

MOOC: Risk communication

RISKNET

Week 2

Know your cases.

Case: Health risk communication

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with special thanks to Eimantė Zolubienė



Outline

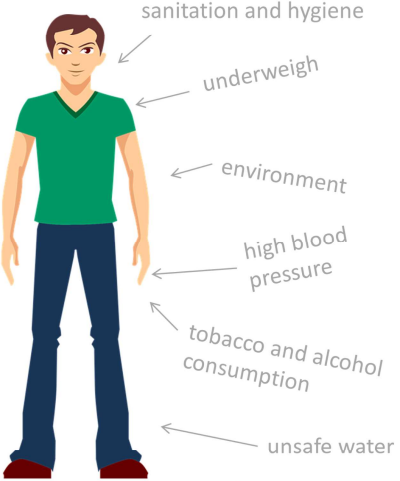
- Relationship between health and risk
- The goal of risk communication and its development
- Steps of health risk communication process
- Actors in health risk communication
- Health risk messages in media

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Relationship between health and risk

A paradoxical situation: longer, more healthy lives & **higher level of anxiety.**

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury (WHO).



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The multiple ways in which health and risk are constructed in contemporary societies are complex and paradoxical. At no time in history have humans enjoyed longer lives and better health and had access to such sophisticated tools for assessing and addressing health risks. At the same time, these incredible advances in biomedicine and public health seem to have engendered among many people more rather than less anxiety about their health as they find themselves having to negotiate an increasingly voluminous and contradictory health – related discourse. Today discourse about risk health and risk has reached ‘epidemic proportions’ (Jones, 2013).

The relationship between health and risk can be expressed using the term of “a risk factor”, which is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury (WHO). Everyday life is full of different risk factors, thus people need to have an effective risk communication, which could help to make better health risk related decisions.

Today's health security threats arise from at least 5 sources

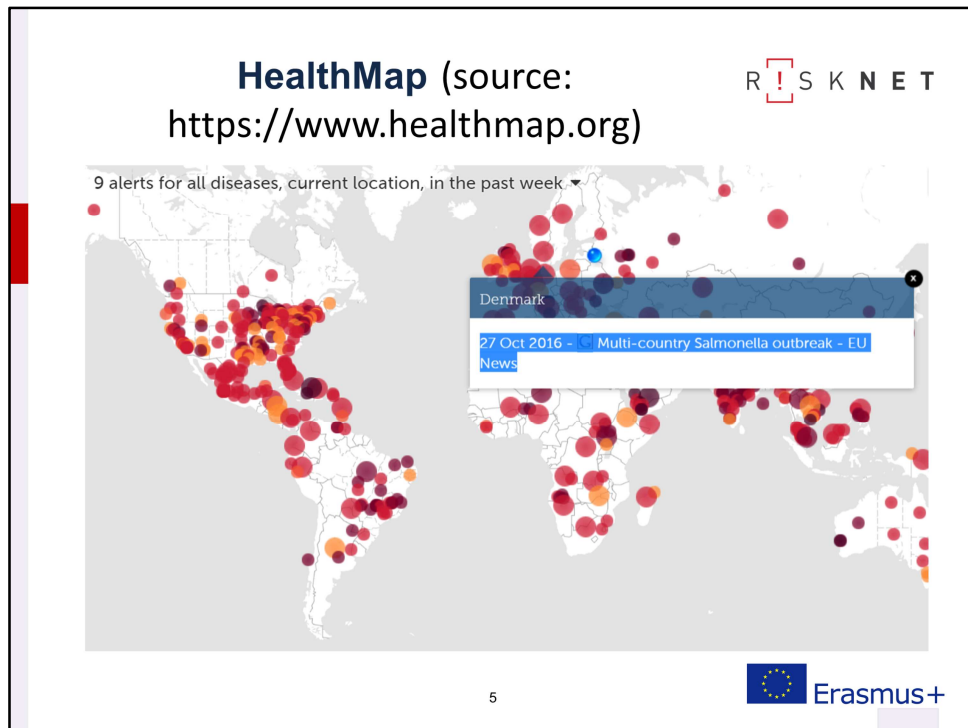
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(Centers for Disease Control and Prevention, 2013)

1. the emergence and spread of new microbes;
2. the globalization of travel and food supply;
3. the rise of drug-resistant pathogens;
4. the acceleration of biological science capabilities and the risk that these capabilities may cause the inadvertent or intentional release of pathogens;
5. continued concerns about terrorist acquisition, development, and use of biological agents.

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It is recommended to watch this map online. About it: HealthMap, a team of researchers, epidemiologists and software developers at [Boston Children's Hospital](#) founded in 2006, is an established global leader in utilizing online informal sources for disease outbreak monitoring and real-time surveillance of emerging public health threats. The freely available Web site 'healthmap.org' and mobile app 'Outbreaks Near Me' deliver real-time intelligence on a broad range of emerging infectious diseases for a diverse audience including libraries, local health departments, governments, and international travelers.

Health risk communication (RK) (WHO)

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RK used to be viewed primarily as the dissemination of information to the public about health risks and events, such as outbreaks of disease and instructions on how to change behaviour to mitigate those risks.



Today, RK is recognised as the two-way and multi-directional communications and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones.

The three big shifts that have influenced the field for RK are:

1. Experts and authorities are less trusted, and issue of real or perceived trust is now central to health communications and RK;
2. The way the public seek health advice has shifted to the public on-line sources, and social networks;
3. The way the media works has changed to embrace 24-hour journalism; the reduction in resources and "beat experts" to follow health news; the increase of citizenship journalism and social media, and the rise of opinion versus the well-sourced and referenced new stories of the past.



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Risk communication used to be viewed primarily as the dissemination of information to the public about health risks and events, such as outbreaks of disease and instructions on how to change behavior to mitigate those risks. Thinking on this has now evolved dramatically as social science evidence and new communication and media technologies and practices have evolved in the 21st century. Today, risk communication is recognized as the two-way and multi-directional communications and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones. It can and should utilize the most appropriate and trusted of channels of communication and engagement. It needs to bring together a diverse range of expertise in the field of communication, social sciences (mass media, emergency and crisis communication, social media, health education, health promotion, communication for behavior change, etc) and systems strengthening techniques in order to achieve public health goals in emergencies

The aim of risk communication (HNP, 2008)

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To provide the public with meaningful, relevant, accurate and timely information in relation to population health risks in order to influence choice.

Reconciling differing interests

What the public seeks in a crisis	What public health organisations seek
Reliable information to enable them to protect themselves.	Protection for the population, minimising morbidity and mortality.
Regular reports to support them to make well-informed decisions.	Rehearse response with maximum cooperation among partner agencies
An active role in the response.	Avoid misallocation of limited resources.
Transparent allocation of resources.	

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To communicate effectively about risks to the health of the public, risk communication must (HNP, 2008):

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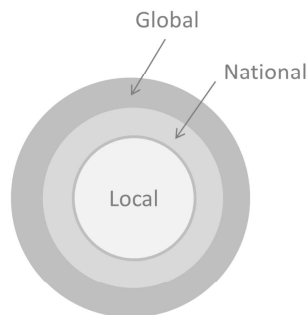
- have clear objectives that aim to improve general understanding of the crisis and/or the risk, as well as to inform appropriate action;
- strengthen working relationships and promote mutual respect among all involved parties;
- assist in the development of consistent, transparent and credible decision making processes;
- ensure that all advice and information for the general public must be clear and timely;
- make clear from whom the message comes and what role the authority is playing; and foster public trust and confidence in risk management decisions

Actors in health risk communication RISKNET

Interested parties include government, agencies, corporations and industry groups, unions, the media, scientists, professional organisations, interested groups, and individual citizens (Covello et al. 1991).



WHO is a specialized agency of the United Nations that is concerned with international public health. It was established on 7 April 1948, headquartered in Geneva, Switzerland.



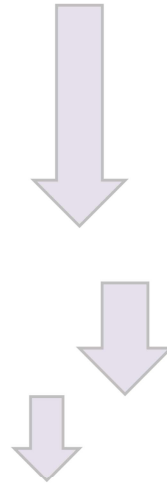
9 Different levels of participation in health risk communication

Different actors participate in the process of health communication. Interested parties include government, agencies, corporations and industry groups, unions, the media, scientists, professional organisations, interested groups, and individual citizens (Covello et al. 1991). The main organization acting in the global arena is WHO. WHO is a specialized agency of the United Nations that is concerned with international public health. It was established on 7 April 1948, headquartered in Geneva, Switzerland.

Steps of health risk communication process (1) (Kim Witte et al., 2001)

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- Identify the health threat, recommended response, and target audience.
- Conduct formative research about the target audience's beliefs about the threat, including beliefs to change, reinforce, or introduce.
- Develop one or more audience profiles of "typical" members of your target audience, including lifestyle practices, cultural beliefs, religious values, and so on.
- List the source, channel, and message preferences, making sure that they fit with the audience's values, demographic characteristics, and needs.



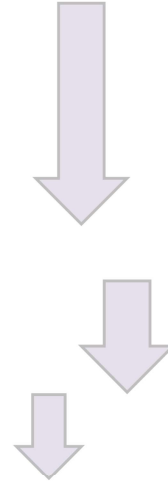
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Public-health-related messages are similar to other risk messages, but with the added goal of human behavioral change. Though health messages often contain an element of persuasion, they should still be based on understanding the audience's concerns, needs, and incentives to act. Health communication researchers Kim Witte et al. (2001) recommend a detailed process for audience analysis and message development, based on communication research (see on the slide).

Steps of health risk communication process (2) (Kim Witte et al., 2001)

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- Determine the stage of change readiness (unaware of or apathetic about the health threat, considering change, preparing to change, action, and behavior maintenance) for your profiled audience members and describe ideas for moving them to the next stage.
- Develop and test messages using the above research and using communication theories that address persuasion and behavior change.
- Deliver the message and measure belief and/or behavior change results.



Tips for health message development, based on communication research

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(Lundgren, McMakin 2013)

- Capture and maintain the audience's attention.
- Give the strongest points at the beginning of the message.
- Have a clear message.
- Specify a reasonably easy action.
- Use incentives effectively.
- Provide good evidence for threats and benefits.
- Use believable messages.
- Use an appropriate tone for the audience and topic.
- Use an appropriate appeal for the audience.
- Do not offend.
- Display the organization's identity prominently with each message.
- Choose messengers who are viewed as credible sources of information by the intended audiences.

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Capture and maintain the audience's attention. The more you can engage the audience to think about the message, the more likely that they are to change knowledge attitudes and behaviors. Consider using emotionally involving scenes, vivid visuals, and lively language.

• **Give the strongest points at the beginning of the message.** This is the information most critical for convincing the audience to adopt the recommended behavior.

• **Have a clear message.** People should easily understand the actions you are asking them to take and the incentive for taking them.

• **Specify a reasonably easy action.** Instead of telling people to stop smoking, which many people will ignore as unattainable, you could ask them to sign a pledge card or commit to a smoke-free week, or give them tips for the first day of smoking cessation. It also helps to show role models demonstrating the desired behavior.

• **Use incentives effectively.** Use a variety of incentives, including physical, economic, psychological, social, and moral. Make sure that the audience cares about

the incentives and thinks that they are likely to occur if the behavior changes.

• **Provide good evidence for threats and benefits.** People who are already

interested tend to respond to expert quotes, documentation, and statistics.

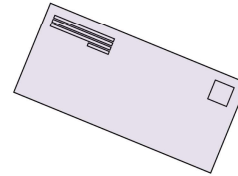
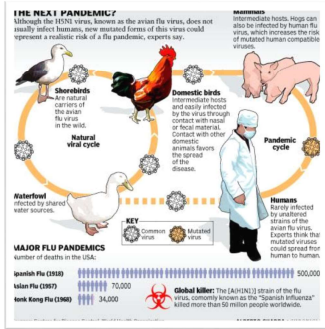
People who are not

involved are more likely to respond to dramatized case examples and testimonials.

- **Use believable messages.** Do not make extreme claims or use extreme examples.
- **Use an appropriate tone for the audience and topic.** A serious tone is the safest, but do not preach or dictate. Some audiences may respond to a light, humorous, ironic, or dramatic tone.
- **Use an appropriate appeal for the audience.** Consider rational appeals for audiences already interested in the topic and emotional ones for the apathetic.
- **Do not offend.** Do not blame the victim for unhealthy behavior. Help people overcome their environments instead.
- **Display the organization's identity prominently with each message.** Identity elements could include an organization's name, a positioning statement or platform, a logo, a slogan, and, sometimes, an image. Identity elements that help people remember and link the campaign messages over time.
- **Choose messengers who are viewed as credible sources of information by the intended audiences.** Messengers are those who deliver information, demonstrate behavior, or provide a testimonial. Messengers could range from celebrities to public officials to victims to successful role models. Messenger credibility is enhanced by perceived expertise and honesty, as well as being viewed as similar to the target audience.

Examples of health risk messages

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HEALTH ADVISORY: EBOLA
Recently in West Africa?

If you get sick, call a doctor.

Tell the doctor where you traveled.

Watch for fever, headaches, and body aches in the next 3 weeks.

For more information, visit www.cdc.gov/travel or call 800-CDC-INFO

Alcohol and Risk: When Will Alcohol Start to Damage My Health?

Statistics:

- In a typical year, for the year span 2011 to March 2016, there were 1,010 deaths attributed to 100,000 people who drank alcohol.
- Men in England in 2014, there were 216 deaths attributed to 100,000 who were drinking alcohol.
- The 65 to 69 age group had the highest proportion of deaths attributed to a variety of alcohol-related causes.

Units:

- 1-2 units: Reduced disease-related mortality.
- 4 units: Lower risk of stroke, coronary heart disease, and hypertension.
- 6 units: Reduced risk of stroke, coronary heart disease, and hypertension.
- 8 units: Increased risk of stroke, coronary heart disease, and hypertension.
- 10 units: Increased risk of stroke, coronary heart disease, and hypertension.
- 12+ units: Increased risk of stroke, coronary heart disease, and hypertension.

Health Conditions:

- Depression:** Drinking more than 14 units per week is linked to depression.
- Dementia:** Heavy drinking is linked to an 8% increase in dementia risk, and more than 100 units per week is linked to a 16% increase in dementia risk.
- Liver disease:** Drinking more than 14 units per week is linked to liver disease. Drinking more than 21 units per week is linked to liver disease.
- Type 2 diabetes:** The risk of this condition developing increases as those who drink alcohol increase their intake.
- Hypertension:** Those that drink 10 or more units per week experience an 8% increase in hypertension risk.
- Erectile dysfunction:** Drinking can negatively affect urinary system health, which may result in erectile dysfunction. Drinking more than 14 units per week is linked to erectile dysfunction.
- Cancer:** Drinking more than 14 units per week is linked to an 8% increase in cancer risk. Drinking more than 21 units per week is linked to a 16% increase in cancer risk.

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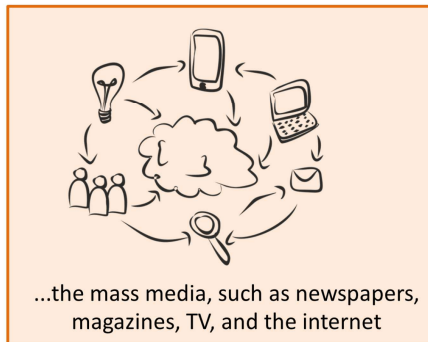
Seeking health risk related information

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Usually, health information is sought out by individuals through **interpersonal sources**, such as... (Marrie RA, Salter AR, Tyry T, et al., 2013)



...family and friends



...the mass media, such as newspapers, magazines, TV, and the internet



Health communication has been identified as an approach which can be used to convey information with the aim to improve health outcomes through social and behavioral changes, with the use of mass media and social networks serving as the channel of change regarding health beliefs and/or behaviors. Usually, health information is sought out by individuals through interpersonal sources, such as family and friends, and through the mass media, such as newspapers, magazines, TV, and the internet.

Health risk messages in media

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Source: <https://www.theguardian.com>

Study links blood pressure risk to road noise



Sleeping pills increase risk of death, study suggests



Shellfish poisoning: what are the odds?



Wi-Fi: are there any health risks?



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Every day mass media bombard the readers and listeners with a huge amount of risk messages. Here you can see some examples.


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Health risks communication


Risk framing



Risk amplification



Source: <https://goo.gl/OY1n7V>

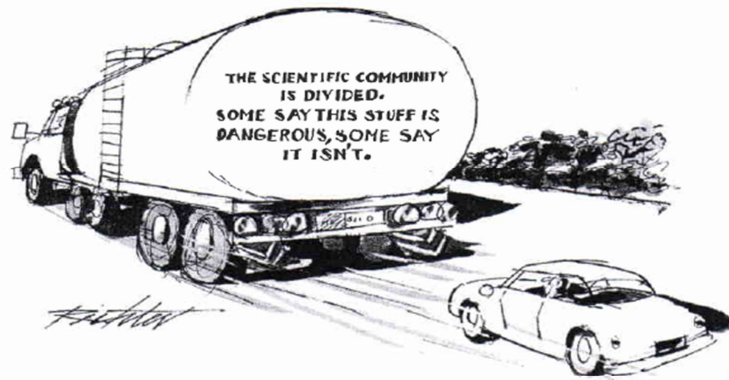


Regarding message presentation, there is growing evidence that the effectiveness of health risk messages is highly dependent on how these messages are constructed or framed. Traditional approaches to health risk communication were based on the assumption that the public rationally evaluates health threat messages. However, in the past decade there has been an increased interest in the role of emotionally appealing narrative forms of communication, such as messages showing emotionally interesting exemplars, personal testimonies or gripping education-entertainment stories for educating the public about variety of health risks (Lemal, Merriick, 2013). Also, it is widely acknowledged that through the process of framing mass media gain an opportunity to distort reality and amplify or attenuate health risk perception. What finally leads to the growing risk perception gap.

Also...

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WHY THE PUBLIC IS OFTEN CONFUSED ABOUT THE DIFFERING VIEWS OF SCIENTISTS ABOUT POTENTIAL HAZARDS AND HEALTH RISKS.



Source: Mischa Richter, *The New Yorker*, March 21, 1988.

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One more problem is the confusion that may be found at the field of science, especially in the domain of health. There may be found many different opinions in relation to impact of something for human health. Different communication messages can mislead the public and at the same time can reduce the trust in science.

Sources



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