RISK COMMUNICATION: ENGAGING THE PUBLIC
STRUCTURE OF PRESENTATION

- Overview of Risk communication
- Best practices in Risk Communication
- Process in Communicating Health Risk
  - Situational analysis
  - Audience analysis
  - Channel analysis
  - Objective setting
  - Message development
  - Material development
  - Evaluation
WHAT IS RISK COMMUNICATION

- A two way process to discuss risk and other concerns in order to get a “good” solution.
- Knowing how to respond to public outrage.
- Genuine and sincere, and conducted with people’s interest in mind.
WHY USE RISK COMMUNICATION?

- Understand public perception and more easily anticipate community response to Trust actions.
- Increase the effectiveness of risk management decisions by involving the community.
- Improve dialogue and reduce unwarranted tension communities and the Trust.
- Explain risk more effectively.
- Inform communities of risk in constructive ways.
WHOM TO COMMUNICATE?
- The affected people
- Their families
- The Media people
- The Decision makers or regulators
- Active interest
- Audiences
BEST PRACTICES IN RC

- Risk and RC is an ongoing process
- Conduct pre-event planning and preparedness activities.
- Foster partnerships with the public
- Collaborate and coordinate with credible sources
- Meet the needs of media and remain accessible
- Listen to public concerns and understand audience
BEST PRACTICES IN RC

- Communicate with compassion, concern and empathy.
- Demonstrate honesty, candor and openness.
- Accept uncertainty and ambiguity.
- Provide messages that foster self-efficacy.
Flow Chart: Process in Communicating Health Risk

1. Identification and prioritization of issues
2. Analyse communication situation
3. Setting communication objectives
4. Analyse and select audience
5. Design, develop and pre-test
6. Communicating messages
7. Evaluate
8. Accept
9. Yes
10. No
11. Redesign
12. No
13. End
SITUATIONAL ANALYSIS
PRIMARY STAKEHOLDERS

- Current Knowledge, practices and perception concerning the outbreak and outbreak control intervention.
- Cultural beliefs or practices which may facilitate or hinder the uptake of control and prevention measures.
- Economic, environmental and political factors that may facilitate or hinder risk reduction practices.
SECONDARY AND TERTIARY STAKEHOLDERS

- Information needs of key agencies, health departments and individuals
- Organizational practices or beliefs that might hinder or support outbreak control
FACTORS THAT DETERMINES RISK PERCEPTION

- Individual level in Maslow’s hierarchy of needs
- Individual and social values
- Culture
- Level of education
- Outrage factors
- Who the person is and how he/she is affected.
- Level of control over the event
- Experiences.
AUDIENCES ANALYSIS
STEPS IN AUDIENCE ANALYSIS

- Analysis – Who is the audience?
- Understanding – What is the audience’s knowledge of the hazard/risk?
- Demographics – what is their age, gender, education background etc.?
- Interest – what is the reason for the outrage/fear?
- Environment – how will the message be sent?
- Needs – What are the audience’s needs?
- Customizations – what specific needs/interest should you address relating to specific audience?
- Expectations – What does the audience expect to learn? What specific behavior need to performed?
CLASSIFICATION OF AUDIENCE

- Primary audience
- Secondary audience
- Tertiary audience
Outbreak area:
Affected people

Primary Affected Population i.e.
Close contact/ family members/
neighbours/ caretakers

Decision Makers/ Regulators i.e
Policy makers, politicians

Active Interests i.e.
General population of the affected country,
Neighboring countries, WHO, CDC,
Local/ International media, Other agencies

Other audiences
DEFINITION OF COMMUNICATION CHANNEL

- Refers to the medium used to convey information from sender to a receiver.
- Channel analysis
  - Process identifying the best medium for the delivery of the message, according to its objectives.
CHANNEL OF COMMUNICATION

- Mass media
  - TV
  - Radio
  - Newspaper
  - Cinema
  - internet
- Folk media / Social media
  - Story telling
  - Drama
  - Puppet show
- Print media
  - Bill boards
  - Posters
  - Banners
  - Leaflets
  - Pamphlets
  - Brochures
  - Booklets
  - Fact Sheets
  - Newsletters
Electronic media
  - Telephone
  - SMS / MMS
  - Fax
Interpersonal
- Group meetings
- Seminars
- Exhibition
- Door to door knocking
- Community leaders
- Health staffs
- NGO’s
- Teachers
- Celebrities
- Volunteers
- Students
- Politicians, etc
Postal
  - Direct mailing
BEFORE COMMUNICATING, WE NEED TO KNOW ...........
Situational Analysis - Demographic Characteristic and the social environment

- Psychosocial
- Political environment
- Who are their “heroes” (the influential persons/leaders)
- Channels of communication
  - Neighbors, friends, relatives, officemate, spouse – informal media.
  - Conservative media – radio, TV, Press, pamphlets, etc.
  - IT – emails, Blogs, SMS,....
Situational Analysis - epidemiological diagnosis:

- **Distributions**: Who(Persons) – Affected & HRGs/Susceptibles,
- Where (Place) – Magnitude & Extent.
- When (Period/Time) – Current status & Trend.
- Clustering (Time&Space) - Hyper-endemic/Epidemic?
- **Determinants**: Agent, Host & Environment.
- Emerging/Re-Emerging/Concurrent Infections.
- Hazard/Risk assessment.
- **Control measures** – Mitigation measures.
- Preventive measures – Vaccination.
- Organisational/Services – Capability & Capacity.
The communicator

- Government agencies/health staffs
- Politicians
- Ngo’s
- “Heroes”
- Shopkeepers
- Housing Association
- School community
- Religious group
- Kindergarten
- Elderly, pensioners, etc
DEVELOPING SMART COMMUNICATION OBJECTIVES...

Pre crisis
Crisis
Post Crisis
SMART OBJECTIVES

- Specific – who, what is the focus?
- Measurable – verifiable amount or proportion of change expected.
- Appropriate – sensitive to audience needs, preferences, societal norms and expectations.
- Realistic – reasonably be achieved under the given conditions
- Time bound – clearly state the time period for achieving behaviour changes
PRE EVENT (PREPAREDNESS PHASE)

- Set objective for communication advance of an outbreak, including raising awareness among the public, partners and within the organization of potential threats
INITIAL RESPONSE PHASE (INTRODUCTION OF DISEASE)

- Objectives must emphasize the importance of the first announcement of a real or potential outbreak, as well as the need to engage public communication partners in the initial stages of an outbreak.
MAINTAINANCE RESPONSE PHASE (RAPID INCREASE OF DISEASE AND PEAK TRANSMISSION)

- In this stage, numbers and geographic spread of cases in affected areas increase within short period of time, often challenging the ability of health agencies to respond.

- Effective listening is crucial during this period, including evaluation and adaptation of communication strategies, as required.
RECOVERY PHASE
(DECREASE IN DISEASE AND EVENTUAL RESOLUTION)

- An outbreak moves toward resolution, numbers of cases decrease and continue to decline to levels at which health agencies are able to respond adequately and public health control and mitigation strategies can be relaxed.

- Outbreak communication must continue, however, and objectives should include reinforcing vigilance and aiding the recovery process.
<table>
<thead>
<tr>
<th>Outrage Management</th>
<th>Crisis/Emergency Communication</th>
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<tbody>
<tr>
<td>Goal: Reduce Outrage so people don’t take unnecessary precautions</td>
<td>Goal: Acknowledge hazard, validate concern, give people useful ways to respond</td>
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<tr>
<th>Public Relation</th>
<th>Precaution Advocacy</th>
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<tr>
<td>Goal: Maintain Perception of low Risk</td>
<td>Goal: increase fear to motivate preventive action</td>
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# Community Readiness Stages and Goals

<table>
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<tr>
<th>STAGE</th>
<th>GOAL</th>
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<tbody>
<tr>
<td>1. No awareness</td>
<td>Raise awareness of the issue</td>
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<tr>
<td>2. Denial</td>
<td>Raise awareness that the problem or issue exists in the community</td>
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<tr>
<td>3. Vague awareness</td>
<td>Raise awareness in the community can do something.</td>
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<td>4. Preplanning</td>
<td>Raise awareness with concrete ideas to combat condition</td>
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<tr>
<td>5. Preparation</td>
<td>Gathering existing information to help plan strategies</td>
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<tr>
<td>6. Initiation</td>
<td>Provide community-specific information</td>
</tr>
<tr>
<td>7. Stabilization</td>
<td>Stabilize/efforts/programmes</td>
</tr>
<tr>
<td>8. Confirmation/Expansion</td>
<td>Expand and enhance service</td>
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<tr>
<td>9. Professionalism</td>
<td>Maintain momentum and continue growth</td>
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Example of behavioral objective

By the end of August 2012 the proper practice of hand washing among the community at location A will increase from 10% to 70% through HINI Campaign.
THE LEARNING OBJECTIVE MIGHT BE: (Knowledge and attitude)

"By the end of the program (end of February 2012), 90% of the participants will be able to:

- State the route of HINI spread.
- State the sign and symptoms of the HINI.
- State the steps taken to prevent HINI becoming worsen to ones
- State the effectiveness of proper hand washing against HINI
- Describe the proper way to wash hands
- Demonstrate the proper of hand washing.
- Agree hand washing can prevent HINI.
- Agree hand washing can easily be done.
POINT TO CONSIDER.....

- **Step 1**
  - What knowledge of community residents do you want to influence?
  - What attitude of community residents do you want to influence?
  - What behaviors of community residents do you want to influence?

- **Step 2**
  - Write communication objectives based on the SMART objective.

- **Step 3**
  - Identify how you would determine these objectives are being met?
MESSAGE DEVELOPMENT
RISK COMMUNICATOR/MESSAGE SOURCE

- The individual or office sending a risk message or interacting with other individuals, groups, or organizations in a risk communication process; may also be the risk manager, risk message preparer, risk analyst or other expert.
ACKNOWLEDGING UNCERTAINTY

- Recognizing and admitting uncertainty is simply the reality of most risk communication situations (Plough et al., 1988; and Chess, 1989).
- If information is not known or not available, the best thing to do is to honestly admit it.
- Saying “I don’t know” is an acceptable response and can actually build credibility.
Audiences need to be provided as much information as possible to help them understand that uncertainty is part of the process and that the answers available now may not be the final answers.

If an audience demands 100% certainty, they are more than likely questioning the underlying values and process, not the science. Try to identify the real concerns.
UNDERSTANDING PUBLIC PERCEPTIONS OF RISK

○ The risk communication process is so deeply embedded in broader social issues, communicators are faced with many barriers (Bennett, et al., 1999).

○ A key barrier is the term “risk” itself, how it’s measured, described, and ultimately perceived. Interested parties perceive risk differently, and people do not believe that all risks are of the same type, size, or importance.
FACTORS INFLUENCING RISK PERCEPTION

- Perceptions of the magnitude of risk are influenced by factors other than numerical data (Fischhoff, et al., 1981)
EXPLAINING RISK

- Consider outrage factors when explaining risk
- Find out what information people want about the risk in what form
- Anticipate and respond to people’s concerns about their personal risk
- Take care to give adequate background when explaining test data
- Acknowledge uncertainty
- Recognise that communities determine what is acceptable to them, not the Trust
EXPLAINING RISK

• Take even greater care presenting technical information than presenting other information.
THE NEEDS:

- Epidemiological data
  - validate, verify..
- Find out their concern (fear, outrage)
- Identify what actions should be taken by people
- Is the actions their concern - acceptability of the message.
- Determine key messages
- Determine supporting messages
- Prepare messages
Trust Factors In Crisis Situation

Assessed in first 30 seconds

- Listening/Caring/Empathy: 50%
- Competence/Expertise: 15%-20%
- Dedication/Commitment: 15%-20%
- Honesty/Openness: 15%-20%
Tips

- Concerns can be drawn from interviews, media report, complaints, focus group meeting.
- Key messages developed through brainstorming session with technical expert, communication and behavioral specialist and legal advisor.
- A key message may consist of a whole sentence or just 2 or 3 keywords, which were later be develop into full messages.
Identify stakeholders and their concerns
- Find out what they already know and want to know
- Determine trust level and credibility of source
- Develop key messages
- Determine best communication tools/channels mix

Prepare materials and review them
- Anticipate key questions and concerns
- Message mapping (key messages and supportive information)
- Ensure broad involvement of stakeholders

Use various techniques of delivery/ be creative
- Listen attentively
- Ensure adequate resources
- Resolve conflict

Establish objectives

PLAN

PREPARE

COMMUNICATE & INVOLVE

EVALUATE AND IMPROVE
DEVELOPING GOALS AND KEY MESSAGES

- People often fail to effectively communicate due to a lack of clear communications goals and key messages to support them.
- Setting such goals and identifying support messages are decisions that should be made prior to the issuing of any public comment and are specially important in a crisis.
COMMUNICATION GOALS

- A communications goal of “educating the public on the complexities of bioterrorism and preparing them for any eventuality” is not realistic;
  - informing the public of the problem and specific dangers,
  - providing guidance on appropriate responses, and
  - easing concerns are achievable goals.
RISK COMMUNICATION

GOALS

Dependent on target audience

- Information (changing knowledge).
- Persuading (Changing Attitude/Behaviour).
- Consulting (Joint problem-solving and conflict resolution).
Goal 1: Ease Public Concern

Messages

- The risk is low.
- The illness is treatable.
- It is not easily contracted.
- Symptoms are easily recognized
Goal 2: Give guidance on how to respond

Messages

- Take these precautions.
- If possibly exposed, contact physician.
- If symptomatic, contact physician.
- Note possible symptoms in others
To Develop Your Key Messages:

- **BRAINSTORM**. Think freely and jot down all pieces of information you wish to communicate.
- **SELECT KEY MESSAGES**. Identify the most important ideas. Repeat the process until your list is down to three items.
- **IDENTIFY SUPPORTING DATA**. Review your brainstorming ideas and background materials for information that provides support to your key messages.
DELIVERING ACCURATE AND TIMELY INFORMATION

- Goals and messages should be simple, straightforward, and realistic.
- Information should be delivered with brevity, clarity, and effectiveness.
- **Pre testing**
  - Focus group discussion
  - Indebt interview
  - Survey, etc.

- **Elements on pre testing**
  - Attraction
  - Acceptability
  - Readability
  - Comprehension
  - Personal involvement
  - Persuasion
COMMUNITY INVOLVEMENT IN MAKING DECISION
COMMUNITY INVOLVEMENT IS IMPORTANT......

- People are entitled to make decisions about issues that directly affect them.
- Input from the community can help the Trust make better decisions.
- Involvement in the process leads to greater understanding of more appropriate reaction to the risk.
- Cooperation increases credibility.
Involve the community in the decision making process

Identify and respond to the needs of different audiences.

When appropriate, develop alternatives to public hearings. Hold smaller, more informal meetings.

Recognize that people’s values and feelings are legitimate and may convey valuable information.

Acknowledging people’s feelings about an issue.

Prepare responses to personal question about risk

Choose carefully those who represent the Trust.
SELECTING APPROPRIATE COMMUNICATION METHODS
Determine the level of communication
- National to the international body
- National to the whole country
- National to the state
- State to the districts
- District to the village
- Household to the individuals in the family
- Individuals to the groups
- Individuals to individuals
○ Mass media
  ○ Electronic (Local radio, TV, CDs, Videos, etc.)
  ○ Printed (press, pamphlets', posters, etc)
  ○ New media (Blog, website, emails, sms, etc.
  ○ Outdoor media (billboards, Transport, Light boxes, LCD panels, etc.)
Interpersonal:
- Group meetings
- Seminars, workshops, conferences
- Exhibition
- Door to door knocking
- Community leaders
- Health staffs
- NGO’s
- Teachers
- Celebrities
- Volunteers
- Students
- Politicians, etc.
THE KEY PRINCIPLES....

- Simplicity
- Timely
- Adequate
- Relevance/right message to the right target.
- Credible
WHO'S BEST PRACTICES FOR OUTBREAK COMMUNICATION

- TRUST is the goal – each communication builds or erodes trust
- TRANSPARENCY is the tool
- ANNOUNCE EARLY even with incomplete information, to control rumor & misinformation
- LISTEN to the public and respond to show you are listening to the public’s concerns.
- PLAN your communications for the extreme demands of an outbreak
EVALUATION

How to evaluate?

- Focus Group discussion
- Indebt interview
- Survey, etc.
Process evaluation

- Numbers of printed materials produced verses distributed (right message to the right target audiences).
- Numbers of talk, demonstration, personal advice, counseling etc held versus numbers of participant attended the sessions.
- Numbers of jingles, spot announcement made. (time, frequency and channel of media).
- Feedback/complaint from the public.

Impact evaluation

- Awareness, knowledge, attitude and practice/skills among the target audiences.
Assessment/group work:

- Identifying audience
- Audience segmentation.
- Priorities audience according to risk
- Audience knowledge, perception and motivation.
- Develop messages based on audience perception.
- Identifying effective channel of communication (media planning)
- Preparing right message to the right target audience
- Disseminate the message
- Evaluation
  - Process / Audience feedback
  - Impact
THANK YOU
REFERENCES


“..........Alangkah dasyatnya sekira engkau melihat ketika orang yang zalim itu dalam penderitaan “sakratulmaut” (ketika hendak putus nyawa), sedang malaikat-malaikat pula menghulurkan tangan mereka (memukul dan menyeksa orang itu) sambil berkata (dengan menengking dan mengejek), “Keluarkanlah nyawa kamu (dari tubuh kamu sendiri). Pada hari ini kamu dibalas dengan azab yang sangat menghinakan, kerana kamu selalu mengatakan terhadap Allah sesuatu yang tidak benar dan kamu selalu menyombongkan diri terhadap ayat-ayatNya”.

(ayat 93 surah Al- An’am)