

Communicating with the Public About Health Risks



Health Protection Network
Scottish Guidance

September 2008



The Health Protection Network (HPN) is a network of existing professional organisations and networks in the health protection community across Scotland. It aims to promote, sustain, and coordinate good practice. The HPN supports a systematic approach to development, appraisal and adaptation of guidelines, seeking excellence in health protection practice.

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Foreword

For most of us, there can be few greater threats than those which affect our health. People need to understand about risks to their health and they demand clear, relevant, accurate and timely information upon which to base their choices.

Effective communication of risk is a central component of any strategy for public health protection. Communication informs, advises and educates the public, enabling them to make informed choices about the actions they will take based on the risks they potentially face. All public sector bodies are ultimately accountable to the public and have a duty and responsibility to keep the public informed.

But effectively communicating risk is a complicated and challenging process. Each situation presents opportunities for establishing clarity on an event and the hazard it poses to public health. However it also carries the potential of creating confusion and increasing anxiety, either because the primary message is unclear or its interpretation is faulty.

This guidance has been created to help public service organisations put themselves in the best position to effectively and accurately communicate risk to the populations they serve. It has a particular focus on working with the media, through which many risk communication messages reach the public.

Communicating risk is difficult to do well. A raft of personal, professional, social, cultural and political elements affect how well an organisation and its spokespersons can communicate risk. Each of these diverse elements needs to be identified and managed for every instance of risk communication activity.

In addition, risk communication often takes place in times of great uncertainty. Facts about the situation or event may be unclear and the science base underpinning potential responses imperfect. Risk communications have to be formed against this rapidly evolving and often unpredictable background, in real time.

That's why I hope this guidance will be an important resource for organisations in communicating with the public during uncertain events and situations. It presents a blueprint for putting together effective policies and strategies for risk communication in order to deliver the right messages, in the right format, to the right people, at the right time, based on the best evidence and science available. Guidance is available in a quick reference format which is supported by the main guidance document. The main guidance has been designed to provide easy access to more detailed advice and is cross-referenced from the quick reference guide.

The guidance has been prepared by a Development Group brought together by Health Protection Scotland (HPS) at the request of the Health Protection Advisory Group (HPAG). The group has searched the international literature to identify best

practice in risk communication, focusing particularly on seven existing guidelines that have provided the basis for most of the guidance in the document.

Communication should be a two-way process. Public health organisations communicate “with” the public, not “to” or “at” them. Constructive partnerships with all of the stakeholders involved are essential. These partnerships develop through mutual respect and trust, through a culture of honesty and openness. Good communication is at the heart of the process, and it is at the heart of this guidance.

I hope you find this guidance to be useful in meeting the demands of the public and that it helps in our shared task of communicating with the public about health risks.

Martyn Evans

Chair of the Guidance Development Group and
Director, Scottish Consumer Council

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We are grateful to the trustees of the AGREE collaboration, who gave permission for the AGREE instrument to be modified so that it could be applied to guidelines dealing with population-level issues.

Finally, we are indebted to the authors of the seven extant guidelines from which this document was synthesised.

Abbreviations

AGREE	Appraisal of Guidelines REsearch and Evaluation
BSE	Bovine Spongiform Encephalopathy
CDC	Centers for Disease Control and Prevention
FAO	Food and Agriculture Organisation
FAQS	Frequently Asked Questions
FOI	Freedom of Information
GDG	Guideline Development Group
GMC	General Medical Council
HPAG	Health Protection Advisory Group
HPS	Health Protection Scotland
MEP	Member of the European Parliament
MMR	Measles Mumps and Rubella Vaccine
MP	Member of Parliament
MSP	Member of the Scottish Parliament
SEPA	Scottish Environmental Protection Agency
SMEF	Scottish Media Emergency Forum
WHO	World Health Organisation

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1. Introduction

1.1 Background

Those of us who work in health care know that effective risk communication forms an essential part of our jobs. Without good risk communication, the public are unlikely to be helped (and might even be harmed) by the advice we offer them. Good risk communication is central to achieving the informed and engaged population that is necessary to ensuring the long-term stability of the NHS.¹

Risks abound in modern life, and people are bombarded by messages about risk every day. The risk-factor model for the development of diseases has opened people's lives to scrutiny by health care professionals. Our habits, the food we eat, the physical activity we take part in, the environments in which we live, the work we do and even the ways we raise children are all subject to risk analysis.

Unfortunately, most of the information we have on specific risks is, at best, incomplete. Health professionals' advice to people has to change as more robust evidence on risk factors comes to light, sometimes seeming to conflict with, or even to contradict, previous advice. For public health professionals, conveying this uncertainty to a population without generating fear and mistrust is a difficult task, but it is *our task*.

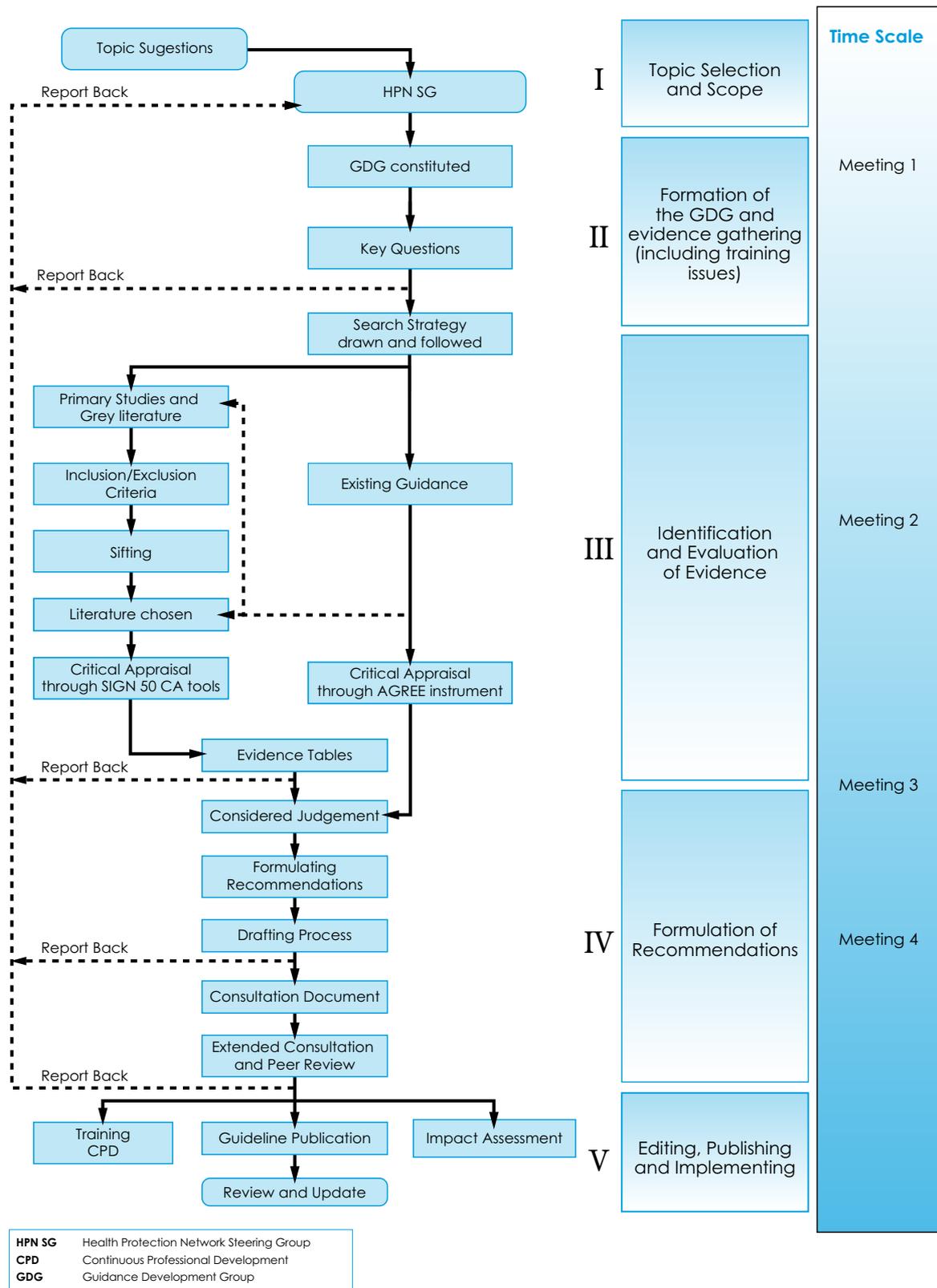
To complicate matters further, people are fascinated by health-related stories and this is reflected in the media's keen focus on a wide range of health topics. Responding to stories about health risks that are complex and which may not be fully understood is both difficult and time-consuming. This guidance is offered to help public servants deal effectively with this task.

1.2 Developing risk communication guidance

The Health Protection Advisory Group (HPAG) directed Health Protection Scotland (HPS) to bring together a working group to develop evidence-based guidance for public health risk communication for NHS Scotland. The group had representatives from NHS geographic and special boards, local authorities, Scottish Water, the Scottish Environmental Protection Agency (SEPA), the Scottish media, the academic public health sector and the Scottish Consumer Council. The process was funded by HPS.

The working group refined HPAG's request. Using processes produced by HPS' Health Protection Network (see Figure 1.1), the group developed systematic, evidence-based methods to identify and appraise risk communication guidance. Consensus techniques were used where evidence of best practice was lacking.

Figure 1.1 The guidance/guideline development framework used by HPN.



The GDG used the development algorithm and identified seven extant guidelines on risk communication:

- Centres for Disease Control and Prevention (2002) *Crisis & emergency risk communication: by leaders for leaders*. Atlanta: CDC.
- *Report of the WHO Expert Consultation on Outbreak Communications, Singapore Outbreak communication: best practices for communicating with the public during an outbreak* (2004) Geneva: WHO.
- Bennett P (1997) *Communicating about risks to public health: pointers to good practice*. London: Department of Health.
- US Department of Health and Human Services (2002) *Communicating in a crisis: risk communication guidelines for public officials*. Washington, DC: Department of Health and Human Services.
- The Federal Communicators Network (2000) *Communicators guide for federal, state, regional, and local communicators by the Federal Communicators Network*. Washington, DC: FCN.
- Social Issues Research Centre and Royal Society and the Royal Institution of Great Britain (2001) *Guidelines on science and health communication*. London: SIRC/RS/RIGB.
- British Broadcasting Corporation (2005) *Guidance note on editorial policy: reporting risk*. Access at: http://www.bbc.co.uk/guidelines/editorialguidelines/assets/advice/reporting_risk.pdf

These seven documents were then subjected to appraisal using a modification of the AGREE instrument (Appraisal of Guidelines for Research and Evaluation).² While all contained useful sections of guidance, none scored highly enough to be recommended by the HPN. The group elected to develop a synthesis of the seven extant guidelines to more closely meet the scope of HPAG's request. Due to the nature of the evidence underpinning much that has been written on risk communication, it was decided that the development of formal evidence-based guidelines, with evidence standards, would not be feasible, and that developing guidance was likely to be a more credible option.

The guidance produced by this process was subjected to a process of peer review and wider consultation (**see Appendix 1**).

The majority of evidence was observational and, in the main, formed from qualitative work or expert opinion. As such, it has not been possible to produce a scale of the grades of evidence.

1.3 Aims and objectives of the guidance

The aim of the guidance is to promote effective risk communication by public health agencies and public servants in Scotland, with particular reference to health protection.

Specific objectives include:

- advising on a preferred *language* to be used in communicating health risks;
- identifying and refining evidence-based guidance on risk communication in public health;
- providing tools to support the implementation of risk communication guidance;
- recommending how organisations communicating with the public about health risks should employ the guidance; and
- identifying areas where there is a lack of evidence on risk communication to inform further research.

1.4 Scope of the guidance

The Risk Communications Working Group decided to limit the scope of the guidance to meeting the needs of public servants dealing with issues of health protection.

Health-risk issues tend to start suddenly but can become protracted; acute risk communication scenarios are typified by an outbreak of *E.Coli*, whereas the debate around MMR vaccination, although starting equally suddenly, has become protracted and the risk messages have evolved over time. The guidance has been developed to deal with both types of scenario.

The guidance addresses the principles that should underpin risk communication:

- risk perception;
- understanding the audience with whom you are communicating;
- the nature of the message to be communicated;
- methods, tools and processes to communicate your message; and
- barriers to effective risk communication.

Where possible, checklists and audit tools are offered to guide and support implementation of the guidance (**see Appendix 2**).

The guidance does not specifically address issues of health improvement or health service design and delivery, although many of the general issues surrounding risk communication may be of relevance to practitioners working in these areas. Nor does it offer advice on communicating risk at the level of the individual practitioner–patient relationship; such issues, we feel, are best addressed through clinical communications skills training.

1.5 Intended audiences for the guidance

We have defined two distinct audiences for this guidance.

An audience who will use the guidance to promote good practice in risk communication. The main users of the guidance are likely to be NHS public health and communications staff. Partner agencies involved in securing health, such as local councils, Scottish Water, SEPA and the emergency services, are also likely to find it useful, as will the health media and institutions who may have to communicate health-related messages to the general public.

An audience who will benefit from implementation of the guidance. Ultimately, the audience with whom we are communicating is the general population, or sections of the population.

2. Risk communication

2.1 Definition of risk communication

A number of definitions of risk communication have been presented. We have adopted the following definition from the US National Research Council's Committee on Risk Perception and Communication,³ who defined risk communication as:

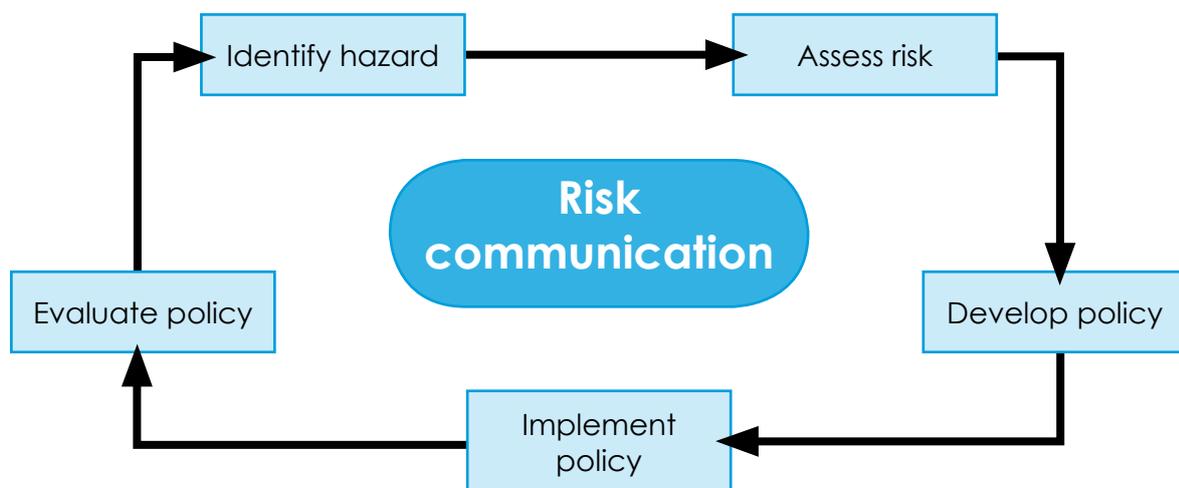
“An interactive process of exchange of information among individuals, groups and institutions. It involves multiple messages about the nature of risk and other messages, not strictly about risk, that express concern, opinions, or reactions to risk messages, or to legal and institutional arrangements for risk managers.”

This broad definition of risk communication reminds us of the complexity of the systems in which we are intervening and how many different factors must be taken into account when communicating even the simplest messages about risk. It also reminds us that risk communication is a dynamic process that is informed by a huge number of separate influences, many of which are outwith our control. Communicating about one risk often reduces a risk, but replaces it with another (so-called “risk-risk trade-off”). Good risk communication must take account of this complexity and of changes that occur over time, and must engage with and respond to the communities with whom we seek to communicate.

Risk communication is an essential and integral part of *risk management*.

Risk management traditionally has been depicted as a linear process, but it is now generally viewed as a cyclical process with risk communication as a core component which underpins the entire process⁴ (Figure 2.1).

Figure 2.1 The risk management cycle (adapted from Chorus & Bartram⁴)



To communicate effectively about risks to the health of the public, risk communication must:

- have clear objectives (continuously under review) 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.

Communicating risk effectively requires not only the provision of information, but also explanations of the *complexities* and *uncertainties* associated with the nature, magnitude, significance and control of a risk.

2.2 The aim of risk communication

The overall aim is to provide the public **with meaningful, relevant, accurate and timely information** in relation to population health risks in order to influence choice.

Effective risk communication aims to encourage a working relationship that develops the public's understanding of risk, enables them to make informed choices/decisions as to how best to protect their own health and that of their families, and promotes their ability to collaborate with agencies in identifying solutions to problems. Consensus should therefore be sought among all potentially competing interests. Early awareness of the nature of differing interests and efforts to reconcile them should be a key component of the partnership agenda, influencing working between involved public health agencies and the public (see Table 2.1).

Table 2.1 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.	

2.3 Establishing trust in risk communication

The guiding principle for effective risk communication in public health is **building, maintaining and, where necessary, restoring public trust** in those responsible for managing risk and communicating risk to public health. Only when trust and credibility have been established can other communication objectives, such as protection, education and consensus, be achieved.

As risk communication aims to foster public involvement and support for appropriate responses to risk management, the ability to establish effective communication will depend on whether the public – and any other interested parties – perceives the communicator or spokesperson to be **trustworthy and believable**.

Trust is the critical element that public health organisations must foster over time. Trust in organisations derives from public perceptions of their motives, honesty, and competence.⁵ Organisations and institutions perceived as “trusted” provide a positive foundation from which their spokespersons can communicate risk effectively.

The public is likely to base their confidence in a spokesperson (and, consequently, the message being communicated) on his or her individual performance, regardless of how prestigious his or her parent organisation may be.

Elements of good practice that promote trust

UK and international guidelines on risk communication define the following five elements of good practice that contribute to building and maintaining trust:

- empathy and caring;
- competence and expertise;
- transparency and openness;
- planning for communications; and
- early communication.

Empathy and caring

Empathy is the ability to understand what another human being is feeling. It does not require you to feel what that person is feeling, nor does it require you to agree that what the person is feeling is appropriate. Rather, empathy is the ability to *demonstrate your understanding of what the person is feeling*.

In its best form, empathy is the ability to connect with and relate to fellow human beings as equals. Ideally, an expression of empathy should be given in the first 30 seconds of starting your message.

People in a crisis situation may feel fear, anxiety, confusion and, possibly, dread. The risk communicator's job is not to make these feelings go away; instead, he or she should quickly acknowledge these emotions in an empathic statement, such as: "We've never faced anything like this before, and it can be frightening."

Empathic messages that express sincere interest in the well-being of the public are better received and promote a more positive response. Public health institutions and organisations will find that acknowledging public anxiety, fear, pain, suffering and uncertainties promotes public confidence in the messages they transmit.

Competence and expertise

Expertise indicators, recognised previous experience and demonstrable ability in dealing with the current situation enhance the perception of competence.

Transparency and openness

In general, greater transparency and openness result in higher trust. Open and transparent messages deliver candid, easily understood, complete and accurate information. Where there are limitations to the information that can be given due to, for instance, confidentiality or ethical issues, this should be acknowledged openly and explained.⁵

Planning for communications

Organisations dealing with public health risk should, wherever possible, develop a communication policy in advance. This should state clear objectives, anticipate conflicting issues (such as privacy versus transparency) and make provision for ensuring the delivery of consistent messages to the public.

Early communication

Early announcement of a crisis (such as an outbreak) improves public confidence and promotes early containment in time-sensitive situations.

An audit tool that will facilitate your organisation to reflect upon its attempts to develop trust with the public is presented at Appendix 2.

3. Risk perception

The fact that individuals hold different perceptions of risk poses challenges for risk communicators. ⁶ Individuals will see a risk's type, size and importance very differently.⁷ In addition, our society values personal freedom, including the freedom to take risks and ignore advice. People may be convinced by our well-meaning and carefully crafted arguments and advice, but ultimately may choose to take risks.

3.1 Characteristics of hazards

A risk is merely a probability that something will or will not occur. In our context of health and health protection, however, it has come to mean the probability that a *hazardous* outcome will occur in association with a given set of circumstances.

Bennett⁸ summarised the characteristics of a hazard as "fright factors" (Box 3.1)

Box 3.1 Fright factors for risk perception (summarised by Bennett⁸)

Risks are generally seen as being more worrying (and less acceptable) if perceived:^{9,10,11}

- to be **involuntary** (such as exposure to pollution) rather than voluntary (dangerous sports or smoking);
- to be **inequitably distributed** (some benefit while others suffer the consequences);
- to be **inescapable** through taking personal precautions;
- to arise from an **unfamiliar or novel** source;
- to result from **man-made, rather than natural**, sources;
- to cause **hidden and irreversible** damage, such as through the onset of illness many years after exposure;
- to pose some particular danger to **small children or pregnant women** or, more generally, to **future generations**;
- to threaten a form of death (or illness/injury) arousing **particular dread**;
- to damage **identifiable rather than anonymous victims**;
- to be **poorly understood by science**; and
- to be subject to **contradictory statements** from responsible sources (or, even worse, from the same source).

Hazards that have some or all these characteristics are more likely to cause public concern than are hazards that do not. While concern over risk is never completely predictable, these factors do give some indication of whether a hazard is likely to cause public concern.

3.2 Risk and values

Debates are often shaped in terms of convincing people that risk estimates are correct. There are two aspects of this that require consideration.

First, professionals often equate risk with numerical estimates, but numerical risk estimates are, by definition, based on probabilities and are therefore inherently uncertain. The impact of uncertainties in risk communication is discussed further in Chapter 6, Section 6.5.

Second, it is easy to assume that if two groups agree on the probability of a risk, they will also agree on its importance and acceptability. In practice, agreement on the size of a risk is not necessarily linked to risk acceptance. People who are concerned about a risk may not argue with professionals about its size, but may have different views of the hazard it poses and how acceptable that is to the population. The “fright factors” therefore offer indications of the overall public response to risks, but are less dependable in relation to how *any individual* will react.⁸

Individual responses to risk are dependent not only on context and culture, but also on personal values, political and moral beliefs, attitudes toward technology, and other personal factors. These will have a strong say in determining which “fright factors” influence individuals most. Value judgements therefore influence perceptions of risk and benefits, particularly as it is very rare to find risks that are *purely personal* (that is, which literally do not affect anyone else).

3.3 Amplification of risk

Risk communication is unpredictable. Some hazards receive little attention, even when professionals rate them as large. Other risks are scarcely considered initially, but suddenly assume great importance.

The idea of “amplification stations” describes how risk perception can be transmitted. An amplification station is any agency or individual who takes information on a risk and alters it, either by decreasing or increasing attention paid to it.¹²

Amplification stations include the media, advocacy groups and politicians. A particular advocacy group, for example, may view an issue as an opportunity to advance its cause, and promotes the issue through media outlets. Once in the public domain through the media, the issue may attract political attention. Attention on the issue has therefore been increased through the interventions of three amplification stations.

It is important to think through the amplification stations in risk communication. Some may be obvious. In a local issue, for example, councillors would be likely to be approached and local interest groups may also be relevant. Nationally, there may be particular experts who would be asked for their opinion. All of these individuals and the groups they represent are potential amplification stations.

Organisational risk communication policy (see Chapter 5, Section 5.2) should include consideration of who may be involved in health risk situations and how they might be engaged in a helpful way. If there are groups who might increase public perception of risk unnecessarily, giving thought to the issues they may raise and how to present a counterargument is well worthwhile.

3.4 Political perception of risks

Professional staff are sometimes surprised when local and national politicians take a position on something the professionals view as an exclusively technical issue. But risk theorists argue that risk is an *inherently political issue*, and that to wish for the political system to stay clear of risk debates is to hope for the impossible.

It is more sensible to assume that local politicians, who have a role in representing the concerns of their constituents, will be approached for their views, and to consider whether briefing them early in an incident would be appropriate.

4. Risk communication audiences

There are multiple audiences for any risk message. Many issues are of national or even international interest, but the primary audience that needs information on what to do may be local. It is easy to become overwhelmed by demands from local, national and international news media, and it is important not to lose sight of the needs of those at risk.

4.1 The public

The public is not a homogenous group. Different people will have different interests and may seek information in different ways.

It is often useful to identify the various public audiences for information. For example, there may be people affected by a hazard; those at risk from the hazard; people in other areas who are not at risk, but who may perceive themselves to be so; people in other areas or other countries who find the issue of interest, and so on.

Clarity as to the audience helps achieve clarity of message. The message for those affected by the hazard may be what is being done; for those at risk, it may be what steps they can take to minimise risk; for those who fear they are at risk, it may be that the incident does not affect them, and so on.

The rights of the public

The implementation of the right-to-know principle, now protected in various statutory regulations and pieces of legislation, means that risk assessment must include public involvement.

The public has statutory rights to openness and transparency from those acting to protect their interests. Organisations and practitioners must have an up-to-date knowledge of the statutes that govern privacy for individuals and the public's right to information (see Box 4.1 for examples).

Box 4.1 Examples of statute

- The Freedom of Information Act 2002 recognises that members of the public have the right to know how public services are organised and run, how much they cost and how their decisions are made.¹³
- The Data Protection Act 1998 places controls on the storage and access to information relating to individuals.¹⁴
- The General Medical Council (GMC) states in relation to disclosures in the public interest that:¹⁵

“Personal information may be disclosed in the public interest, without the individual’s consent, where the benefits to an individual or to society of the disclosure outweigh the public and the individual’s interest in keeping the information confidential. In all cases where you consider disclosing information without consent from the individual, you must weigh the possible harm (both to the individual, and the overall trust between doctors and participants) against the benefits which are likely to arise from the release of information.”

4.2 The media

There will be a need to deal with the mass media (radio, TV and press) as part of a risk communication strategy in most situations, either proactively or reactively. The public has a right to information, and the media can be crucial in disseminating information to them.

Recognising the needs and perspectives of the mass media is essential in framing a successful overall communication effort.¹⁶ Attempts to engage meaningfully with the media may also help to avoid the often inaccurate speculation that inevitably develops in an information vacuum.

In developing strategies to deal with the mass media, consideration should be given to working positively in partnership, even if initial involvement may seem negative or confrontational. People in the mass media see themselves as having an important role in informing the public and holding officials to account, particularly where there is a perception of risk and culpability. They will provide information to the public with or without your help, so it is in your interest to work with them to ensure the correct messages go out.

4.3 Academic communities

Good communication with the academic world is crucial when communicating health risks to the public. The academic community has an input to both acute and more long-standing risk communication endeavours. They can provide much-needed knowledge and support, particularly in areas where contentious debate is likely.

5. Planning risk communication

Preparing and planning risk communication is an important task for public health professionals and organisations. Developing, exercising, implementing and regularly updating a risk communication policy and strategy is central to successful risk communication. As the US Centers for Disease Control and Prevention (US-CDC) state:

“No organisation should consider itself prepared to respond to a crisis if it does not have a communication plan fully integrated into its overall disaster response plan ... What makes a crisis communication plan a good one is the process used to develop the plan rather than what ends up on paper.”¹⁶

The success of effective risk communications is to a significant extent based on the amount of work that goes into planning and preparing for a crisis event. We need to ask the following.⁷

- What information needs to be in place?
- Who makes decisions?
- Who gives orders, and who follows them?
- What are the procedures for carrying out response initiatives?
- Who will be the lead spokespeople?

As the US Department of Health and Human Services state:⁷

“A crisis is not the time to begin thinking about these questions. In fact, it's the worst time to do so.”

Instead, anticipatory work should be carried out to ensure that if and when a crisis emerges, the communication team is fully prepared to respond. An agreed strategy should be put in place, contact lists compiled and briefing materials prepared. These may need to be updated as time progresses.

5.1 Elements of the risk communication process

The process of delivering risk communication messages has predictive, strategic, tactical and operational elements.

Predictive

Spotting possible risk communication challenges in advance is a key defence against crisis. Effective forward scanning will promote positive dialogue within the organisation as various elements of the service are consulted about their views, and can identify potentially difficult issues which can be benchmarked against the “fright factors” (see Chapter 3, Box 3.1) and “media triggers”⁸ (Box 5.1) to inform priority setting.

Box 5.1 Media triggers⁸

A possible risk to public health is more likely to become a major story if the following are prominent or can readily be made to become so:

- questions of **blame**;
- agreed **secrets** and **attempted “cover-ups”**;
- **“human interest”** potential through identifiable heroes, villains, dupes, etc. (as well as victims);
- links with **existing high-profile issues or personalities**;
- the existence of **conflict**;
- **signal value** – the story as a portent of further ills (“*what next?*”);
- **many people being exposed** to the risk, even at low levels (“*it could be you!*”);
- strong **visual impact** (such as pictures of suffering);
- links to **sex** and/or **crime**.

Strategic

An overall *risk communication policy* should be agreed (see below). This should be used to specify the aim and objectives of the risk communication process and should address the central question: “*Why do we need to communicate a message?*”

Tactical

The tactical element relates to the detailed planning of “*how, when, where and to whom*” the actual messages should be delivered. This can be set out in a *risk communication strategy* (see below).

Operational

Finally, the operational stage involves the practical procedures and processes for delivering the messages to the target audience. Message delivery should ideally be linked to processes for measuring and evaluating the impact of the risk communication effort.

5.2 Developing a risk communication policy

The risk communication policy will set out *general* principles on how the organisation will relate to their stakeholders, including the public and the media, and how they will communicate information on risk.

The process of producing this policy is critical. Meeting with your partners and discussing the risk communication policy is crucial; interagency understandings do not develop spontaneously when disaster strikes – they need to be fostered over time.

The policy should answer as many of the questions about the logistics of communication work as possible and present a clear understanding of who owns what information in the crisis. It is important to secure these agreements well in advance of any crisis arising.

The policy does not have to detail every required task, but must provide the strategic overview to which everyone involved can refer. It is also important to remember the importance of updating all of the elements of the risk communication policy regularly.

Most organisations will employ media professionals within corporate media teams. These professionals provide expert advice on the development of communication policy and strategy and should be involved in the development of policy and the strategies which flow from this. Media teams will also have an understanding of the local and national media landscape and will provide advice on practical aspects of message delivery and help with impact evaluation of messages.

A checklist for developing a risk communication policy is presented at Appendix 2.

5.3 Developing a risk communication strategy

In this guidance, a *risk communication strategy* means an approach developed specifically in response to a defined public health issue or health protection incident.

The reason for having a defined strategy is to ensure that a coherent and consistent rationale underpins all the activities involved in designing, producing and delivering the key risk communication messages to the target audience.

A risk communication strategy need not be over-complex in content or time-consuming to develop. The type of specific issue or incident (whether it involves an acute, sudden-onset health protection problem or relates to an ongoing public health issue) will determine how it should be developed and over what time span.

Time may be very limited if there is a need to respond quickly to a sudden or rapidly changing threat to public health, either real or perceived. Time spent planning the risk communication effort, even in such pressurised situations, is nevertheless likely to be worthwhile.

More time is likely to be available for strategy development in less-urgent scenarios, which ideally should involve cycles of development, evaluation and refinement, use of pilot studies and field research techniques where appropriate.

Risk communication strategy components

A risk communication strategy should incorporate the following components (summarised using the acronym **DISSECT**) (Box 5.2).

Box 5.2 DISSECT

1. **Define** – the issue or problem
2. **Identify** – the stakeholders and the target audience
3. **Set** – the aim and detailed objectives
4. **Select** – the key messages
5. **Engage** – partners who will be involved in managing the incident and who need to contribute to key message development
6. **Choose** – the communication channels (methods, tools and processes)
7. **Track** – and evaluate the impact

1. Define the issue or problem

A brief statement summarising the issue or incident and outlining the risk communication need should be generated. This should define the nature of the issue: for example, an acute incident or an ongoing public health issue.

It may also be useful to identify what stage the issue is currently at and what it may develop into. Three distinct phases have been specified in recent guidance:¹⁷

- public awareness (pre-event);
- public warning (at the time of an event or when one is imminent); and
- informing and advising (immediate and long-term post event).

2. Identify the target audience and other stakeholders

A strategy should identify all the relevant stakeholders with an interest in the issue in question. The range of potential stakeholders may be wide but can be broadly divided into the *target audience* and others.

The *target audience* commonly consists of:

- those directly involved in the situation;
- the general public;
- the media (press, television and radio);
- local/national politicians;
- internal audiences within the organisation;
- health and other professionals; and
- parties involved in the issue (families, nursery attendees, workmates, hospital patients, etc.).

The general public segment of the target audience can be grouped by location, proximity to an incident, age, degree of vulnerability or other demographic features, including education level and inequalities due to deprivation. Messages may need to be differentiated to address specific audience segments.

A *stakeholder analysis* will define the main parties with an interest and enable you to identify all the relevant parties involved in developing, delivering, receiving or reacting to the risk communication messages. It will help you to develop transparent processes for consulting and involving relevant stakeholders, including the intended target audience, and define who needs to be involved at which stages of the detailed planning process.

Not all of the stakeholders may be intended targets for information, but they might have some influence in how messages are received and accepted (for instance, local or national opinion formers and “experts”, special interest or “action” groups, legislators, lawyers, the police and judiciary and influential local dignitaries).

Failure to plan and anticipate the reaction of stakeholders may lead to failure to achieve the aim and objectives of the strategy. Common reasons for problems with stakeholders include:

- inadequate access to selected key stakeholders;
- failure to respond to stakeholder comments or input/feedback;
- lack of clarity in messages; and
- perceptions of incompetence, untrustworthiness, insincerity or arrogance.

3. Set the aim and objectives

The aim and detailed, prioritised objectives for the communication strategy should be defined, ideally in terms which enable their qualitative or quantitative evaluation. Ideally, these should be checked with the relevant stakeholders to ensure they are realistic and consistent with their needs.

Specific objectives may include:

- raising awareness of hazards and risks;
- alerting people to an immediate danger;
- providing information on avoiding harm or obtaining assistance;
- advising on steps being taken to handle an issue or incident; and
- explaining the steps being taken to recover and return to normality.

4. Select the key message content

This is where you should decide what key message needs to be transmitted to achieve the aim of the risk communication strategy and define the content of the message. The aim of communications on MMR vaccine, for example, is to increase vaccine uptake; messages must therefore reassure parents and health professionals that the vaccine is “safe” and is not associated with autism.

Message content must be carefully considered. Where risks are given numerically, they should be given as absolute risks, not as relative risks. In addition, comparisons should be used with great care, as the perception of risk is highly influenced by context.

The content of risk communication messages can be broadly categorised in a number of ways. The message(s) should also be prioritised to ensure delivery of the **Single Overriding Communication Health Objective (SOCHO)**.¹⁸

Messages will probably include:

- factual information to raise awareness and understanding of the nature and seriousness of a problem or issue;
- numeric data to explain the frequency and scale of the problem;

- information on what to look out for and what action to take if directly involved or affected;
- information on what people can do for themselves and their families and friends to reduce their exposure to the hazard and lower their risk of coming to harm; and
- how to get further information and more detailed advice.

5. Engage key partners

Developing relationships with other organisations and individuals involved in the risk communication process is an important step. Ideally, the links will have been established at the time of developing a risk communication policy, and so it will be a matter of “refreshing” these links. If, for whatever reason, links have not previously been established, engaging with key partners assumes even greater importance. In either case, listing potential partners and making links when a risk communication strategy is being developed is a key step in successful risk communication.

It is important that key partners are involved in the process of developing key messages and checking the “sense” of the messages from a different organisational or professional perspective.

6. Choose the communication channels

Deciding on the best way to deliver a message is not always simple and, if available, specialist professional communications support should be used.

A number of communication channels may be available, depending on the nature of the particular issue or incident, but not all channels will be suitable in every situation. It is important to consider the range of available channels and to select for the strategy the most appropriate in the circumstances, based on the time and resources available.

Some communications may have an “internal” or “interagency” focus (those involved in managing an issue or incident), and others may be directed primarily at “external” audiences.

Internal communications

Some information and advice may be intended for internal organisational use only (for example, within the NHS), or it might be considered appropriate only to share between members of a multi-agency response group (such as a local incident control team or strategic coordinating group). Means of communication may include:

- internal agency intranets, message boards, and e-mails/alerts;
- staff briefing, information cascade systems and word of mouth.

External communications

A wide range of channels exists for providing information and advice to external target audiences, although there is a tendency to rely on the print and broadcast media, which are particularly suited to reaching the public quickly with relatively simple messages. Common means of contacting the mass media include press releases, briefings, letters and editorials in local publications, press conferences and interviews (see Chapter 7).

The mass media exercises editorial control when using information and does not provide a guaranteed route to accessing selected target audiences within limited time frames. Additional channels from the wide range of other options may therefore need to be specified in the strategy, including:

- telephone helplines: NHS 24, police or other emergency helpline arrangements;
- online communication: websites (passive communication), e-mails and podcasts (active communications);
- direct communication: door-to-door delivery of spoken messages/letters/materials; local signage, notice boards, electronic messaging; local PA systems, loudhailer messages, sirens; SMS/cell phone broadcasting; public meetings/briefings; community liaison groups, existing or newly created;
- community leaders and opinion-formers: local councillors/community councils, MSPs/ MPs/ MEPs, prominent local citizens (church or other civic leaders); and
- other indirect communication networks: voluntary organisations, community volunteers and groups, business and trade organisations.

Some specific advice on dealing with these kinds of communication methods is offered in Chapter 7.

7. Track and evaluate the impact

Having started the process of communicating with the public, it is important to see the process as iterative: it is shaped by feedback from those who are receiving the message, and is open to review. When mistakes are made in communication, these should be rectified as quickly as possible.

Rapid, informal feedback from the public and the media can be useful in shaping the message and its delivery in the short term. For longer-term issues, formal evaluation looking at public understanding, attitudes, beliefs and behaviours will form an important part of the evaluation.

A checklist for developing a risk communication strategy is presented at Appendix 2.

5.4 Providing leadership and spokespersons

Providing leadership in a crisis is key to its successful management, and having a good communicator is a necessity.

The leader and communicator would be the same person in an ideal world. In reality, these functions are often carried out by different people. When the roles are divided, close contact between the leader and the communicator is critical, with lines of authority being agreed early.

Detailed information about the skills and attitudes required of a communicator (or “messenger”) is given in Chapter 6. It is important to remember that in prolonged risk communication scenarios, the public builds a relationship with a specific spokesperson or a small number of spokespersons. Limiting the number of spokespersons to ensure a high level of trust, but also ensuring sufficient provision of appropriate people to provide sufficient rest for individuals, is an important aspect of organisation which needs to be addressed.

5.5 Training

Communication planning is usually led by agency communicators and there is a risk that this important function may not be fully appreciated by senior management. Because outbreak communication principles include some counterintuitive notions about dealing with the public, training must begin while the strategy is being developed.

Staff who will have to face the media will need appropriate training in areas such as:⁷

- dealing with facts;
- working with space and time constraints;
- interview situations;
- presenting information at public meetings;
- dealing with reactions to risk;
- developing trust;
- what types of risk are seen as unacceptable; and
- risk communication strategies.

5.6 Preparing to work with the media

The media is naturally very interested in crises and disasters, because their consumers (readers, listeners and viewers among the general public) are interested in them. The media therefore offers an important portal for getting messages out to the wider public during times of crisis, and should be considered in your planning. Media journalists and presenters are also adept at pitching messages in language their consumers will readily identify with and understand, meaning the messages may achieve greater penetration.

Engaging with the media early in the development of your communications policy will enable you to gauge their needs and avoid raising unrealistic expectations about what you can deliver for them, and what they can deliver for you.⁷

6. Delivering risk communication

This part of the guidance provides pointers for good practice in the practical delivery of risk communication messages. The focus is on identifying appropriate methods and processes to maximise the chance of successfully transmitting the messages and achieving understanding by the target audience.

6.1 General approach to risk communication

It is generally understood that organisations will not have all of the answers to the problems an event or situation poses right away, and the first communication with the public may be tentative. The important issue, however, is to have a presence in the public arena early in the process, even if only to say that the organisation is aware of the event or situation and is putting a strategy in place to deal with it.

In terms of a general approach to risk communication, the following pointers should be followed.⁷

Be precise and specific. Now is not the time to provide interesting background data on the event or situation, or to offer your own or your organisation's life story. Messages should be clear, concise and, above all, *relevant*.

Focus your language on positive options. Constant use of negative instructions ("don't do this", "people mustn't do that") can breed a degree of negativity and pessimism about likely outcomes. Try to focus on positive things people can do that will help.

Reinforce the message with repetition. The "reach and frequency" theory, common in advertising, dictates that the public is more likely to respond to a message with increasing numbers exposed to the message and increased frequency of reception. Basically, the more people who hear your message and the more times they hear it, the better.

Create mechanisms to help people remember the message. Most people are capable of retaining only around three separate instructions or pieces of information in emergency situations, so the use of simple acronyms, mnemonics or numerical "step-by-step" lists can aid retention.

6.2 Communication skills, hearts and minds

Professionals often assume they are not believed. It is true that there has been a measurable decline in public trust, but professionals are still trusted by most people most of the time. The public is quite capable of considering the source of information and making a judgement. Specialist staff start from an assumption of competence within the public, and should not be afraid to communicate risk.

It is essential, of course, that agencies do not lie. They should also avoid indulging in speculation or speaking for other agencies. Criticising other agencies in the middle of a crisis should be avoided – it sounds like an attempt to blame others. Where information is not available, the media and public should be told this, along with explanations of why this is the case and how you are working to resolve it.

6.3 What to say, and how to say it

The goal of risk communication is to achieve an informed public. In addition, there is often a need to allay concern, but this is a secondary consideration. To do this, you need to establish trust and credibility (see Chapter 2, Section 2.3).

The content of the message needs to be shaped by many contextual factors, such as the audience, the gravity of the circumstances and the timescale available, and should be developed using the **STARCC** principles (see below). But the priority for any organisation delivering communications about health risks is to prioritise information and formulate a **SOCHO – Single Overriding Communication Health Objective**.

SOCHO and STARCC

Developing the Single Overriding Communication Health Objective¹⁸ (SOCHO) may be a difficult task, as information is often incomplete, the science contentious and the attitudes of the public and media as yet unknown. There may be several subsidiary messages, but these should all be given lower priority than the SOCHO. The SOCHO needs to be kept under constant review.

Simplicity is central to the initial SOCHO. The KISS mnemonic (keep it simple, stupid) reminds us that people often fail to grasp important messages when anxious or under pressure. This is not an excuse for delivering categorical statements when the facts remain unclear, nor does it underestimate the audience's capacity for comprehension, since further messages can elaborate on the complexity of the situation.

In general, the SOCHO should be written for a comprehension age of 12 years and needs to be repeated to improve recall. The final comprehension-age of the message will of course depend of the audience with whom you are communicating, but in a crisis, it is important to ensure that the language used does not become a barrier to communication with segments of the population; problems with literacy and numeracy are well established within the Scottish population. Technical jargon and humour should be avoided.

The message should briefly outline the situation, reflect on the risk to health, provide information about what individuals can do to protect themselves (if necessary) and set out what the organisation plans to do.

In a crisis situation, the US–CDC suggests a set of principles (with the acronym **STARCC**) should be deployed for developing and delivering the risk communication message (Box 6.1)¹⁶.

Box 6.1 STARCC

STARCC is about making the message:

- **Simple** – frightened people don't want to hear big words
- **Timely** – frightened people want information immediately
- **Accurate** – make it direct; frightened people won't grasp nuances
- **Relevant** – give action steps and answer specific questions
- **Credible** – use empathy and openness to achieve credibility
- **Consistent** – keep messages consistent, but qualify areas of uncertainty where there may need to be a change to the message, as changes are unsettling and will be scrutinised closely for their significance.

Specific content issues

If you feel you need to make quantitative comparisons in your message, it is particularly important not to appear facetious and to compare like with like. Comparing a risk imposed on a population by, for example, an error in an industrial process over which the population has little control against the (voluntarily accepted) risk of crossing the road is not comparing like with like – be cautious, therefore, of the type of comparison you make.

The relationship between the physical response to the situation and the SOCHO is also an important factor. If the message to the public is that a specific hazard is minor, but a sea of tents and people in masks and safety suits then appears at the hazard site, the public is likely to be suspicious about the level of agreement between statements and actions. If there is a good reason for a major response but the risk is indeed minor, this needs to be explained.

Disagreement between experts can be particularly damaging, leaving people feeling “they can't even agree on it, so what do they really know?” Consistent messages, and messages in line with actions, are very important.

Situations in which there is clear dissonance between public understanding and perception of a risk and professional assessments can cause confusion. For example, radiation is inherently worrying to most people. Images of Chernobyl and devastated Japanese cities may come to mind. Areas being closed for generations and reactors cased in concrete link with ideas about nuclear waste repositories and activists talking about “trouble being stored for the future”. The job of persuading people that a radiation escape of some type is a minor problem is therefore very difficult; it crashes against pre-existing scripts and media narratives.

When people are likely to have preconceived ideas about a risk, it is particularly important to think through precisely what is being communicated, what people are likely to believe already, and how the risk communication should address pre-existing concerns.

Timing

There is a tension between getting a message out quickly or waiting for more information. The best way to deal with this dilemma is to establish regular briefings with the media, at which time all information can be delivered, explained and updated.

In general, organisations **MUST** act quickly; otherwise, media speculation will damage trust in the organisation. It is perfectly acceptable to acknowledge that all the information is not yet available and that the message may evolve over time, but the timely release of information is critical in the delivery of health risk communication.

Information based on estimates should be presented as such and its preliminary nature emphasised to the media. Acknowledge that information may change. Frequent updating of information helps to keep it in proper context, reinforces the changing nature of the issues and highlights to the media their need to maintain contact with you to keep their stories up to date and accurate.

6.4 The messenger

The messenger's challenge is to give the public what they are demanding without the fog of information overload.

A number of different individuals may have responsibilities in developing and delivering the key messages, but we are defining the term "messenger" in this guidance as someone acting as a principal spokesperson on an issue or incident.

The individual chosen for this role should be selected carefully. They need to be trained communicators who understand the situation, can empathise with the public, give information tailored to particular audiences and provide strong leadership (see Box 6.2).

Box 6.2 Attributes of a messenger

Attitudes

- Non-paternalistic, participatory and inclusive.
- Empathetic, non-patronising, caring and non-judgmental.

Attributes and characteristics

- Honest and open.
- Competent and with expertise in the relevant areas, including risk communication skills.
- Credible and genuine.
- Consistent.

Being “empathic” (see Chapter 2, Section 2.3) is seen as a particularly important attribute in a messenger. The ability to convey understanding and identification with those at risk is especially valued, as is the ability to articulate people's anxieties and fears and show recognition and acceptance of them. An empathic approach makes it more likely that people will be receptive to accepting advice or “direction”.

Being seen as the spokesperson for an organisation means effectively taking on responsibility for a number of roles, some unintended. The messenger will, for instance, become the “human face” of a normally “faceless” organisation, will represent authority and will be a focus for expressions of anxiety, anger, frustration and scepticism.

Health and environmental issues can arouse feelings of strong anger and hostility, but there are things you can do to diffuse anger and re-direct hostile energy:

- first, acknowledge the existence of anger or hostility while controlling your own apprehension – this sends a message that you are in control;
- don't allow your own anxiety to undermine your confidence and concentration;
- listen to the questioner and communicate empathy and caring by recognising people's frustrations, using eye contact and assuming a listening posture;
- answer questions carefully and thoughtfully; and
- turn negatives into positives and bridge back to your key messages.

If you are nominated to act as a messenger, you should also consider the following issues relating to the role.

- Know your own strengths and weaknesses as a communicator.
- Be clear about your role and why you are giving the message; are you there as a spokesperson, as an expert, or as something else?
- Don't agree to be a spokesperson if you don't feel confident about the role.
- Be clear about your own competence to talk authoritatively on the main topic; if you are not comfortable about the topic, don't do it.
- Avoid academic or aloof styles – work on “humanising” your communication.
- Avoid overuse of data and statistics and try to translate these into everyday language that has relevance for people.
- Consider this question – do you think you would believe in and trust yourself if you heard yourself delivering the key message?

6.5 Acknowledging uncertainty and framing

Uncertainty, the evidence-base and risk

Almost all health risk messages will be complicated by uncertainty – this is the very essence of science.

Uncertainty often arises out of incomplete information, sometimes due to rapidly evolving events, and sometimes because the science underpinning a topic is changing rapidly. Whatever the cause of the uncertainty, open acknowledgement of the limitations of knowledge and of your advice is central to maintaining the public's trust.

Probabilities are often difficult and abstract for the public to understand; stating, for instance, that there is a 1 in 1 million probability of death in a particular situation can be confusing. Some authors have suggested that comparison scales can be useful in helping the public to assimilate risks. It has been suggested that a 1 in 1 million risk of death is equivalent to one death in a population of the average city.¹⁹ This, of course, depends on the size of the city and is influenced by the audience's prior knowledge.

Further difficulties can arise when comparisons with unlike events are used. In these circumstances, the audience can be at best confused and at worst offended if a flippant comparison is used. While the population scale can be helpful to explain magnitudes, comparisons are best avoided. When reporting risks, relative risks must only be reported **with absolute risks**.

In an ideal world, all decisions and all messages would be based upon sound evidence. In practice, sound, contextually relevant evidence is rarely available. The art of risk communication is therefore to adapt principles from existing evidence and apply them to current circumstances while more definitive knowledge is awaited. The most important aspect of this process is acknowledging the inherent uncertainty and risk this process poses.

Framing risk messages

Framing is a process by which the individual's perception of and response to a message can be influenced through the context or scenario in which the message is delivered.²⁰ Framing is often manipulated in advertising, business and politics. It can also be used to manipulate messages on health risks. It is a powerful technique, but can lead to significant loss of trust and credibility if misused.⁸

When a glass contains half of its volume, it can be considered both half full and half empty. The difference between these two statements – between the positive “half full” and the more negative “half empty” – is created by “framing”. A 10% risk of death is the same as a 90% survival rate – it all depends on how you frame the message.

When choices are framed positively as a likely gain to the individual, risk-averse (or health promoting) behavioural choices predominate. When choices are framed negatively or as potential loss, risk-seeking (or health damaging) choices tend to predominate.²⁰

There are multiple possible frames in any given risk communication situation. It is important to consider what the audience's frames might be and which would be most beneficial for successful risk communication.

Manipulation of framing that deliberately sets out to mislead the public is unethical, but you should at least explore the idea of framing messages, since sensitive use of framing to reflect the needs of the audience can improve the penetration of the message.

6.6 Changes in messages over time

Messages are subject to change over time, either because new information or knowledge becomes available or because circumstances change.

If significant changes are necessary, so much so that the revised message is either incompatible with or appears to contradict the original, this should be openly acknowledged and the reasons for the change explained.

You should plan regular review of the messages so that new information can be incorporated on a regular basis. If you believe that a key message may be subject to change, highlight this possibility to the media to ensure they are prepared for subsequent changes.

6.7 Evaluation and review

Having started to communicate with the public, it is important to see the process as iterative: it should be shaped by feedback from those who are receiving the message and must be open to review. Mistakes should be rectified as quickly as possible.

Formal evaluation that looks at public understanding, attitudes, beliefs and behaviours will form an important part of the evaluation for longer-term issues.

7. Risk communication with the public and the media

Having explored the general issues related to risk communication in Chapter 6, this chapter of the guidance now goes on to take a more focused look at meeting the risk communication needs of two central populations – the public and the media.

7.1 Direct communication with the public

Different populations have different information needs. Print and broadcast media are important sources of information for the public, but many people also turn to other sources, such as public meetings and websites, for information.

Public meetings

Public meetings can be initiated by an organisation to meet communication needs. They can be useful in permitting professionals to meet with and discuss the issues of risk with stakeholders including the local population, local media and politicians.

Organisations can also be invited to public meetings organised by others.

Before agreeing to attend a meeting, consider carefully the advantages and disadvantages of doing so. Be prepared to decline the opportunity if it is likely to be counterproductive.

Consider the likely audience at the meeting. Who are they, and why are they interested in attending the meeting? What hidden agendas might appear in addition to the main issue? Consider if lobby or action groups and other vested interests could be present, and what their stance is likely to be to the message you want to promote. Enquire if there are key local/national opinion formers (or politicians) in the audience – what is their perspective on the issue? Could they become advocates for your message?

If you are presenting information and key messages to a public meeting, you will benefit from following these simple rules:

- have a strong, clear introduction;
- explain who you are and why you are involved;
- explain who your organisation is, why it is involved and what you want to achieve through the meeting;
- an audience will make an assessment of your credibility and trustworthiness very quickly (within 30 seconds), so being perceived as empathetic is vitally important – show recognition of the audience's concerns and viewpoint and express commitment to work with them;

- develop the key message(s): select a maximum of three most important messages (SOCHO first) and promote these as the audience's "take home" messages;
- messages delivered in public meetings must be consistent with messages delivered via other routes;
- provide data to support your message and advice and show awareness of uncertainties and limitations in the evidence base; and
- if using audio-visual aids, keep them simple and have back-ups.

Community leaders and opinion formers

Every opportunity should be taken to communicate with people who lead the community, including local and national politicians. Communication ensures that these leaders are aware of the circumstances surrounding the public health risk and are well briefed on the agency's response. This can reduce the possibility of conflicting views being propagated via the media.

Telephone helplines

No formal guidance has been identified to underpin the use of telephone helplines.

NHS 24 has the capacity to set up special helplines for concerned members of the public in response to specific health risk issues. Public health professionals provide call-handlers with background information and responses to specific Frequently Asked Questions (FAQs). Call scripts and referral pathways are developed to ensure that general advice is given and those who need more specialised advice or assessment can be managed appropriately. Most agencies providing services to the public have developed similar capacities.

It is important that there is ongoing communication between the call-handlers and public health professionals to ensure that emerging issues can be identified and advice/call scripts amended to take account of the public's demands and changing circumstances. Ensuring call-handlers have adequate information to deal with rumours and misinformation is critical.

Other means of contacting the public

Written material may take various forms, including:

- sending personalised letters;
- providing "opinion" articles for relevant publications;
- sending letters to local publication editors;
- developing specific newsletters or bulletins;
- using the free media and magazines;

- using “marketing” channels such as adverts, leaflets, posters, mailings and specific promotional materials, but also exploring less conventional options such as posting messages on supermarket bags; and
- working with other agencies such as local authorities through, for instance, community networks.

Careful consideration should be given to the most appropriate formats and channels for communicating written information, given the availability of time and funding and the urgency of the situation.

Other opportunities that may arise to supplement conventional communication channels with the public include using local mass media routes (talk shows, phone-ins etc.) to reinforce key messages.

7.2 Practical advice for working with the media

Requests from the media often arrive while a situation is still unfolding. Even if this is the case, your agency or organisation will still be expected to make a response. And it is important that you do – the evening news programmes will be broadcast whether you have responded or not, and it is better that they are informed by your comments. Waiting on adequate information being collected before saying anything can leave the field open to others to make their pitch. Organisations dealing with the risk can hardly complain if the media fill their broadcasts with comments from others – ill-informed or not – in the absence of your responses (see Box 7.1).

Box 7.1 Responding when little information is available

Airline companies provide a good example of how to respond to an incident in the absence of information.

The cause of an air crash is rarely known immediately after the incident, but airlines still manage to practise the essential elements of communicating with the media. They:

- show their concern and empathy;
- demonstrate the steps they are taking and the support they are giving;
- commit to providing further information; and
- back up their words with actions.

Contrast this with a public agency responding for the first time to an incident. They commonly offer a junior spokesperson who simply says that no information is yet available. This presents a negative picture about competence and commitment and demonstrates little in the way of empathy and openness.

Initial media coverage will have a strong influence on how an issue is perceived, and all parts of the media should be treated equally. Local media can be particularly important after an incident and will still be present long after the national and international media has moved on. Keeping a good relationship with local media throughout is always worthwhile.

Ideally, you should build relationships with the local media in *advance* of any situation, so they have some understanding of who you are, what your organisation does and what your roles and perspectives are. The Scottish Media Emergency Forum (SMEF) facilitates discussion between media leaders and heads of public agencies in Scotland – you can access information on SMEF from the Scottish Government.

Reporters are trained to question information provided to them and are naturally sceptical. Antagonistic attitudes are often adopted by media representatives, but are not directed personally. Try to avoid feeling personally persecuted. Always be honest, open and tolerant of media questioning, or you risk being seen as evasive, aloof or as trying to hide something.

Professionals often worry that if they provide a measured response to ill-informed speculation from media representatives, they will inadvertently give the speculation a credibility it does not deserve. This is an understandable concern, but a response is often necessary, as in many cases the media will run with an idea until it is effectively countered. Lack of response from you means a lack of balancing statements in the media.

Media personnel understand that organisations have rules governing media communication, so be open with them about the rules and why the organisation feels they are important. In some circumstances, a certain amount of flexibility on the rules may be required in the interests of maintaining positive relationships.

The media tends to expect:¹⁶

- equal access to information;
- honesty in answers to their questions;
- timely release of information;
- rumours to be dealt with quickly, or they will continue to report the speculation;
- a schedule for media availabilities and updates;
- the provision of subject experts;
- their calls to be returned;
- accuracy in the information you give them, or honesty in telling them that the information is preliminary and could change;
- to be told if you do not have an answer and an explanation of what you're doing to get one;

- a consistent message from your organisation and your partners in the response;
- that you will have some modicum of understanding about how the news business works; and
- to be treated with respect.

A communication policy and strategy backed by sufficient resources will help ensure you can meet these needs.

Basic media requirements

In general, the media believe the public will want:

- information on what the situation means to them and the personal impact on their life and routine;
- access to more information via a helpline or other suitable means, such as a website; and
- information on what is being done on their behalf to manage the situation.

Journalists and other media representatives look for information on the following key questions: **who, what, when, where, why and how**. Most of the information they collect relates to these questions.

The media will tend to focus strongly on **the first message they receive from you**, particularly if the particular issue is one in which they have little background knowledge at that point. If subsequent messages appear contradictory, their suspicions (and even ire) can be roused. This emphasises the importance of ensuring the information you give is as accurate as it can be from the very start, and that any apparent changes in direction thereafter are carefully explained.

Media representatives require a certain amount of information within the first hour of any major acute or sudden incident, such as:

- a well-developed arrangement for providing them with information, ideally coordinated by all the relevant agencies involved;
- identified contacts and telephone numbers; and
- opportunities for on-site presence for interviews, briefings and press conferences.

You should organise your messages in a **hierarchy**, with the SOCHO (see Chapter 6, Section 6.3) first. The space or time the mass media can allocate to your “story” may be very limited (perhaps as short as 20 seconds in broadcast media to a couple of column inches in print), so you need to get the key messages across quickly and succinctly. You should practise how to do this in “down time”, bearing in mind the need for flexibility to respond to changing situations. It is also important to emphasise the significance of your story, which may not appear notably newsworthy to media representatives on first contact.

Media outputs often juxtapose apparent anomalies and contradictions. For instance, they might report: "Officials say the risk is very low, but hospitals have been put on standby just in case". Try to avoid statements that might be construed as contradictory or anomalous.

Similarly, the media's desire for "balance and fairness" may result in equal prominence being given to a contrasting or contradictory message of questionable validity. Try to anticipate contrary views and be able to refute them if necessary.

Reporters from the print media may appear sympathetic to your communication goals, but be aware that the publication's sub-editors (and not the reporters) compose the headlines. The headline may not be an accurate reflection of the article content; there is little you can do about this.

Press/news releases

Good practice on press/news releases is based on the following pointers:

- make the content newsworthy – clearly identify what the problem is at the beginning;
- use an attention-grabbing headline if possible (or appropriate);
- answer the "who, what, when, where, why and how" questions in a strong leading paragraph – the first 10 words are crucial to securing interest by the media;
- use a second paragraph to elaborate the content of the first and expand the details;
- summarise the key messages;
- give contact details for follow up; and
- supplement a news release with "tip sheets/factsheets/FAQs" to provide supplementary information and to anticipate the most likely follow-on questions.

Interviews

If you're being interviewed by the media, you should:

- keep calm and be courteous, collected, confident and considerate of the reporter's needs;
- have a clear agenda and purpose – focus on getting the message across;
- see your role as helping the reporter in understanding the right messages and passing the information to the public;
- make your points in 30 seconds and in less than 90 words;

- don't make commitments or promises you can't keep and don't offer opinions beyond your competence – only discuss what you know, not what you think;
- don't speculate, and don't be tempted to “show off”;
- correct something you've got wrong quickly and openly – don't try to disguise it or cover it up;
- never lie to, embarrass or argue with a reporter, but don't allow the interviewer to put words in your mouth;
- rephrase questions that appear loaded or leading;
- don't disparage other people's views or abilities;
- avoid the use of “no comment”;
- adapt the level of your responses to the reporter's understanding of the issue;
- don't assume an interviewer's facts are correct, especially if citing contradictory evidence or information (you can respond with “I'll have to check into that ... ”);
- don't be afraid to say “I don't know” – at all costs, avoid the temptation to “wing it”; and
- be aware of “media triggers” (see Chapter 5, Box 5.1).

Press conferences

Press conferences may be useful if there is an important message to get out quickly to the public or there is a need to demonstrate that a situation is being managed and someone is clearly “in charge”. You should consider carefully, however, whether a press conference is either necessary or useful. Successful press conferences take time and effort to plan. A badly planned and executed press conference can undermine public and media confidence and be very difficult to recover from.

Ask yourself the following.

- Is there is a real need to orchestrate a group of experts or responders, to provide a situation report or update, or to transmit complicated information?
- Is there enough material to justify the time and effort required by you and other participants (and the media) to attend a press conference?

You should also beware of press conference “bear traps”:

- a press conference starts the moment you enter the room, so be careful about off-the-cuff comments and asides to other people; and

- avoid having too many supporters (people involved in the incident but not taking part in the press conference directly) in the room, who may be pressed later for further information.

Online communication

The internet is an important vehicle for communicating with a number of audiences, including the media, for whom it is an essential tool of investigation. The internet can act as a primary communication channel or as a secondary source to reinforce your key messages and to provide background information.

People tend to scan the text rather than read in depth when reading information on screen. They may be easily distracted by online advertisements appearing in “pop-ups” and tend not to read pages that are illegible (usually due to small point size or poor page design).

When planning a web page for risk communication, you should adopt a technique initially developed in marketing and subsequently adopted by journalists known as the “inverse triangle” (or “inverse pyramid”). In this, you start with conclusions in the introduction, then provide supporting evidence further down the page. It is important to prioritise the messages and refer to the most crucial statements first. Online readers spend an average of 10 seconds on a page, so it is important to make your most important messages understandable within this time frame: less is more!

From a visual perspective, you should avoid the use of serif fonts (those with both thick and thin lines, such as Times New Roman) and italics to increase legibility. In general, dark text on a light background is more legible than the reverse. Sentences should be short and to the point. FAQs are often a useful tool for providing background information and can be used to legitimise some of the concerns the public will have and to provide reassurance. Finally, it is important to brand the page so that the organisation and its contact details are obvious.

8. Barriers to risk communication

Effectively communicating about risks to public health often involves overcoming a series of barriers, but there are few articles in peer-reviewed scientific journals on this topic. This chapter of the guidance is therefore derived from policy statements and personal views on how organisations decide about the management and communication of risks, and are mainly related to food safety.

The United Nations Food and Agriculture Organisation (FAO) defines three overlapping categories of barriers to effective communication:²¹

- access to information;
- risk communication process; and
- general contextual issues.

The first two include institutional and procedural barriers that can limit communication within the risk analysis process. Communication barriers in the third category apply to all contexts, and especially to efforts by the expert community to communicate with the general public and other interested parties about health risks.

A paper from the European Policy Centre on improving the quality of risk communication in the European Union²² lists a number of key factors acting as barriers to effective risk communication (Table 8.1).

Table 8.1 Improving the quality of risk communication²²

Improving the Quality of Risk management in the European Union: Risk Communication	
Barrier	Description
Internal culture.	In many governments risk assessment and risk management are strongly science-based. As a result, information about hazards and risks tends to be framed only in a scientific context. Moreover, risk managers and stakeholders are, on occasions, not involved in the risk assessment process. All too often there is also a tendency to develop policy decisions using partial information from a limited group of scientists or "interest groups". Transparency and accountability are limited.
Internal competencies.	Few experts, public officials and politicians have the necessary competence in risk communication techniques.
Limited understanding of risk-based issues by decision-makers.	Many decision-makers are unfamiliar with the risk assessment process, including differences between "hazard" (the potentially dangerous property of a substance) and "risk" (the probable impact of the hazard, taking account of the properties of the hazard, exposure, and usage). Many are also unfamiliar with the regulatory and non-regulatory tools used for managing risks. Moreover, many decision-makers and even some policy-makers have limited knowledge of science and technology, and of "good practice" in the management of hazardous situations
The unintended consequences of risk management decisions.	The "risk-risk paradigm" is little understood despite its considerable importance for the effective management and communication of risk.
Different types of risk debate.	There are different types of risk. The public is familiar with some types of risk, while it is unfamiliar with other types. Some risks have a high degree of uncertainty, while others have a high degree of certainty. The public may generally accept some risks and may be hostile to others
Changing nature of information.	Policy-makers and decision-makers now receive information about risks from a wide range of sources, including government, interest groups, and business. The range of sources of information available to citizens has also expanded dramatically in the last 30 years.
Lack of control over risks.	The development of more sensitive technologies and more sophisticated scientific methods have reduced the likelihood that citizens can, themselves, evaluate or experience the impact of hazards and thus manage risks themselves
Differentiation of response to hazards and risks. .	Individual decision-makers (and different social and cultural groups within society) may respond in different ways to the same risks and risk communication information.
Social amplification of risk.	Involvement of the media and civil society in risk communication can affect the perceptions of decision-makers (and the public) and their response to risk-related events.

8.1 Access to information

Since the BSE crisis and subsequent inquiry, the pattern in government agencies has been one of openness to public scrutiny. The assumption, based on research evidence, is that keeping discussions hidden, albeit with the best of intentions, can lead to mistrust and can damage credibility and, as a result, will reduce public acceptability of advice on health.

In practice, however, public health professionals need to balance openness with responsibilities for protecting confidentiality. Assessing risks to health often involves reviewing information on individuals or commercial organisations. The right to privacy can limit the completeness of what is put into the public arena (for instance, not providing names and addresses of individual cases to safeguard privacy) and can influence the timing of releases (delaying a release until family members of a deceased person have been informed, for example).

Legally, the boundaries of this process are set out by the Data Protection Act, the General Medical Council and other professional bodies' ethical guidance codes and NHS Caldicott Guidance on confidentiality of patient information.

Balancing confidentiality and openness presents dilemmas. It can also provide an excuse in certain instances to avoid communicating about difficult issues. But the Freedom of Information (FOI) Act counterbalances data protection legislation: the knowledge that much of the recorded detail on risk analysis and management would be released if an FOI application were to be received can act as a spur for communication.

There is often a mismatch between the nature of information used by officials on the one hand and, on the other, the media, consumer organisations and concerned members of the public. Judgements on this can contrast, with officials placing greater priority on scientific evidence and consumer organisations on values such as fairness and controllability. In reality, these two overlap, with much coming down to "the opinions of experts" rather than "expert opinions".²³ The FAO report²¹ notes that "over-reliance on precise scientific terminology may obscure the meaning of facts". We need to be careful that language does not reduce intellectual access to the debate.

8.2 Risk communication process

The differing goals of risk communication – with experts often concerned with educating the public while activists and representatives seek greater public involvement in the risk analysis and management process – have been highlighted in the literature.²³ This can lead to the two groups "talking past each other".

Most commentators recognise that participation by consumer organisations and citizens in decision-making fora leads to greater understanding of risks and facilitates public communication. But true public involvement is difficult to achieve; it can also slow down decision-making and increase costs. Unless

organisations are attuned to the benefits of citizen participation, information about risks will often be framed by officials only in a scientific context.

Protecting public health commonly involves trade-offs between two related risks – increasing the uptake of an immunisation programme and the number of adverse events from the vaccine being offered, for example. This is relatively easy when the severity and likelihood of the consequences associated with the factors can be measured and there is a clear differential between them, but can be difficult when there is uncertainty. Failure to explain these issues can lead to misunderstanding.

Opportunities to access training in risk analysis, risk management and risk communication are sometimes limited, with only a narrow range of staff in an organisation consequently being supported to develop the appropriate competencies. Senior managers and politicians who make decisions on significant issues can also lack understanding of these processes. The result can be reduced effectiveness of communication between officials and senior decision-makers, leading to advice on risk being misinterpreted.

Media organisations are crucial to public understanding and engagement. Coordinating media handling during public health incidents with other types of communication (such as helplines for the public and briefings for professionals) can be complex and onerous.

Lack of an organisational risk communication policy and strategy and accompanying procedures is a significant obstacle to communicating about risks to health and what is being done to control these, especially during a crisis.

8.3 General contextual issues

Many of these potential barriers have been detailed in previous chapters. The FAO report²¹ lists them as:

- differences in the perception of risk (Chapter 3);
- differences in individuals' beliefs about the relevance of risk to their or their families' lives (Chapter 3);
- lack of understanding of the scientific process;
- individuals' trust in the public agency pronouncing on risk and safety (Chapter 2);
- influence of the media organisation's own agenda; and
- individuals' cultural and socioeconomic status and the legal and governance structures of the society in which they live.

8.4 Conclusion

Identifying barriers to effective risk communication should be a key factor in public health organisations' risk communications policies and strategies. Overcoming these barriers is difficult. It will entail grasping and enacting many of the recommendations made in other chapters of this guidance, including:

- knowing your audience;
- practising democratically;
- recognising that safety is relative;
- dealing with uncertainty more explicitly;
- separating values from science;
- identifying forums for wider debates; and
- building trust through mutual respect.

9. Research, audit and evaluation

Much of the evidence used to develop this guidance has been derived from consensus views. Research has been used to underpin assertions where possible, but this is limited by lack of agreement on the place of qualitative research in the evidence hierarchy. This is particularly important since most of the evidence that would inform practice can only be obtained through qualitative researching.

Many questions remain about how best to communicate with the public about risks to health. We therefore recommend that organisations involved in health risk communication should embed evaluation in all of their communication efforts.

We hope that evaluation of current practice will demonstrate the priorities for risk communication research. Since this guidance will need to be updated periodically, we would request that needs identified by guidance users are fed back to the Health Protection Network to inform a research agenda.

Finally, since the audit cycle is central to evaluation of practice, we hope to develop further self-audit tools based upon feedback from guidance users.

Appendix 1: Guidance development process

Table A.1.1 Membership of the Guideline Development Group

<p>Alex Sánchez-Vivar Coordinator of the Health Protection Network (HPN), Health Protection Scotland</p>	<p>John O'Dowd Specialist Registrar in Public Health Medicine, NHS Lanarkshire</p>
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<p>Cameron Stark Consultant in Public Health Medicine, NHS Highland</p>	<p>Martin Donaghy Medical Director, Health Protection Scotland</p>
<p>Colin Ramsay Consultant Epidemiologist, Health Protection Scotland</p>	<p>Martyn Evans Director, Scottish Consumer Council (Chair of the GDG)</p>
<p>Diana Webster Consultant in Public Health Medicine, NHS Grampian</p>	<p>Paul Burgess Information Officer, Health and Safety Executive</p>
<p>Eleanor Bradford Health Correspondent, BBC Scotland</p>	<p>Paula Charleson Policy Advisor (Human Health) Environmental Strategy, Scottish Environmental Protection Agency</p>
<p>Jackie Hyland Consultant in Public Health Medicine, NHS Fife</p>	<p>Robert Howe Head of Environmental & Strategic Services, South Lanarkshire Council</p>
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Appendix 2: Audit tools and checklists

The audit tool and checklists in this section are designed to assist with the processes of preparing for and delivering risk communication, or for auditing performance to facilitate quality assurance.

A2.1 Trust and openness (see Chapter 2, Section 2.3)

This audit tool facilitates your organisation to reflect upon its attempts to develop trust with the public.

Consider the policies and strategies your organisation has in place. For each of the following attributes of good practice, consider the extent to which these describe your organisation. What is your evidence? Score the attribute on a scale of 1 to 5, where 1 = no objective evidence that this is valued by the organisation, and 5 = excellent evidence.

If there are deficits, consider what changes might be necessary to bring about organisational change, and what timescale is necessary for this to be achieved? As always, you should also consider the timescale for repeating the audit to demonstrate improvement.

Attributes promoting trust	Evidence	Score	Improvement plan	Timescale
Empathy and caring				
Competence and expertise				
Transparency and openness				
Planning for communications				

Public health risk communication requires organisations to balance freedom of information principles against the right to protect individuals and organisations from intrusive scrutiny.

It is suggested that organisations may wish to review sources of information which will allow them to assess their ability to manage this difficult balance. Data from the Office of the Scottish Information Commissioner will allow organisations to establish what percentage of appeals for the release of information were independently upheld by the Commissioner. Organisations can benchmark their performance against that of other public bodies. In addition, complaints received from persons and organisations who feel their privacy has been breached should also be reviewed.

A2.2 Developing a risk communication policy (see Chapter 5, Section 5.2)

The following checklist, adapted from the US Department of Health and Human Services' *Communicating in a crisis: risk communication guidelines for public officials*,⁷ is intended to stimulate discussion and aid organisations in producing an overarching risk communication policy. It is by no means complete, but should serve as a starting point for a risk communications team who are starting to develop their organisation's policy.

- Form a risk communications team.
- Designate a team leader and assign responsibilities to team members.
- Develop an overarching risk communication policy for the organisation. This should be individualised by the organisation, but the following are suggested as important areas for consideration.
 - Who decides when a crisis exists, and what are each team member's responsibilities?
 - How does risk communication differ in a crisis?
 - Who speaks to the media/public on what subjects and at whose direction?
 - What are the important relationships within the organisation and with government and partner agencies?
 - How are the roles and responsibilities divided between agencies and what lines of communication exist between these agencies?
 - What resources are available to support the communications policy and the strategies that flow from it?

- Develop and maintain “generic” lists within the communication policy:
 - primary contacts/experts for key offices and issue areas;
 - secondary contacts/experts for key offices and issue areas;
 - media lists (a media list is a list of print, broadcast and electronic media that will allow your communications team to identify every possible national, regional and local outlet and analyse its potential value for reaching your target audiences).
- Consider logistics.
 - Where would a press briefing be held? Is it easily accessible? Is the room large enough?
 - Will it accommodate media needs for sound quality and sufficient power? Will speakers need chairs, tables or podiums?
- Identify information needs and develop templates for media factsheets and background materials.
- Evaluation: consider methods of audit and review to ensure the policy remains up to date.

A2.3 Developing a detailed risk communication strategy (see Chapter 5, Section 5.3)

This checklist provides risk communication teams with a template for the stages involved when developing a strategy to deal with a specific health risk that needs to be communicated.

Use the mnemonic **DISSECT** to develop a detailed strategy.

1. Define

- the issue or problem;
- consider what stage the issue has reached:
 - public awareness (pre-event);
 - public warning (at the time of an event or when one is imminent);
 - informing and advising (immediate and long-term post event).

2. Identify

- The stakeholders and the target audience:
 - perform a stakeholder analysis;
 - characterise the target audience(s).

3. Set

- the aim and detailed objectives;
- ensure the objectives are prioritised.

4. Select

- the key message content;
- ensure the message provides people with:
 - understanding of the issue;
 - understanding of the risks;
 - what they can do to protect themselves;
 - what your organisation (and partners) are doing.
- Ask the following questions.
 - Are statements of “probability” included in the content? If so, is it appropriate to include “risk comparisons” or not?
 - If “relative risk” measures are being used, are the relevant baseline risks explained?
 - Would framing effects be appropriate in the choice of wording (for example, using language such as “lives saved” rather than “lives lost”)?
 - Will emotive or dramatic language be used or avoided (such as “crisis”, “life-threatening”)?
 - If there are several messages, have these been prioritised to identify the Single Overriding Communication Health Objective (SOCHO)?

- In a crisis, use the **STARCC** mnemonic:
 - **Simple** - frightened people don't want to hear big words
 - **Timely** - frightened people want information immediately
 - **Accurate** - be direct, frightened people won't grasp nuances
 - **Relevant** - give action steps and answer specific questions
 - **Credible** - use empathy and openness to achieve credibility
 - **Consistent** - keep messages consistent, but qualify uncertainty.

5. Engage

- key partners;
- list those partners who will be of value in developing and delivering key risk communication messages;
- refresh existing links laid down in the organisation's risk communication policy;
- create new links as necessary.

6. Choose

- the communication channels (methods, tools and processes):
 - mass media (radio, tv, press);
 - telephone helplines;
 - online communication;
 - direct communication;
 - community leaders and opinion formers;
 - other indirect communication networks.

7. Track

- evaluate the impact:
 - for short-term feedback, monitor media coverage and respond to this by refining the strategy iteratively;
 - for longer-term strategies, consider developing research to obtain feedback from the target audiences.

Appendix 3: Glossary

Absolute risk

This is the actual level of a risk for a given population. For example, the risk of developing disease X in people from town A is 1 in 1 million. This is the preferred method of expressing risks and should be contrasted with relative risk (see later).

Amplification station

Any agency or individual who takes information on a risk and alters it, either by decreasing or increasing attention paid to it.

Communicator; spokesperson; messenger

Someone acting as a principal spokesperson on an issue or incident.

Framing

A process by which the individual's perception of and response to a message can be influenced through the context or scenario in which the message is delivered.

Hazard

An agent, risk factor or exposure which may have a negative effect upon health.

Health protection

The branch of public health concerned with investigating and reducing the risk to populations from exposure to communicable diseases and environmental hazards.

Inverse triangle (or inverse pyramid)

Technique adopted from advertising in which conclusions in written communications are stated in the introduction and the rationale presented in succeeding paragraphs.

Mass media

Print, broadcast and electronic media at local, national and international levels.

Media list

A list of print, broadcast and electronic media identifying national, regional and local media outlets with analysis of their potential value in reaching target audiences.

Public health

The science and art of preventing disease, prolonging life and promoting health through the organised efforts and informed choices of society, organisations, public and private, communities and individuals.

Public health professionals

Work in three major areas to protect and improve the health of the population: health protection; health improvement; and health service design and delivery.

“Reach and frequency” theory

Suggests a message is more likely to be received and acted upon as the number of people exposed to the message (reach) and the number of times each person hears the message (frequency) go up.

Relative risk

The ratio of the risk of an illness occurring in a population exposed to a given hazard to the risk of illness in a population who are not exposed. For example, if the absolute risk (see earlier) of illness X in town A is 1 in 1 million, but the absolute risk of illness in town B is 1 in 10,000, then the relative risk of illness X in town B is 10 times that in town A. In general, relative risks are best avoided when communicating about health risks. At the very least, they should be used with caution, and always given with absolute risks, which are less open to misunderstanding.

Risk assessment

The process of investigating and determining risks to health from communicable diseases or other environmental hazards. The stages of the assessment include: identification of the hazard(s); characterising their effects on health; assessing exposure(s) to the hazard(s); and synthesising all of these elements to make a judgement about the effect of specific hazard(s) on human health.

Risk size

The size of a risk has two characteristics – the frequency with which an event might occur, and the size of the effect when it does.

Risk communication policy

Sets out general principles on how the organisation will relate to their stakeholders, including the public and the media, and how they will communicate information on risk.

Risk communication strategy

Approach developed specifically in response to a defined public health issue or health protection incident.

Single Overriding Communication Health Objective (SOCHO)

The most important health communication message which needs to be delivered by an agency. This is developed systematically, with messages being prioritised. There may be a number of risk messages to deliver, but the SOCHO is the most important message.

Stakeholder analysis

A method of explicitly identifying the parties likely to be affected by a decision or project. The purpose of the analysis is to identify issues which can be raised with the stakeholders in order to ensure the best possible outcome for the proposed project.

Uncertainty

Lack of clarity about the implications of an issue or incident, sometimes arising due to rapidly evolving events, and sometimes because the science underpinning a topic changes rapidly.

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Notes

