



# The Risk Communiqué

Summer 2007

Welcome to this edition of *The Risk Communiqué*, a quarterly newsletter devoted to sharing insights about risk communication policies, philosophies, and practices. Previous editions have been in text for e-mail applications. This is our first issue with formatting, delivered as PDF. If you received this issue, you probably bought a copy of *Risk Communication: A Handbook for Communicating Environmental, Safety, and Health Risks* or met the primary author at a conference, training session, or consultation. This newsletter is being provided to help you communicate complex scientific and technical information.

## Inside

How Graphics Influence Risk Perception in Women - 2

Mental Health Response Field Guide Available - 3

When Are Benefits Not Beneficial? - 3

Websites of Interest - 4

## Why Don't They Act?

Good hand hygiene is being touted as one of the easiest, most effective ways to prevent the spread of a pandemic outbreak, yet recent research indicates that healthcare workers aren't adhering to these simple recommendations. If restaurant workers, some of whom have English as their second language, can be convinced to wash their hands, why not some of our most caring and educated workers in the healthcare field? The answer to that question has implications for communication efforts for any type of risk.

Research over the years has shown that a number of factors affect whether someone at risk will heed the advice of experts and take precautions to minimize their risk. The recent Occupational Safety and Health Administration (OSHA) publication on pandemic influenza preparedness for healthcare workers, for example, notes several factors that affect workers willingness to take risk precautions. Some of these factors are congruent with previous findings, for example, on seat belt usage and other precautions associated with voluntary risks. For example, men were less likely than women to

take precautions, and all workers were less likely to take precautions when they perceived the risk of infection to be low. These types of reasons can be associated with the outrage factors popularized by Peter Sandman. In general, people need to feel sufficient concern about the risk to take action, and risks that are familiar and perceived to be low are less likely to engender that concern.

But there were other reasons healthcare workers failed to wash their hands. Self-reported reasons generally fell into four categories:

1. Physical inability to follow risk guidelines (not enough sinks conveniently located and lack of soap and paper towels)
2. Perceived inability to follow risk guidelines (too busy, too understaffed, fear that taking precautions will impact patient relations, and forgetfulness)
3. Lack of knowledge about guidelines (never were told, no role model, and incorrect belief that wearing gloves alleviated the need)
4. Skepticism regarding the value of taking precautions (disbelief and lack of scientific evidence).

(Continued on page 2)

## Why Don't They Act?

(Continued from page 1)

Risk communicators would be wise to consider these types of issues when crafting risk information. How can physical issues, perceived barriers, or skepticism be addressed before they derail communication plans? What information should be included to increase knowledge? Pretesting information and discussing risk guidelines and practices with target audiences before conducting campaigns are also helpful. In addition, evaluation in mid-campaign can identify issues that prevent people from taking risk precautions.

For additional examples related to hand washing, see Appendix B of OSHA Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employees at [http://www.osha.gov/Publications/OSHA\\_pandemic\\_health.pdf](http://www.osha.gov/Publications/OSHA_pandemic_health.pdf).

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### How Graphics Influence Risk Perception

The use of graphics such as bar charts, pictures, and graphs is often encouraged to share risk information with lay audiences. Experts worry, however, that graphics can oversimplify risk information. A study from the University of Maryland on the influence of graphic format on breast cancer risk communication offers some insight into this area.

Dr. Marilyn Schapira, Dr. Anne Nattinger, and Timothy McAuliffe, Ph.D, described their study in a recent issue of the *Journal of Health Communication* (November 2006). The team was looking for differences in risk perception when

using various formats to convey identical information and preferences for graphic formats among women. They gathered a sample of 254 women, measured sociodemographic information, ascertained participant's ability to handle numbers and mathematical concepts, and calculated their breast cancer risk factor. The study team next gave participants a series of risk information regarding the breast cancer life time risk of a hypothetical patient. The information presented differed only in format. Participants were asked to answer questions regarding the perceived risk magnitude, the perceived truth of the information, and the format preference.

The team found that the women viewed the hypothetical person's risk as greater when viewing a pictorial display than with a graph. The women were more likely to perceive the risk as true when the graphic used smaller instead of larger forms of numbers and a bar chart included comparable instead of single risk estimates. Study participants preferred a pictorial display when presenting a single risk but preferred a bar chart when multiple risks were being presented. Dr. Schapira and her team recommended that health communicators be consistent in the format used for risk information to minimize misinterpretation.

For more information on the study, see <http://www.comm.riskcenter.umd.edu/Spotlight/spotlightfall06.htm>

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## Mental Health Response Field Guide Available

If you need more assistance in risk communication, public involvement, or science and health communication, or need to train staff in these areas, please contact Regina Lundgren at [lundgren@owt.com](mailto:lundgren@owt.com) or 509-582-6995. For more information about risk communication, see <http://www.rlriskcom.com>.

Through a interagency agreement with the U.S. Department of Justice, the Substance Abuse and Mental Health Services Administration (SAMHSA) has made available ***Mental Health Response to Mass Violence and Terrorism: A Field Guide***. This little booklet contains a wealth of information on dealing with the immediate needs of survivors and families, providing psychological first aid and counseling, and determining when to refer survivors to mental health services. One section focuses on special needs populations, with a table listing likely behaviors and suggested interventions by age groups. The booklet can be ordered in hard copy for free from SAMHSA, but is also available online at <http://mentalhealth.samhsa.gov/publications/allpubs/SMA05-4025/>

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### When Are Benefits Not Beneficial?

Benefits are the flip-side of risks. They're the so-called good that can come from taking a particular risk. A nuclear power plant, for example, might bring new jobs, an increased tax base, and additional electricity to an area, as well as the potential risks from industrial and environmental accidents and the long-term problem of nuclear waste.

Some industries advocate cost-benefit analysis, where the environmental, safety, and health risks are allocated some dollar value and compared to the dollar value of the benefits. But when

communicating risk information, when should benefits be included?

The answer may lie in the construct of care, consensus, crisis, and emergency communication. When explaining potential healthcare risks in care risk communication, for example, a patient would expect a doctor to provide the benefits as well as the risks so that the patient can make an informed decision. In consensus risk communication, all those working together to determine the most appropriate outcome should weigh both the risks and the benefits.

In crisis and emergency communication, however, a discussion of benefits would seem out of place. As the flood waters rise, who wants to hear that plummeting property values will allow more first-time homeowners into the market? In many cases, the benefits of implementing the risk advice also seem obvious (evacuate before you drown, shelter in place to avoid exposure).

A recent example of the potential dangers in including benefit information along with risk information is the Food and Drug Administration's announcement of a Risk Communication Advisory Committee. The FDA is creating this committee on the Institute of Medicine's recommendation to address how the agency communicates information about the efficacy, safety, and use of drugs and other regulated medical products. The FDA decided to broaden the committee's scope to include all products and benefits

(Continued on page 4)

## When Are Benefits Not Beneficial?

Continued from Page 3

along with the risks. Coming so soon after the deaths of many pets from tainted food, the idea that the committee would consider benefits ignited an online firestorm of criticism among stakeholders that has yet to go out.

To determine whether to include benefits in risk communication information, consider the following:

- Would the person at risk expect to hear benefits from your organization? When a regulatory agency discusses the benefits of a risk, the audience often reacts with hostility, assuming that the agency has forgotten its charter to protect the public.

- Would including benefits further the risk communication dialogue? For example, a stakeholder group evaluating a new product might need benefit information.
- Would having benefit information allow the person at risk to make a more informed decision? For example, knowing the benefits of an operation as well as the risks allows for better patient decision making.

If you cannot answer yes to at least one of these three questions, think twice before mixing risk and benefit information. Remember the cardinal rule of risk communication: Know your audience!

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### Websites of Interest

Technical Communicators Library  
<http://tc.eserver.org/>

The EServer Technical Communicators Library is a free, open-access, edited directory of online resources related to technical communication and design. It's operated by the Rhetoric and Professional Communication programs at Iowa State University.

Deployment Health Clinical Center  
Risk Communication Links  
[http://www.pdhealth.mil/clinicians/risk\\_comm.asp](http://www.pdhealth.mil/clinicians/risk_comm.asp)

The military's Deployment Health Clinical Center website provides

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resources and advice for risk communication in healthcare and community settings.

Environmental, Safety, and Health Communication Newsletters  
<http://www.stcsig.org/esh/newsletter.asp>

This quarterly newsletter of the Society for Technical Communication's Special Interest Group for Environmental, Safety, and Health Communication goes back 10 years, with articles on audience analysis, changing regulations, and other communication matters as well as book reviews.

*The Risk Communiqué* is a quarterly newsletter providing insights into the policies, philosophies, and practices of risk communication (© 2007 Regina Lundgren). For more information, or to subscribe or unsubscribe, contact [lundgren@owt.com](mailto:lundgren@owt.com). Permission is granted to copy, transmit, and/or cite information in this newsletter as long as the copyright notice © and source are given.