



CREATE 2008 Report: Exploring risk perceptions and developing risk communications

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The 2008 workshop took place in the beautiful UK city of Bath. The workshop was then followed by the 2008 BPS and EHPS joint conference. For those people who attended the workshop and the conference that meant spending a full week in Bath, which provided ample opportunity to appreciate the city.

The workshop saw Prof. Britta Renner and Dr. Stephanie Kurzenhauser brought together for the first time in facilitating this workshop on Risk Perception and Risk Communication. The dual facilitation was excellent, as the facilitators provided a relaxed and engaging learning environment that stimulated many ideas and questions. The workshop utilised interactive presentations and group work. The facilitators split the participants into groups; who then worked together for the duration of the workshop. Each group was required to design a leaflet about the human papillomavirus (HPV) vaccination and present the leaflet at the end of the workshop.

The content of this year's workshop encompassed the hazards that people perceive as risks, facts about HPV, presenting statistics in quantitative communication, mechanics of personal risk perception, reactions to personalised risk communication and the relationship between risk perception and risk behaviour. This demonstrates that the topic is broad in scope, with many issues to consider. Risk perception extends into many domains, and it plays a role in motivating health behaviour change (Weinstein, 1988). Social cognition health behaviour models such as the Health Belief Model and Protection Motivation Theory place risk perception as a precursor to intention (Norman and Connor, 2005). The evidence for the influence of risk perception upon behaviour is weak (Norman and Connor, 2005). However, according to Weinstein and Nicolich (1989) there are many possible explanations for these findings and risk perception is important in the early stages of motivation to change behaviour (Weinstein, 1988). Therefore, an underestimation of risks may result in risky behaviour taking place.

Using the HPV vaccine as a case study, this workshop provided the opportunity to study the

methods that can be used to communicate risk with the aim to enable informed choice or to facilitate persuasion in some instances. The newly introduced HPV vaccine can help prevent 70% of cervical cancer cases caused by the HPV virus, strains 16 and 18. Various vaccination programmes started this year and so there has been a great deal of information produced about cervical cancer, HPV and the vaccine in the last 6 months. This provided plenty of material to scrutinise and critically evaluate in preparation for designing our own leaflets within the workshop. One factor that unites the decision to opt in or out of the HPV vaccine is the perception of risk of cervical cancer. Therefore there is a need to understand the way in which risk is calculated in order to influence vaccination behaviour.

Risk experts and laypeople calculate risk in different ways. According to experts, probability x severity = risk. The lay method of calculating risk is based on subjective characteristics such as controllability, voluntariness of exposure and potential for catastrophe (Slovic, 1987). Therefore, risky activities such as smoking, lack of exercise, alcohol and high fat consumption may not be viewed as risky by laypeople as these activities are within an individuals volitional control and beliefs about self regulation may bring about unrealistic optimism (Weinstein, 1987). Therefore it is the task of the experts who are knowledgeable about the risks to support people to recognise risks as personally relevant and to take action to reduce such risks.

Numbers and statistics are frequently used to communicate risk. Number of annual fatalities is the only qualitative characteristic that laypeople do attend to when assessing risk (Slovic, 1987). For example, when making a decision about having surgery, one of the most prominent features of an explanation of the risks of surgery is risk of death. In these circumstances, numerical risk is presented so that patients are able to make an informed choice. On many occasions however, risk is presented in a manner that is aimed at persuading an individual into a particular course of action. Taking the example of the HPV vaccine, many of the information leaflets ►

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CREATE 2008 Report

we evaluated had used persuasive techniques. Some of the techniques involved concerned different styles of presenting numbers (Lipkus, 2007). Numbers can be presented in many ways, and often are difficult to understand even for 'experts'. For example, numbers may be presented without the reference class that the numbers refer to or with an irrelevant reference class, which leaves interpretation open and often causes incorrect interpretation of risks. Reviewing these techniques resulted in a discussion about the role of a psychologist when communicating risk. As mentioned above, risk communication can be used to persuade or to inform. With regard to the HPV vaccine we questioned whether we were in a position to know if the vaccine is really the best course of action for an individual or population and concluded that our role was to provide unbiased theory based communication about risk to enable an informed choice to be made. We also felt that it is the role of psychologists to educate health professionals on methods of effective risk communication.

This workshop provided a broader understanding of risk perception and a toolbox of skills to effectively communicate risk. The timing of this workshop was perfect for me personally, having just collected data for my own risk perception research. My research has focused on adolescent risk perceptions related to condom use, pregnancy and sexually transmitted infections. I looked for the unrealistic optimism effect and was surprised that I did not find this effect in my data. I was usefully provided with some possible explanations for these unexpected findings. This was really a bonus because this workshop provided an excellent source of professional development over and above that which I could apply to my research directly.

It was a rare opportunity to participate in this workshop with other PhD students from many countries in Europe and as far away as New Zealand. On the first evening the CREATE team organised for participants to meet in Bath city centre for dinner. This was a chance to see the city for the first time and to meet the other participants informally, over some excellent Italian food and wine. This served as a good kick-off for networking during the workshop. The networking was facilitated by the CREATE team who did a great job of organising the workshop and social programme, including the second CREATE football match. Based on my experience, I would recommend next years CREATE workshop in Pisa and I certainly hope to be there myself. ■

References

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