

# Risk communication in public health

**Chris P. Lowbridge<sup>A</sup> and Julie Leask<sup>B</sup>**

<sup>A</sup>*NSW Public Health Officer Training Program,  
NSW Department of Health*

<sup>B</sup>*National Centre for Immunisation Research and Surveillance,  
The Children's Hospital at Westmead*

Risk communication is fundamental to public health practice and critical to the success of any public health response. Effective risk communication is essential for improving public understanding of potential or actual health threats and helps the public to make informed decisions about risk mitigation measures.

Risk communication has been defined as a two-way exchange of information between interested parties about the nature, significance and/or control of a risk.<sup>1</sup> In public health, this means that engaging the audience and responding to questions and concerns is equally as important as delivering key public health messages. The strategies used for communicating risk are based on the level of hazard a particular risk poses as well as the level of public concern or 'outrage' about that hazard.<sup>2</sup> For example, a health risk may be low but subject to high levels of public concern and media attention.

Sandman has developed four stages of risk communication based on the levels of risk and outrage generated by an issue.<sup>2</sup> The first stage is 'precaution advocacy', where outrage is low but the hazard is high. Here, the necessary strategy involves creating outrage in order to get the audience's attention. The second stage is 'outrage management', where outrage is high but the level of hazard is low. These hazards invariably attract media attention so there may be high levels of emotion to respond to. The third stage is 'crisis communication', where both hazard and outrage are high. This stage applies to large scale incidents where the challenge is managing the size of the incident. The final stage is 'stakeholder relations', where both hazard and outrage are low. The main task in this stage is providing open discussion to address questions from the public.<sup>2</sup>

The five best practices for risk communication developed by the World Health Organization provide a sound framework on which to base communication strategies. The practices are: build trust; announce early; be transparent; respect public concerns; and plan in advance.<sup>3</sup> Establishing trust with the public is the most critical aspect of effective risk communication. Without trust public health messages are more likely to be disregarded. Trust is hard to build and easy to erode.<sup>4</sup> Top-down communication, unresponsiveness, a lack of transparency and wrongly over or under-emphasising health risks can contribute to the erosion of trust. Trust is

built with better engagement which enhances confidence in the authority's ability to manage the situation.

## Risk communication and the media

Engaging with the media is an important but challenging task. The goals and processes of the media can differ from those of public health professionals and include very short timeframes, differing concepts of 'evidence' and the need for individual case examples. Some key considerations for public health professionals engaging with the media include: being accessible and proactive; being prepared; developing concise key messages in advance which are emphasised during the interview; anticipating questions; and having information on hand. The internet and social media pose the potential for the spread of unsubstantiated rumours about health risk but also new opportunities for communicating health messages.

## Risk communication in communicable diseases

The challenges posed in communicating risks during communicable disease outbreaks include: the complexity of the disease pathophysiology and epidemiology; the capacity for individual actions to influence the health of others (e.g. respiratory hygiene, vaccine refusal); and the political, economic and social context in which the outbreak occurs.<sup>3</sup>

Pandemic (H1N1) 2009 influenza highlighted these challenges. Rapidly evolving knowledge about the epidemiology of the disease and its impact required ongoing communication with all involved groups. Key tasks for public health professionals were: to ensure the dissemination of key messages about disease control; to ensure the media were regularly updated; and to acknowledge uncertainty. They also had to understand the concerns of the public and respond accordingly. These efforts help to maintain the confidence and trust of the public and, ultimately, lead to the relevance and effectiveness of public health messages.

## References

1. Covello VT. Risk communication and occupational medicine. *J Occup Med* 1993; 35(1): 18–9.
2. Sandman PM (2003). Four kinds of risk communication. Available from: <http://www.psandman.com/index-intro.htm> (Cited 13 April 2010.)
3. World Health Organization (WHO). Outbreak communication: best practices for communicating with the public during an outbreak. Report of the WHO expert consultation on outbreak communications, 21–23 September 2004. Available from: [http://www.who.int/csr/resources/publications/WHO\\_CDS\\_2005\\_32\\_web.pdf](http://www.who.int/csr/resources/publications/WHO_CDS_2005_32_web.pdf) (Cited 13 April 2010.)
4. Slovic P. Perceived risk, trust and democracy. *Risk Anal* 1993; 13(6): 675–82. doi:10.1111/j.1539-6924.1993.tb01329.x