VIEWPOINT

Communicating health risk

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Health risk communication is a two way interactive process that involves the exchange of information among interested parties about the nature, magnitude, significance, or control of a risk. Although it has only recently become a topic for scientific research, much has been learned in relation to the strategies and the techniques that contribute to effective health risk communication. In parallel, there has probably never been a time of greater need for effective training in health risk communication. The media and the general public are now very hazard conscious, subsequent to apparently regular events in the areas of public health, safety and environmental issues. Public concern regarding such issues is sometimes much less than experts feel to be appropriate, whilst at other times concern has outstripped the concern of the experts involved. Health professionals trained in the techniques of health risk communication are a vital resource in ensuring that the workforce or the population is properly informed so as to exercise appropriate decisions and actions in relation to hazard and risk.

Key words: Communication; hazard; health risk; safety.

INTRODUCTION

Health risk communication has only become the subject of scientific research within the last decade. Almost exclusively, that research has been conducted in the USA. Recent events have shown that there is an increasing need for health risk communication. This is particularly true in the area of public health, safety and environmental issues, since the media and the general public have become increasingly hazard conscious. The recent UK government consultative paper 'Our Healthier Nation' recognizes the need for both the assessment and communication of risk to be better conducted. Similarly, the Health and Safety Executive pre-consultation working document 'Developing a National Strategy for Occupational Health' recognizes that there are still challenges when it comes to the communication of risk, and that health scares, driven by public perception of risk, divert resources away from issues that are a known higher risk.

WHAT IS HEALTH RISK COMMUNICATION?

Health risk communication is the exchange of information among interested parties about the nature, magnitude, significance or control of a risk. It is a two-way interactive process. Merely presenting information without having regard for communicating the complexities and uncertainties of risk does not ensure effective risk communication. The critical areas pertaining to health risk communication are: hazard and risk, the person (individual perceptions), the social environment (group dynamics) and communication.

WHAT ARE THE AIMS OF HEALTH RISK COMMUNICATION?

The aims must be to: (1) present information in such a way that it is understood and usable; (2) ensure the audience is informed so as to be able to make judgements on risk and (3) engage the active support of the people affected.

The contract for health is about partnership and mutual responsibility — about working together to make it easier to be healthy. It is not a case of instructing and expecting action without the opportunity for discussion.

WHO ARE THE AUDIENCES?

Typically the audiences are employees who are potentially exposed to workplace hazards, or the public who perceive that they are at risk from activities in the
workers and special interest groups. The risk communicator must have an in-depth understanding of the target audience in order to develop an effective message. Such understanding includes audience knowledge, attitudes, perceptions, behaviour, beliefs, values, needs and concerns. One should also be aware of the characteristics of the community of which the audience is a part, including information about opinion leaders, social networks and community dynamics.

WHY DO WE NEED TO TRAIN IN HEALTH RISK COMMUNICATION?

Effective risk communication is not something that comes naturally. It is a product of knowledge, preparation, training and practice.

Public concern regarding health risks is sometimes much less than the experts feel to be appropriate. This is particularly so in matters affected by lifestyle, such as smoking, alcohol and sexual behaviour and where risk is controlled by personal effort. Most smokers can think of some distant relative who rolled his own cigarettes, smoked heavily and yet lived to the age of 90. Few smokers might have first hand experience of people suffering from smoking-related disease. The same apparent disregard of advice can sometimes be observed in the workplace when individuals may ignore job safety practices concerning use of personal protective equipment. Deafness is an invisible health effect, so merely advising people to wear hearing protection without a thorough explanation of the problem is unlikely to be effective in ensuring personal commitment to the practice.

Public concern has also sometimes far outstripped the concern of the scientific and medical experts involved. The public response in 1979 to an announcement following the escape of several puffs of radioactive steam from a nuclear power station demonstrates the need for effective risk communication. The Three Mile Island incident is probably the widest discrepancy on record between the scale of a communication and the scale of the actual evacuation. At the height of the uncertainty, the state governor issued a calm and measured statement. The statement suggested that pregnant women and preschool children living within five miles of the plant might want to evacuate. It was also stated that all other people within ten miles ought to consider taking shelter in their homes. The governor was recommending that 3,500 persons living in the shadow of the reactor relocate for the time being and that everyone else should stay where they were. Instead, 200,000 people took to their cars and travelled an average distance of 100 miles. Sixty people evacuated the area for every person advised to leave their home.

Occupational health professionals rarely have to deal with risk communications of this scale. However, it is important to remember that any risk communication may lead to inappropriate reactions by employees, customers or residents of communities surrounding industrial facilities.

WHO SHOULD COMMUNICATE HEALTH RISKS?

Health professionals, as part of their normal work, are continuously providing information about health risks to patients. In the occupational health setting, occupational health personnel are natural candidates for taking the lead in health risk communication.

Studies on health risk issues have shown that industry and government have the lowest credibility with the general public in regard to these issues. The same studies demonstrate that health professionals are among those who have the highest credibility with the general public. Physicians, including those working in industry, are in the top third of credibility. The general public regards physicians as being driven by their own professional code of ethics and hence being independent of the industry in which they work.

There are some general points regarding speakers and health risk communication. Firstly, business culture rewards data-driven, concise presentations. A caring and empathetic style is more effective in external risk communication. Those of us who practice business communications must modify our style appropriately. Secondly, audiences perceive the sexes differently. Females are more likely to be perceived as caring and so a female speaker should adopt a style that emphasizes competence. Ample use of facts and figures helps the female speaker to be perceived as competent as well as caring.

Audiences expect males to be competent but uncaring. Males must emphasize attributes of caring, openness and dedication. A less formal presentation style works better for the male speaker. Similarly, dress should be more informal: i.e., dress one level below that which the audience might expect.

WHERE SHOULD THE COMMUNICATION TAKE PLACE?

The best general guideline is to use a strategy that is most likely to reach the target audience. The principle of 'meet them where they are' as used in health promotion remains appropriate. The plant floor, the cafeteria and the break room are suitable locations that enhance opportunities for health-related learning and discussions. Of course the facilities must be appropriate for use of good quality visual aids for audience comfort and there must be no interruptions. The speaker must be familiar with the room, its layout and the use of equipment so as to facilitate a professional performance.

WHEN SHOULD RISK BE COMMUNICATED?

Risk information should be disclosed as soon as possible. This may mean releasing preliminary or uncertain data,
which is acceptable, as long as it is made clear that the information is preliminary. The audience should also be told when they can expect to receive better information. If there are reservations about the reliability of available data then the audience should be advised of those reservations.

HOW DO I STRUCTURE THE MESSAGE?

The characteristics of an effective risk communication message are not unusual. The message should include an introduction, a main body and a conclusion. The introduction should include an empathetic statement of personal concern, a statement of organizational commitment and a statement of the purpose of meeting. The main body of the communication should include a maximum of three key messages, each supported by corroborative information. The conclusion should be short. The key messages should be repeated and followed by a statement of future action.³

ARE ALL RISKS PERCEIVED EQUALLY?

The relative acceptability of a risk depends on a number of factors.⁷ Risk will be less acceptable if the scale of the adverse outcome is potentially catastrophic or if sensitive populations (i.e., children) are likely to be affected. Man-made disasters are viewed more negatively than natural disasters or ‘acts of God’, particularly if the event could have been anticipated or prevented. Another major factor is whether the organization has a good safety and environmental performance record. Permanent effects to health or the environment are less acceptable than temporary ones. Other factors include the nature of the health effect, whether individuals can exert any control over the situation, the level of personal stake, etc.

CAN COMPARISONS BE USED TO COMMUNICATE RISK?

Risk comparisons should be used sparingly and carefully. Comparisons should not be used to drive acceptance of a risk, they should only be used to put risk into perspective. People will not accept a comparison of a risk over which they do have control (such as the risk of a car crash) with a risk over which they do not have control (such as an environmental exposure).

IS THERE A COMMON LANGUAGE FOR DISCUSSING HAZARD AND RISK?

Risk is generally described in terms of numerical odds or probability, yet such odds are not readily understood by the public. Various methods have been proposed for presenting risk magnitudes in a more understandable fashion. Visual, analogue and verbal scales⁹ have been proposed and many of these follow a logarithmic model. Risks from adverse effects can be classified verbally as:¹⁰

- **Negligible** (risk < 1/1,000,000 e.g., being struck by lightning);
- **Minimal** (risk 1/100,000–1/1,000,000 e.g., railway accident);
- **Very low** (risk 1/10,000–1/100,000 e.g., death playing soccer);
- **Low** (risk 1/1,000–1/10,000 e.g., death from influenza);
- **Moderate** (risk 1/100–1/1,000 e.g., death from smoking 10 cigarettes a day);
- **High** (risk greater than 1 in 100 e.g., transmission of measles);
- **Unknown.**

The question of whether or not risk scales will help the public to understand better the magnitude or significance of risk requires further study.

CONCLUSION

Health risk communication is a skill that requires both training and practice. A bed-side manner and expert
medical or scientific knowledge do not of their own right make health professionals experts in communicating risk. There are established methods and styles that make risk communication effective and there are recognized pitfalls which need to be understood and avoided.

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REFERENCES