RISK COMMUNICATION LESSONS
FROM THE WORLD OF PUBLIC HEALTH
PUBLIC HEALTH RISK MESSAGING IS EVERYWHERE

Medication adherence
Unemployment
Video game addiction
Underage drinking
Nutrition promotion
Sexually-transmitted diseases (STDs)
Abstinence
Cholesterol consumption
Secondhand smoke
Genetically modified crops
Blood pressure
Ultraviolet (UV) exposure
Gambling addiction
Radiation
Mobile device use while driving
Toxic waste
Reckless driving

Vaccinations
Terrorism
Drunk driving
Sunburn safety
Pregnancy
Pollution
Child abuse
Drug use
Childhood accidents
Cholera
HIV/AIDS
Sunburn safety
Addiction
Mammogram (breast cancer)
Substance abuse
Gang violence
Nuclear power
Malaria
Fertility
Climate change
Poison
Contraception
Pesticides
Swine flu (H1N1)
Gun safety
Influenza (flu)
Child car seats
Contraception
Mad cow disease (BSE)
Poverty
Organ donation
Child abuse
Pregnancy
Childhood accidents
Poverty
Unemployment
Underemployment
Gang violence
Forensic pathology
Addiction
Crime
Poverty
Child abuse
Child car seats
Suicide
Underemployment
Gang violence

Gambling addiction
Smoking
Childbirth
Mental illness
Food safety
Thalidomide
Drunk driving
Condom use
Child abuse
Cancer
Bioterrorism
Sunburn safety
Whooping cough (pertussis)

Radiation
Mobile device use while driving
Toxic waste
Reckless driving

RSA
WHY THIS ISN’T A GOOD IDEA...

Many public health awareness efforts (campaigns) involve the mass media

Some public health initiatives are socially and/or politically contentious

This talk is being brought to you by a recovering academic ☺, not a scientist

Cherry-picking headlines from academic research is a quick way to draw spectacularly poor conclusions
...MAYBE IT’S A GREAT IDEA!

There are absolutely some valid, applicable insights and analogies for us to consider here.

Innovation is most likely to occur when different disciplines brush up against each other.

Don’t forget a (the?) central goal for any security awareness program:

Never settle for merely imparting information; we need to encourage, incent, and instill fundamental behavior change.
STORY-TELLING ISN’T JUST A “NICE TO HAVE”

“Transportation” isn’t about your car!

Telenovelas (soap opera dramas), interpretative dance, serialized chapters

The illness narrative

Hearing a message alone, versus in a larger group
THERE IS A COMMUNITY IMPACT

Systemic risk – think about a pandemic, or epidemic
  Influenza / flu campaigns
  Second-hand smoking
  Occupant-involved injuries (seatbelt use)
  Infectious diseases (impact to family, neighbors, etc.)

For further consideration
  Vaccines, herd mentality, herd protection
FREQUENCY MATTERS

Weak but sustained efforts may be more effective than strong but short efforts [antismoking]

*BUT*…Longer campaigns allow for more time to backslide after initial compliance [medication adherence]

*AND*…Short persuasive campaigns can be more effective at reaching a greater proportion of people in the intervention communities than long persuasive campaigns

Incentives matter, too!
THERE IS NO ON/OFF SWITCH

“Whole-system thought”
   Environment, culture, politics, issues of power and control, institutions, etc.

Effective awareness and behavioral change approaches the individual at work and at home
ADDITIONAL READING
OTHER ANALOGIES / AVENUES TO EXPLORE

The importance of hygiene

“Health belief” model = perceived susceptibility and perceived severity

Identification of at-risk population(s)

Preparedness as part of public health; is vigilance (and by whom) an obligation?

Pollution behavior; why exactly is dirt dangerous? [Douglas]

If a child does not have up-to-date immunizations, should the child be in school? [Chertoff]