Pandemic Preparedness: Learning from the Past

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Looking back over the past several decades, it is now obvious that there has been a pattern of epidemics and pandemics (SARS, MERS, H1N1, HIV/AIDS, Ebola, Zika) infecting our populations. However, it is also clear that most of what we learned from each of these health crises has escaped our collective consciousness as soon as that disease abated.

Prell Organization conducted a qualitative research study to assess the public’s reactions after the 2009 H1N1 Pandemic. The findings from this study are very relevant today and can help us understand how Americans are reacting to the current COVID-19 pandemic.

Two years after H1N1 had run its course, we conducted a series of focus groups for a state health department to prepare if another similar health crises occurs. We uncovered three main insights that can help us understand, not only our current situation, but also future pandemics.

1. The H1N1 virus made “a lot of people more germ-conscious” which motivated them to adopt many of the lifestyle changes that would prepare them for – and make them more compliant in – the current COVID-19 world:

   • Improved personal hygiene – hand-washing and sneeze/cough suppression
   • Sanitizing common objects – grocery carts and gas pump handles
   • Avoiding public places – especially if sick or vulnerable

   Key Quote: “It was scary for me because I interact with the public every day, exchanging germs. You become a hypochondriac, thinking you’re going to get it.”

2. While some of our focus group participants were skeptical about what the government says during such crises, statistics about the number of sick and dead – from medical experts and nationally-known institutions – are very credible:

   • Statistics make any message “look more authoritative”
   • Large numbers show the “seriousness” of the threat
   • Localized data demonstrates an urgency that “hits home”

   Key Quote: “Statistics is really what ‘gets’ a lot of people because – as far as health care is concerned – they’re pretty reliable.”
Not only is there an anti-governmental bias, but also an anti-scientific bent that may make it difficult to convince certain populations to comply with on-going public restrictions – unless relevant messages are targeted to these distinct segments:

- Some Hispanic women prefer to take care of themselves in natural ways
- Rural populations are especially distrustful of pharmaceutical companies
- Some African-Americans are aware of government experiments on human subjects

**Key Quote:** "I don’t trust the government because they create stuff to test on (black people). Then ten years from now, we all develop some death-threatening disease."

Our government leaders are tasked with the responsibility to develop messages that the public will listen to, understand, and act upon. For the most part, our healthcare leaders are using illness and mortality statistics strategically, and most citizens are complying with appeals to improve their personal hygiene, sanitize common objects and avoid public places.

On the other hand, certain demographic groups do not believe these messages: some people remain distrustful of medical professionals and also some people, who live in the more remote areas of this country, believe that the virus cannot reach them.

Pandemic preparedness was important ten years ago when we conducted this study and will be even more critical after this crisis has passed. Ten years from now, when we look back on the era of COVID-19, we can only hope that we have learned enough to be prepared for the next Pandemic.

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