ , intended for Alert Phase 4, and ‘ Rhythm’ intended for Alert Phase 5. Each was created in 30 and 60 second versions.

Research Objectives

Overall the research was required to test the two pandemic flu radio executions intended for Alert Phase 4 and 5 of a pandemic flu scenario. In particular, each execution was tested for:

- Impact on the audience and audience engagement with the executions
- Core messages communicated effectively to the audience
- Audience identification with the communications
- Audience reaction to tone of voice
- Appropriate target audience
- Potential impact on audience behaviour
- Issues or queries raised by participants

The research was also intended to assess changes in audience perceptions following on from a similar study conducted in September 2005.

Methodology

Two qualitative hall test days were conducted in Preston and South London generating a total of 40 individual interviews, each lasting 20-25 minutes. The sample breakdown was as follows:

- 50/50 male/female split
- 50/50 split ABC1 and C2DE respondents
- A spread in terms of age groups 16 – 24 years, 25 – 40 years, 41 – 65 years and 65 years plus
- Ethnic minority representation was achieved

Respondents listened to both ‘ Hands’ , intended for Alert Phase 4, and ‘ Rhythm’ intended for Alert Phase 5, both in the 30 and 60 second versions.

Fieldwork Dates

10 & 12 October 2006

Results

Awareness and Knowledge of Pandemic Flu

Awareness of pandemic flu was relatively low among the general audience but was higher in South London than in Preston and among the ABC1 group than the C2DE participants. Awareness was also found to be higher than in September 2005.

Those at least aware of pandemic flu had relatively low knowledge of it, although this was again higher than in 2005. Associations with the term pandemic flu include:

- General recollection of the term via media coverage
- Connections made with the terms ‘ bird flu’
- Likely to come from Asia and/or Africa
- Some knew that it was a new and potentially fatal flu with no current vaccine available for treatment

A small minority of participants, all from the ABC1 group and radio 2, 4 or 5 listeners had a greater knowledge of the nature of pandemic flu and its potentially serious consequences.

Responses to 'Hands'

Participants identified the clear strengths of the 'Hands' execution as having a chatty, friendly delivery, a core mechanism of 'hands' visuals linking to the core message of the execution and clear messages about hygiene that target broad cross-section of the general public with a particular focus on younger age groups.

The messages on hygiene were more clearly absorbed by participants with the messages on pandemic flu being seen as secondary. Some felt the hygiene advice consisted of basic common sense but also supported the re-iteration of the basic messages for everyone.

The tone of voice used in the execution was broadly well received but some participants, mainly in Preston, rural, aged 50 and above and from the ABC1 group thought the voiceover was too 'cheeky chappy' and 'matey'.

Most participants noted a difference in tone between the 30 and 60 second versions of 'Hands' with the 60 second version perceived as being more serious in tone. In addition, some respondents found the increased length of time spent on the 'hands' visuals in the 60 second version was 'grating' although others felt it helped communicate the message effectively. The 60 second version was also felt to focus more on the message of covering your mouth.

Both the 30 and 60 second versions were considered equally child-friendly by interviewed parents.

In terms of the ‘ Hands’ executions impacting behaviour, most participants felt they already adhered to good hygiene practices but felt the executions would make them more conscious when doing this, in particular if the executions were broadcast against a backdrop of wider news reporting of the issue of pandemic flu in the event of an outbreak.

Responses to ‘Rhythm’

Participants identified the clear strengths of the ‘Rhythm’ execution as having an engaging delivery, effective ‘rhythm’ mechanic linking to the core message which itself was clear and to the point in describing the hygiene steps to follow.

The message about pandemic flu was felt to be more prominent in the ‘ Rhythm’ executions than in ‘ Hands’ with information on pandemic flu at the start of the execution which was perceived to work well by providing a clear context for the hygiene messages, placing the ‘ scary’ information up front and following with a message about the positive, proactive steps to take to combat the spread of pandemic flu.

The tone of the ‘ Rhythm’ execution was generally considered adult, maternal and nurse-like. However, the main criticism of the execution centred on the presenter’s style as being posh and school teacher like by younger participants and those from the C2DE group, although the main message of the execution was not seen to be affected by this.

How do ‘ Hands’ and ‘ Rhythm’ Work Together?

The main difference noted in the two executions is the tone, with ‘ Hands’ seen as positive and encouraging with a degree of urgency and ‘ Rhythm’ (particularly the 60 second version) seen as more serious, adult, instructive and imperative.

This difference was seen as appropriate given that ‘ Rhythm’ was intended for Alert Phase 5 when people need more direction and instruction.

Views on the Strapline and Information Sources

Most participants noted the inclusion of the NHS Direct telephone number in the executions, more so than the DH.gov website.

The strapline ‘ Pandemic flu lets face it together not spread it between us’ was generally well received as being positive and instructive, clear and focused on the need to individual action to protect oneself and the wider community.

Conclusions and Learning Points

Although awareness of pandemic flu was higher than the previous research conducted in September 2005, knowledge and understanding remains sketchy.

The main communication challenges remain:

- Limited familiarity and understanding of the term ‘ pandemic’ ;
- Lack of understanding of the science;
- Confusion of pandemic flu with ‘ bird flu’ and ‘ ordinary flu’ ;
- Limited awareness of the potential severity of the risk;
- Danger that coverage of ‘ bird flu’ is resulting in a weariness or lack of belief in the threat of a pandemic flu.

“ It’ s the government’ s latest, first it was bird flu but what’ s happened to that, we don’ t hear anything about that now, has it just gone away?”