Communication strategies
Key rules and basic concepts

Regional Workshop on Support of Member States in Developing and Implementing National Programmes for the Control Public Exposure to Radon
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Radon Risk Communication

• Communication is one of the key activities of the RAP
• It must be undertaken at all stages of its realization

• Is it really necessary? YES
  • We are entering the private sphere of individuals, their home.
  • The activity/inactivity of individuals will significantly affect the results of RAPs.
  • People must be convinced, that they can be at risk.
Risk = Hazard + Outrage

- "Risk" has many different meanings.
- It has two different aspects:
  - "Objective" - Hazard – the found scientific evidence of possible health harm expressed as the probability of causing the serious illness or death
  - "Subjective" - Outrage – the perceived upset among people, influences the impact of RP activities

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<th>Outrage=Low</th>
<th>Outrage = High</th>
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<td>Hazard = Low</td>
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<td>Outrage management „Calm down“</td>
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<td>Hazard = High</td>
<td>Precaution advocacy „Watch out“</td>
<td>Crisis communication „Let´s get through it together“</td>
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Risk = Hazard + Outrage

• Communication ≠ Informing the public and stakeholders

• It is not enough to raise radon awareness, we need to raise radon risk perception.
Risk perception

- It is not necessary to be afraid of mass panic caused by high indoor radon concentration
- Evidences
  - USA - very aggressive PR, web pages showing “radon widows“
  - Czech Republic – when we do not care, public does not care too,
- Don’t be afraid
- For radon, there is nobody to blame, esp. not you
  - But you must offer some solutions, ventilation for the first time, in a longer perspective technical corrective action, people must not stay without help
  - Timing of communication – there must be functional corrective actions available
- Conversely
  - APATHY is the greatest obstacle to effective radon risk communication
Risk Perception (Fear) Factors

People use certain rules (fear factors) when evaluating risky situations.

- Low risk
- Old risk
- Situation under one's control
- Voluntary risk
- Fair risk
- Natural origin of the risk
- Large benefits

- High risk
- New risk
- Situation is controlled by others
- Non-voluntary risk
- Unfair risk
- Human origin
- Low benefits

• Most of these rules indicate that radon can not be dangerous
SEVEN CARDINAL RULES FOR EFFECTIVE RISK COMMUNICATION (Covello 2011)

1. People have the right to have a voice and participate in decisions that affect their lives.

2. Plan and tailor Risk Communication strategies to goals, audiences and channels.

3. Listen to your audience.

4. Be honest and transparent.

5. Coordinate and collaborate with credible sources of information and trusted voices.


7. Speak clearly and with compassion.
Before starting any communication activity, 4 main questions should be answered

- WHY? – to state the aim
- TO WHOM? – target groups
- WHAT? – message
- HOW? – information channels
WHY?

Main objectives

• Raise stakeholder awareness
• Stimulate support from decision makers
• Encourage home testing and corrective actions
• Encourage preventive measures when building a house
• Consider radon when modifying a building (retrofit, …)

• It is useful to formulate specific quantitative goal
  • To make people with elevated radon concentrations to take corrective actions
“TO WHOM” is primarily affected by “WHY”
The target group is identified through the objective.
It is advantageous if it is focused as much as possible.
   e.g. NOT “the public“,
   but the susceptible segment of the public:
    „mothers“, „home owners“, „school children“,
   adults (30-40) looking for their home
It is always useful to explore the needs, habits, dreams, and
cconcerns of the individuals of the chosen group.
TO WHOM?

TARGET AUDIENCES

- Decision makers
  - Politicians
  - Local governments
  - Central gov. stakeholders.

- Public
  - General public
  - Population segments
  - NGOs

- Trusted influencers
  - Physicians
  - Pharmacists
  - Teachers
  - Journalists

- Industry
  - Building professionals
  - Remediators
  - Measuring comp.
WHAT? Communicated information

‟WHAT‟ is primarily affected by „WHY‟ and „TO WHOM‟
The information should stress the advantages for the target group.

For the public:

• You and your family are probably at risk, which can be identified by testing. The risk can be decreased by technical means.
• When building a new house, you can easily enhance your home’s health safety. It can protect you and your family’s health. It is easy and inexpensive.
• Then formulate several short core messages.
• TEST their impact on the chosen target group, if possible.
WHAT? Communicated information

FOR ELECTED REPRESENTATIVES/POLITICIANS AND GOVERNMENT AGENCIES: Reduction in the public health burden associated with radon may be cost-effective.

FOR FINANCIAL INSTITUTIONS: The value of homes can be adversely affected by high radon levels. Prevention and remediation is cost-effective.

FOR INDUSTRY: There are employment and profit opportunities in radon prevention and remediation.
There are many theories dedicated to the content of the message to make people take action and change their behavior. All of them are in agreement, that the information as a whole must be a balanced mix of 2 components (messages)

- threat component – to make the audience susceptible to the threat
  Audience must get the message that radon is a harmful substance and that they are vulnerable.
- efficacy component– to convince the audience that it is possible to avert the threat
  Audience must get the message offering clear procedure that is feasible and will solve the problem.

The impact of the message is strongly affected by the source of the message – the source must be credible and well-known.
WHAT? Theory - EEPM

EPPM (extended parallel process model) defines four key factors to predict likely outcome of communications which involve a fear appeal:

• Susceptibility - The individuals' perception of how likely the threat is to impact them.

• Severity - The individual's perception of the magnitude of the threat.

• Self-Efficacy - The individuals' perception that they are competent to perform the tasks needed to control the risk.

• Response Efficacy - The individual's perception that the action if carried out will successfully control the risk.
EPPM (extended parallel process model)

Based on the individual’s inputs, there are 3 possible outcomes of the communication:

• No Response - The severity or susceptibility of the danger was perceived as low.

• Danger control - When an individual perceives that the severity and susceptibility are high and also perceives that he is competent to take corrective action.

• Fear control - The model predicts that if an individual perceives their ability to control a risk as low, even if the severity and susceptibility is perceived as high, then they are likely to take steps to control their fear instead. This is maladaptive change, or counter-productive behavior. They start denying the presence of the risk („Certainly, my home is not at risk“, „It is better not to think about it“, „There really is no harm coming from (natural radiation).“ „Somebody just wants my money“ ).
The information should stress the advantages for the target group.

- For the public: You and your family are probably at risk, which can be identified by measuring. The risk can be decreased by technical means.
- When building a new house, you can easily enhance your home’s health safety. It can protect you and your family’s health. It is easy and cheap.
- Then formulate several short core messages.
After you have defined the appropriate information, formulate several core messages

- Radon causes lung cancer.
- Radon is the 2nd leading cause of lung cancer after smoking.
- Test your home for radon and protect your family.
- Radon testing is simple and inexpensive.
- Homes having radon problems can be fixed.
- Knowledge of radon levels is power.
- High concentration can be effectively decreased.
- Have your home in a good shape.
- Thermal retrofitting may lead to increased indoor radon.
- Preventions is always cheaper than correction.
WHAT? Examples

Keep messages simple, but accurate.
Some type of messages are hard to understand and therefore do not work.

Wrong
In Germany there are 37000 deaths due to lung cancer every year and of these 1800 are attributed to radon.
In Germany nearly 5 % of deaths due to lung cancer are attributed to radon.

Correct
In Germany, 6 people per day die from radon.
WHAT? Example

Radon risk compared to other risks

Helps better understand the risk degree

RADON CONC*

7400 Bq/m³ or 200 pCi/l
740 Bq/m³ or 20 pCi/l
74 Bq/m³ or 2 pCi/l
7.4 Bq/m³ or 0.2 pCi/l
0.74 Bq/m³ or 0.02 pCi/l

Probable origin
USA or Canada
"HOW" is mainly affected by "TO WHOM"

Each target group is accessible through specific communication channels, which are known or can be detected.

Together with ratings of a communication channel or its visit rate, confidence in the channel should also be observed. Actual impact of the channel is then a product of its confidence and ratings.
HOW?

COMMUNICATION CHANNELS

MEDIA : Newspapers, Magazines, Radio, TV, Food packaging.

TRUSTED SOURCES : Physicians, Pharmacists, Educationalists

MEETINGS/EVENTS : Radon Forums, Focus Groups, Trade Fairs, Public Events

PROFESSIONAL LITERATURE AND COURSES: For Builders, Architects, Engineers, Manufacturers

EDUCATION: Population (Children), Builder Professionals

INTERNET AND SOCIAL NETWORKS : For the public, web pages, videos showing good praxis in measurement and in building industry

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National radon risk communication strategy always depends on:

- The actual situation in each country
  - Extent of the problem,
  - Legislation, recommendations, action level,
  - Human resources
  - …
- The overall objective of the radon programme (such as reducing the national average or just high radon concentrations)
- The set time frame
- The available budgetary resources
Radon risk communication strategy

several notes

• Communication should be a continuous process, with periodical milestones (for evaluating its effectivity).

• One separate campaign should be run at more phases (at least two with some delay)

• During one campaign more channels should be utilised.

• Radon risk awareness and risk perception surveys are an essential component of risk communication strategy.

• It is useful to accompany communication activities with offering (free) measurement to the audience
Radon risk communication strategy suggestions

• If budget permits use the services of professional marketing companies. Their methods, both qualitative, and quantitative can help better tailor communication activities, reveal target group characteristics, design information brochures, ...

• Form links with other public health information campaigns.

• Educate the local opinion makers (journalists, reverends, majors), equip them with locally targeted information material, it saves you the effort.

• It is useful to accompany communication activities with offering (free) measurement to the audience
Feedback

• Communication should be a continuous process, with milestones (for evaluating its effectivity).

HOW?

• Unfortunately, the direct measurement of burden decrease is in real time negligible

• It is essential to set appropriate indicators
  • number of tests performed
  • number of contacts by mail or phone
  • number of houses corrected
  • number of companies educated
  • percentage population increase in knowledge of radon - RAS
  • number of hits on your homepage
  • number of articles on tv headlines
Feedback

• Evaluation should be done regularly.

• Set indicators for each objective and activity

• Impact should be studied before and after a communication activity

• Shift in the indicator quantity shows you the extent to which the set objectives have been achieved
Example from the Czech Republic
Using of Health Marketing Principles

In 2009 (the end of the first decade of Czech RAP realisation)

😊 Radon awareness among people was high (more than 70% of population know radon)
😊 A lot of radon home tests was executed (3-4% of the house stock)
😊 Technologies for corrective actions, and preventive measures were known
😊 State subsidy for corrective actions was granted

😢 the number of successfully mitigated houses was too low
😢 people with the highest indoor concentrations did not apply for the mitigation as would be desired

People did not behave the way we would expect

It has been decided to prepare a communication plan to change the situation.
Answering the basic questions

1. **WHY:**
   Set the goal to be achieved: to motivate as much as possible homeowners in buildings with very high radon concentrations (> 1000 Bq/m³) to undertake a remedy.

2. **WHAT:**
   Set the content of the message: what arguments and form to use (emotional or rational argumentation), what information to avoid, limits the message and its effect.

3. **TO WHOM:**
   Set target groups (segment the market), recognize their attitudes, describe their preferences.

4. **HOW:**
   Specify communication channels, actual form and wording of the message, repetition frequency of the message, other specific details …

The above tasks and their outputs should be based on a field survey.
Setting the target groups

Prior to the arrangement of the communication plan, several steps are necessary:

- **define the market**
  
  to find out people who share the need for the product (people with elevated radon level in their homes)

- **segment the market**
  
  to determine the characteristics that will be used to categorize people within the defined market (by age, gender, education level, etc.)

- **analyze chosen segments**
  
  to better understand the individuals in the group (determine their characteristics, attitudes, behaviors, needs, what media they use, what they used to do with the leisure time, how they communicate with one another, etc.)

Some information are already available, in the case of a special market new surveys must be conducted.
Target groups as identified by the qualitative survey 2009

- Home-owners (not tenants, not elder people that left their house to their descendants)
- It is of no use to address people living in leased house and intending to buy a house in long time range
- Susceptibility and motivation of a person to remediate a house decrease with the time the person lives in the house with measured high radon concentration. ("... we have survived here until now, we'll continue stand it")
- People are most susceptible to the health issues when they acquire new real property (when they move to ancestral or newly bought building, or build new house)
- Families with children and adolescents, or young people planning a family
- In a family, it is a woman (mother) who cares of family health. A man (father) is responsible for technical aspects of the problem and often makes decisions concerning larger investments.
- Both women and men admit that in principal health questions (especially regarding health of children) it is the wife who has the capability to considerably affect husbands's decision.
- Those target groups (young people acquiring their house) do not usually have sufficient resources to remediate the building. State support is in this case essential. The owner can however bear the costs of maintenance and operation of the remedy.
Target groups their needs and motivation

- Motivation can be suggested to the target groups based on their needs (example: woman with emotional need to be a solicitous mother can be positively motivated by the message „Fixing radon is the right thing you can do for your children’s health“)
- Most frequent reason for remediation stated in the study was: „We want to do something good for the family“.
- The reason „We want to decrease the radon concentrations and this way to avoid lung cancer“ followed only as the second one.
- The motivation to be successfull, it was essential to persuade people of harmfull effects of radon to the human health. It was necessary to find and test a way to acquaint people with the results of epidemiological studies. People usually do not fully understand statistical terms.
- Men can be motivated when they are convinced that the technical solution is functional and feasible.
- Taking advantage of state subsidy is another motivating factor.
Several myths persist among people that can act as blocking factors:

- Radon can be removed easily by usual ventilation
- Even in houses with very high concentrations people live to old age

Both these myths should be refused by arguments:

- Due to heating costs over longer time, removal of radon by simple ventilation is more expensive than remedial action.
- Very old people living in high concentrations are – similar to long living smokers – rather exceptions. Despite of this nobody doubts about harmful effects of smoking.
Physicians and family doctors play very important role as an information source. They can provide a powerful support of motivation.

Epidemiological study as essential evidence of harmful effects should be recognized by professionals of different specialisations (scientists, statisticians, physicians, state administration).

Comparing the dose from radon with the dose from other sources is very useful mean to make harmful effects of radon clear to the laypeople. Especially well known radiodiagnostics is very good example for comparison.

Majority of people are afraid of the realisation of the technical remedy. They can imagine the difficulties connected with remedy in their houses. There is necessary to assure people that the remedy can be finished in less than 5 days usually without destroying the floors in the living space of the house.
Target groups effective communicating channels

- The target market can be reached by mass media (TV), which is very effective, but also very expensive.

- Interview with physician or expert is essential for presentation of information. Therefore no opportunity to communicate during the long-term measurement and diagnostic measurement may be omitted.

- Another important communication channel is the Internet. A lot of women participate on social networks, or monitor the female social servers (e.g. concerning the family or maternity issues).

- Together with ratings of a communication channel or its visit rate, a confidence to the channel should also be observed. Actual impact of the channel is then a product of its confidence and ratings.
Qualitative survey impact of the information channels

- Personal experience of friends, relatives
- Interview with a doctor
- Interview with a specialist
- Press article
- Interview with builders
- Leaflets in the building
- Office
- Outdoor
- Interview on the building office
- Broadcasting
- Internet
- Material delivered by mail
- Personal letter
- Press advertising
- Interview with the call center
- TV

Impact of the Information Channels

- Qualitative survey

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Qualitative survey results

• Based on the results of the survey 2009, a rational campaign using one key emotional reason - health of the children – has been chosen.

• Basic findings of the survey enabled to develop the actual communication plan and to prepare and test actual information materials.

• We joined the campaign with preschool facilities measurement, advertised measurement on information sheets at kindergartens, used direct communication by phone with all parents having elevated radon levels, were giving them targeted information leaflets.

• The percentage of people applying corrective measures increased.
General suggestions

- Surveys of knowledge of radon and willingness to take action (radon awareness survey) should be carried out before and after a communication campaign. It helps when evaluating the effect of the campaign and enables to improve it.
- Keep the communication on a continuous basis, human being needs more than one input before internalizing the message and taking decision to act.
- Use credible voices for your messages. Identify the right subjects, true public opinion makers.
- Don’t rely on one channel, people are used to seek other independent sources.
- If possible, form links with other public health information campaigns.
- Be patient. The effect comes, but not immediately.
Thank you for your attention!

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