«Ignoring or misleading people is a losing strategy». (Peter Sandman, 1993)
Key message

• Risk perception is more about feelings than facts and numbers
• People’s concerns must seriously be taken into consideration when you are communicating about risks
Theoretical background

• Approches and principes:
  – Paul Slovic
  – Peter Sandman
  – Best practice from Vincent Covello, and the WHO
Risk communication

- «The interactive process of exchange of information and opinions among individuals, groups, and institutions concerning risk or potential risk to human health or the environment». (Lundgren og McMakin (2013))
Risk communication in WHO’s view

• “Today, risk communication is recognised as the two-way and multi-directional communications and engagement with affected populations so that they can take informed decisions to protect themselves and their loved ones.”

Risk perception

- Paul Slovic: Risk perception based on feelings
### Two modes of thinking

<table>
<thead>
<tr>
<th>Experiential system – FAST!</th>
<th>Analytical system – SLOW!</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Holistic</td>
<td>• Analytic</td>
</tr>
<tr>
<td>• Affective</td>
<td>• Logical</td>
</tr>
<tr>
<td>• Associationistic connections</td>
<td>• Logical connections</td>
</tr>
<tr>
<td>• «Vibes» from past experiences</td>
<td>• Conscious appraisal of events</td>
</tr>
<tr>
<td>• Images, metaphors, narratives</td>
<td>• Abstract symbols, words and numbers</td>
</tr>
<tr>
<td>• Rapid processing</td>
<td>• Slower processing</td>
</tr>
<tr>
<td>• Experiencing is believing</td>
<td>• Justification via logic and evicence</td>
</tr>
</tbody>
</table>

Paul Slovic (2010): The Feeling of Risk
Swine flu in Norway

- Jeg ville reist til Mexico

Situasjonen er alvorlig, men helsedirektør Bjørn Inge Larsen ville selv ikke nøtt med å reise til Mexico, som er verst rammet av svineinfluensa.
Peter Sandman: Public outrage

- **Risk** = **Hazard** + **Outrage**

The Experts definition of Risk: Likelihood + Consequence

Peoples concerns
Outrage

• “Little by little, agency after agency and company after company are discovering that when you leave people out of decisions of risk, they get more angry, they get more frightened, they interfere more in policy. And the outcome usually is not the sort of policies the experts wanted in the first place.” (Sandman 1993)
Outrage Factors

- Voluntary
- Natural
- Familiar
- Not memorable
- Not dreaded
- Chronic
- Knowable
- Controlled by me
- Fair
- Morally irrelevant
- Trust
- Responsive

- Coerced
- Industrial
- Exotic
- Memorable
- Dreaded
- Catastrophic
- Not knowable
- Controlled by others
- Unfair
- Morally relevant
- Not trusted
- Unresponsive

Peter Sandman, 1993: Responding to Community Outrage: Strategies for Effective Risk Communication (http://www.psandman.com/media/RespondingtoCommunityOutrage.pdf)
Fear of infectious diseases from asylum seekers

- Risk perceived as relevant by the audience
- Risk low, according to experts

Fear of Ebola in Norway

- 1 person infected with Ebola in 2014

Fear of Zika-virus in Norway

- 2 pregnant women infected with Zika-virus

Thus ...

- Small facts and numbers, may cause ...
- Considerably public concern ...
- Which has to be addressed ...
- To communicate effectively
Best practice in Public Health Risk and Crisis Communication

1. Accept and involve stakeholders as legitimate partners
2. Listen to people
3. Be truthful, honest, frank and open
4. Coordinate, collaborate, and partner with other credible sources
5. Meet the needs of the media
6. Communicate clearly and with compassion
7. Plan thoroughly and carefully

Vincent Covello (2003)
4. General risk communications recommendations

1. Establish and maintain a dialogue with key at risk communities and stakeholders. Solicit their guidance in the design, implementation, and evaluation of key interventions.

2. Be first, be fast and be frequent. Risk communication personnel must keep an on-going line of communication with affected communities and key stakeholders.

3. Create and maintain trust by being honest about what is known and not known. Find ways to discuss and address misconceptions and barriers to recommended behaviours.

4. Communicate facts, figures and data with empathy and in language that is understandable by the intended audience.
4. General risk communications recommendations

5. **Recognize barriers** to recommended behaviours. Provide resources, strategies, and support on how to address them.

6. **Spend time observing** and learning directly from local people and integrate these findings into communication and engagement strategies.

7. **Transform science** and expert knowledge into contextualized communication that people can relate to, understand and trust.

8. **Focus on engaging and empowering people.** Prioritize target groups and stakeholders and leverage social networks. Whenever possible, all communications should be discussed, agreed with and delivered by local community leaders and other stakeholders who are trusted within at-risk communities.
Resources to risk communication

- **WHO:**  
  - http://www.who.int/risk-communication/en/

- **CDC:**  

- **ECDC:**  

- **Books:**  
Case for group discussion: 1

A new pandemic situation is closing in. We do not know how serious it may be, but fear high lethality. We do know, that at the beginning of a pandemic situation, the public is frightened, yet uninformed, and thus likely to act on advice from health authorities. A vaccine is developed in short time. It has been tested, although only for a short time, and tests show that the vaccine has a desired effect on 80 percent of the population, and side effects of serious degree is likely for approx 5 percent.

It is not possible to foresee who in a population, are at risk of being in the five percent.

Will you be open about the risk of side effect, knowing that this may cause fewer to accept the vaccine, yet also is the ethically correct thing to do?

What are the three best arguments in favor of openness?
What are the three best arguments against?
Questions?