

Communicating risk

Dr Gaya M Gamhewage



**World Health
Organization**

What are we talking about?

- Risk communications is about two way and multi-directional communications between experts (you) and people who face danger from a hazard (your patients), so that they are able to take informed decisions to protect themselves.



The outcome we want – engage the public in understanding the risks and benefits of radiological interventions

- Patients trust you
- They are reassured and do not worry unnecessarily
- They take our advice and protect their health
- They become informed advocates



Know your audience

- Do they agree with you?
- They support you in a particular intervention?
- Will they influence other patients?
- Will they get the treatment they need?



What is the most relevant aspect of people behaviour in epidemics that policy makers should be aware of?

The public do not **perceive risk** the same way experts do.

- The danger posed by a hazard is not the only important factor in risk perception
- Risk perception is directly proportional to the levels of emotional response evoked in the patient (eg: outrage, fear, apathy, etc)
- Many cultural, personal and subjective factors affect risk perception



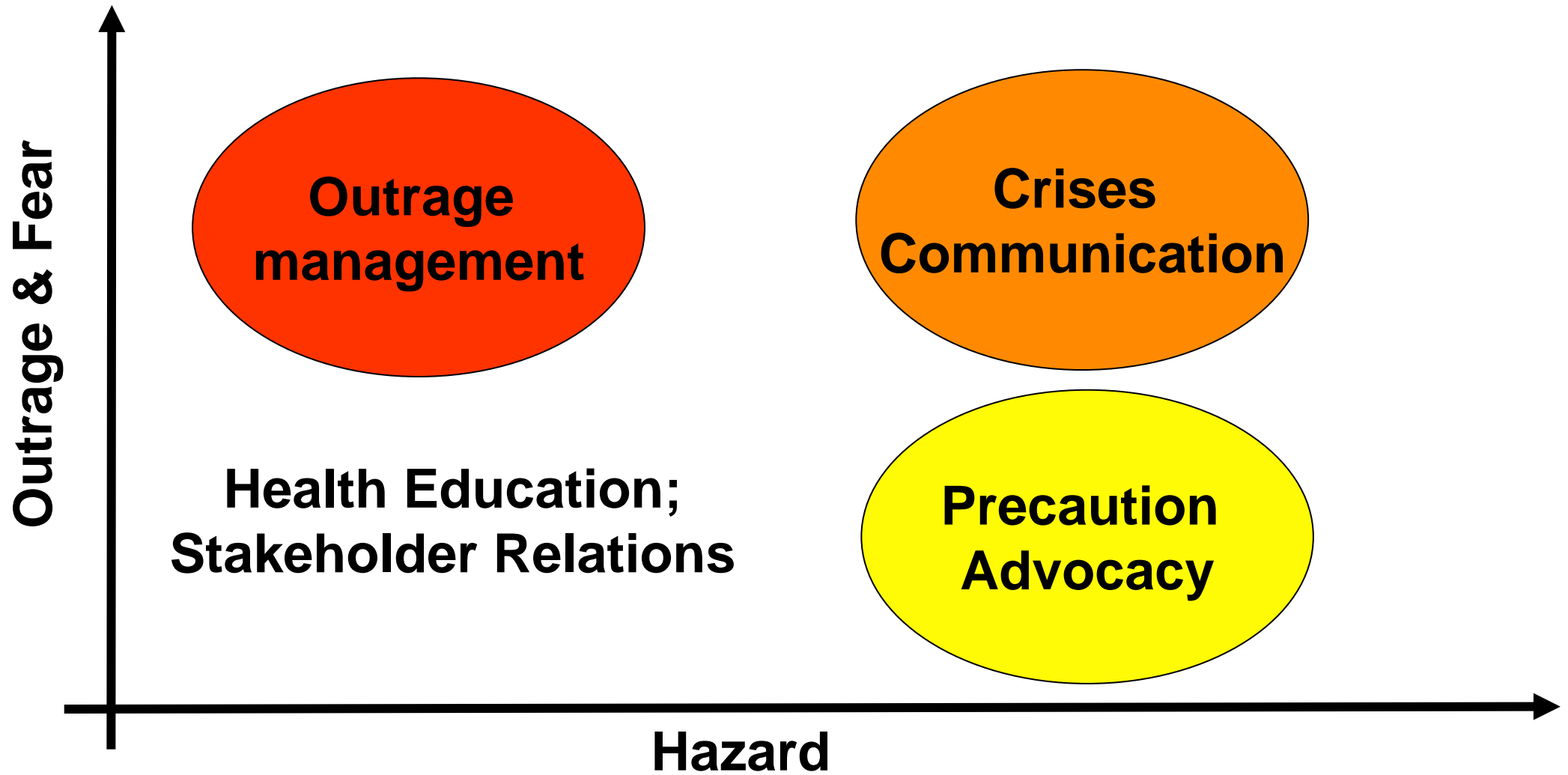
Risk Communication building blocks

- Technical information
- Values
- Trust
- Credibility
- Expression of caring



Trust in individuals and organizations is by far the greatest factor in communicating risk.

Risk Communication Strategies



What is the most blatant and pernicious mistake that health professionals can make?

Focusing only on facts is a **BIG** mistake!

1. Not taking people's feeling and concerns into account
2. Not showing that you care
3. Over-reassuring
4. Not giving the time, space and the environment for patients to digest information, ask questions.
5. Not telling the truth, not admitting what you don't know



1. Experts are no longer trusted

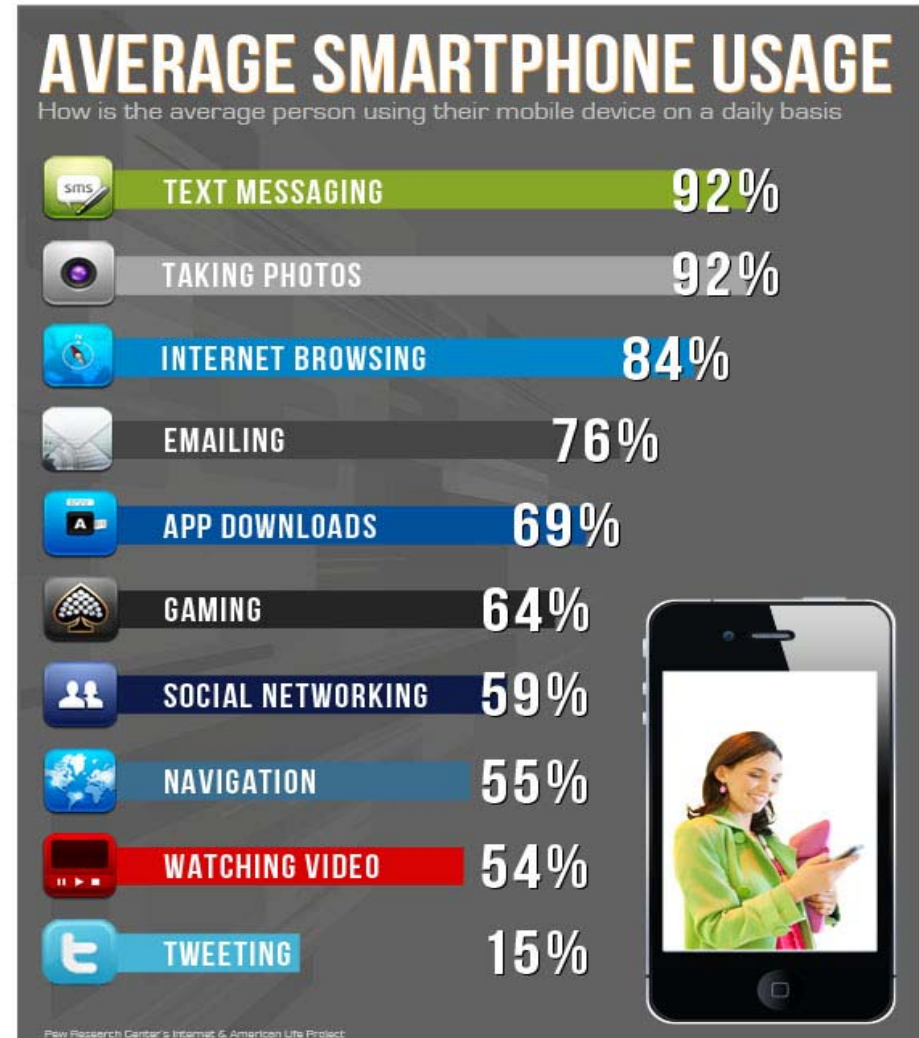
- Doctors (and experts) were trusted, respected and the source of all medical advice
- Our patients took our advice
- No one complained about our communications



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- Globally, the majority of individuals (65%) would look up information about their health on an electronic device.
- Koreans (92%), Chinese (91%), and citizens from Denmark (91%) and Sweden (88%) are the most likely to look up information about their health on an electronic device.
- Citizens in Bosnia, Greece, Kenya, Austria and Poland are the least likely to search for information about their health on an electronic device with scores of 38%, 39%, 40%, 40% and 43% respectively.

Note: Data in this and next two slides taken from Gallup International/WIN survey 2012



CAT (Communication Assessment Tool) Attributes **2011 %** **2010 %**

Talked in terms I could understand	25	↓	32
How would you rate the care provided by your doctor	24	↓	30
Paid attention to me (looked at me, listened carefully)	24	↓	32
Treated me with respect	24	↓	34
Greeted me in a way that made me feel comfortable	23	↓	29
Showed care and concern	23	↓	30
Understood my main health concerns	23	↓	30
Discussed next steps, including any follow-up plans	22	↓	29
Gave me as much information as I wanted	22	↓	30
Let me talk without interruptions	22	↓	31
Showed interest in my ideas about my health	22	↓	29
Spent the right amount of time with me	22	↓	30
Checked to be sure I understood everything	21	↓	27
Involved me in decisions as much as I wanted	19	↓	25
Encouraged me to ask questions	18	↓	23
Total	22	↓	29



Communication Assessment Tool



Fewer citizens rated their doctor as excellent in 2011 in all of the 15 communication assessment categories survey, compared to the previous year.

Only a quarter or less rate their doctor as excellent in all of the categories.

Only 18% of respondents felt their doctor encouraged them to ask question.●

With only 25%, “talk in terms I could understand” this is the attribute that received the rating of excellent most frequently.

2. How the public gets health advice has changed



- 35% of the world's population uses internet, (62% of citizens of developing countries)
- Mobile broadband - 41.6 per 100 people
- 1 in 5 minutes on internet spent on social networks, mostly Facebook (50%), and twitter (7-9% but influential)

3. The media still has influence, but has changed



- **Horizontal journalism:** from news gathered & reported by journalists to exchange of views by journalists, sources, readers and viewers
- **24-hour journalism** and the fleeting headline and interest
- **Lack of funds:** few specialized reporters, shallow investigation, chasing the sensational, political or industry influence

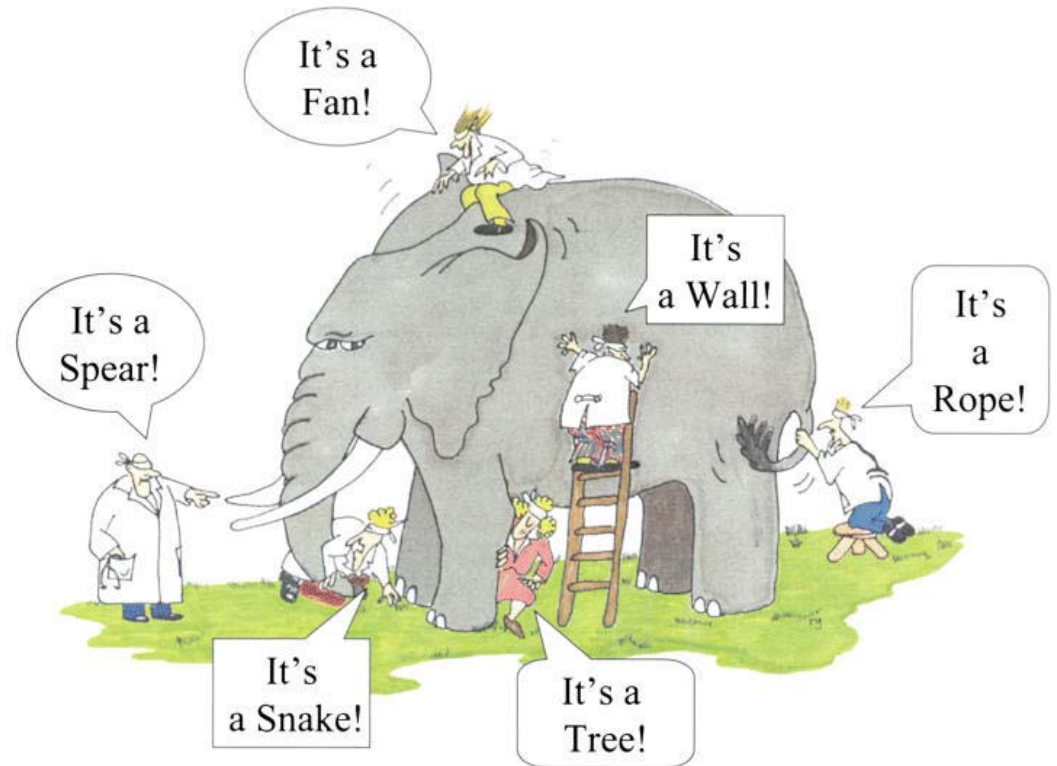
The media (at its best)...



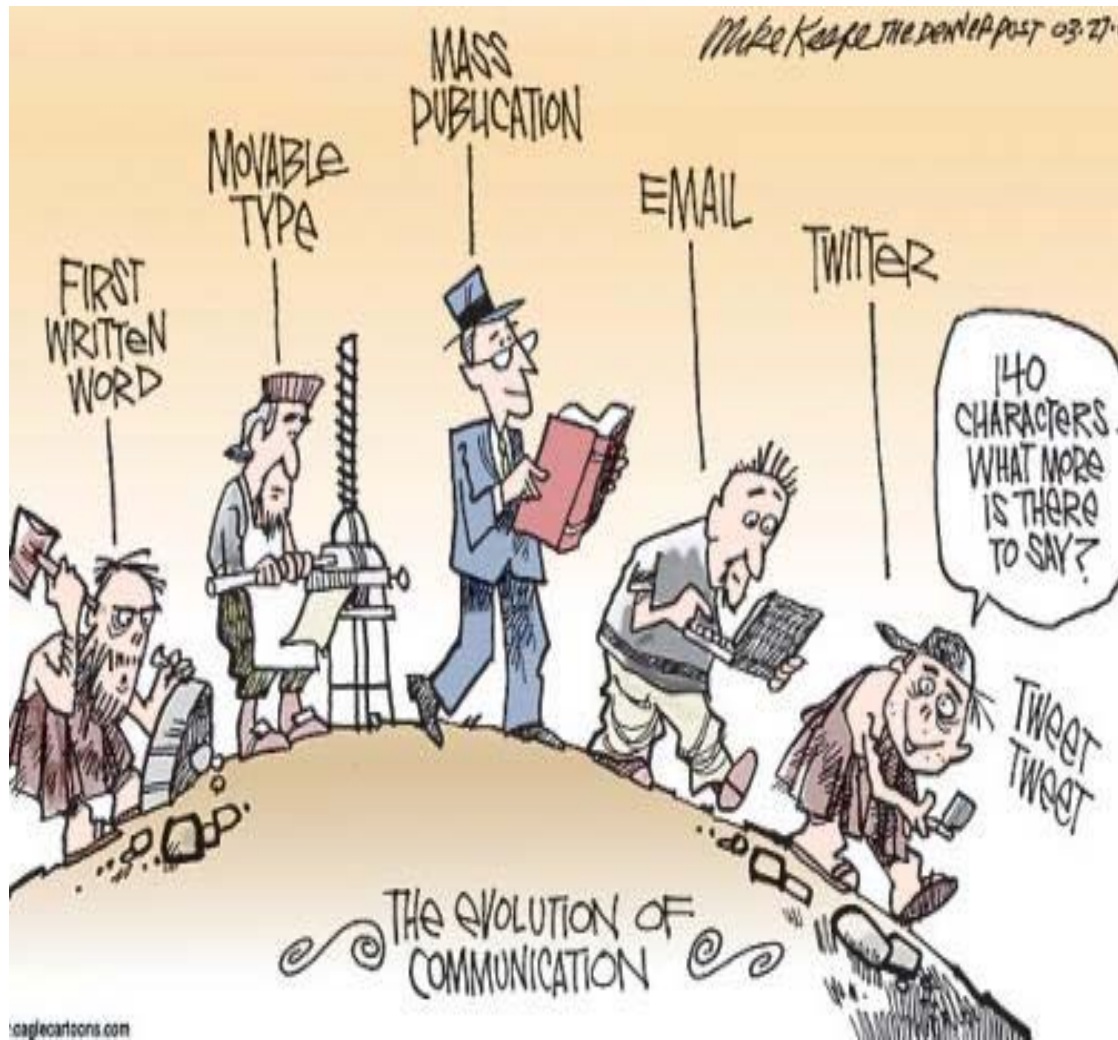
- Is a champion of public interest
- Can be a means of accountability to the public
- Cares about what people want to read, see and consume
- Wants experts to be available and speak in simple language, and be honest.
- Need to nurture relations with the media as a part of our work.

Perception is everything

- Experts and patients perceive risk differently.
- Patient's beliefs, experiences, values and opinions play a major role in their perception of risk – about the health danger and about the potential risk from an intervention
- Organized lobbies that go against what you advise, distort perception even further
- Patients' perceptions must be acknowledged, validated before we start advising them
- The media, and social media play an important role in public risk perception



Ignore these at your peril



- The media
- Social media
- Public perception - fears, anger, outrage, experiences, beliefs

Remember

- Perception is reality for risk communications
- Engagement is key (not one way information dissemination!)
- Use the platforms and channels that your audience (patience and those who influence them) uses; use multiple channels
- Be consistent in your message
- Demonstrate listening, be authentic and show that you care



"EACH OF YOU HAS BEEN GIVEN A SIMPLE, YET POWERFUL TOOL..."

Policy implications

1. Research
2. Training
3. Civil society as a partner
4. Evaluation of impact

