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**RISK-COMMUNICATIONS AS AN INSTRUMENT FOR PUBLIC HEALTH MANAGEMENT****N.A. Lebedeva-Nesevrya**

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**Abstract.** The article describes the necessity of interpretation of the risk-communication in the field of public health as a method of information provision between concerned parties who are equal participants of the dialogue. The article offers the values and the health risk levels as well as their decreasing methods. The key parties of risk-communication are: a) expert community; b) decision-makers; c) population; d) mass media; and e) non-profit-making organizations.

**Key words:** risk, health, communication, provision of information.

Performing the effective risk communication is the main factor of successful involvement of all the interested parties in the risk management. It is crucial for transition from 'informing' to 'participating'. According to the WHO's (World Health Organization) approach, participating means the right and ability of all the interested parties to 'express their opinions and preferences, raise issues that concern them', as well as 'to influence on the knowledge and relations that are necessary for search of most effective decisions' in the sphere of risk. As a matter of fact, that means the necessity to refuse from the traditional 'expert' model of risk management and to transit to socially-oriented approach, within the framework of which there are such risk aspects being analyzed as 'perceived risk', 'socially permissible level of risk' and 'social acceptance of risk'. Risk is to be researched in the context of existing values of society and risk management is to be supported by society at all levels.

The development of risk-communication theories in the health sphere ranged from defining the significance of eliminating the gap between specialized and mundane understanding of risk with the help of maximum expansion of our knowledge of social risk and risk of individuals at power (taking decisions) [16] to admitting the reasonability of participative models of risk communication which are based on the principle of discourse participants' equality [18].

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The current conception that most adequately describes the process of risk communications in the health sphere is the so-called dialogic perspective explained in the works of V. Covello and co-authors [11]. Based on the given approach, risk communication in the health sphere might be defined as a purposeful information exchange on the significance and levels of health risks between the interested parties as well as means of their reduction. The key element in this definition is the category of information exchange presupposing that each of the communication subjects has some definite information about risk which he is eager to share and, in return, get a response to this information (feedback).

The subjects of the health risk communication process are, first of all, representatives of expert community – specialists of risk assessments (for example, in Russia, those are representatives of bodies accredited on the issues of health risks assessment), employees of health institutions, representatives of the bodies and organizations of Federal Service for Supervision of Consumer Rights Protection and Human Welfare, scientists. They all are the bearers of specialized knowledge and their common goal is to provide absolutely exhaustive informing of the interested parties on the approved health risk levels as well as on the measures required for reducing the risk up to the permissible level.

Medicalization of the society reflecting the tendency of medicine influence enforcement in absolutely various spheres of life of modern society on the one hand determines the increase of the doctor's role as the source of information on health risks, on the other hand, it explains the formation of the new type of 'pseudo-expert' society, the representatives of which position themselves as experts in the health risk sphere and give recommendations on risk mitigation. It is worth mentioning that judgements and assessments of such society representatives are extremely demanded among the population. A good example of that is high ratings of television programs devoted to health problems discussions combined with high level of trust among target viewers to the anchors of such programs.

Secondly, population is actively involved in the process of risk communications. It concerns both – social groups that are the object of risk and general public. Mainly, here are used informal channels of communication – beginning with interpersonal communications with relatives and friends to social networks, with the significance of the latter in risk communication steadily increasing. Social networks are able to serve as an instrument for searching the relevant information on risk (apomediation phenomenon [15]) and as a source of forming the 'feeling of outrage'[19] which mainly modifies the risk in people's minds and taking its perception ('perceived risk') significantly further from its real or determined values ('factual risk' and 'estimated risk').

Here comes the first problem of risk communication stating that its active discussion without specialized knowledge leads to non-adequate perception of the danger (threat) to the population health (i.e. risk object).

As the source of forming the feeling of outrage comes the third subject of risk communication – the Mass Media. On the one hand, spreading information including that on health risks, is one of the key functions of the Mass Media [17], on the other hand, the realization of this function is impossible without the accompanying function of editing – i. e. selecting and commenting information. As a result, the Mass Media distorts the accents in supplying the information on health risks and shifts the accents to more negative ones, highlighting damage, danger, harm and injuries while concealing the information on the confirmed possibility of the situation or event.

We will note that the Mass Media might also undervalue and lower the real health risks thus forming another type of inadequate risk perception. The reason lies in the trend of commercializing of journalism and media scene determining the involvement of the Mass Media and granted to them necessity to represent the interests of certain individuals and organizations.

The trend on increasing social activeness in informational sphere, increasing the number and influence of alternative Mass Media channels, established primarily on the basis of social networks as well as democratization of the Media [22] determine the vague boundaries between the Mass Media and general public previously seen as two separate subjects of risk communication.

The fourth subject of risk communication in the health sphere is individuals at power (taking decisions). State authorities and local authorities when realizing the policies on maintaining and enhancing population health usually actively spread information on health risks (for example, within the framework of implementing the programs on healthy lifestyle formation). And this active implementation of health management systems in enterprises presupposes that the managers will become the main source of information for their employees on risks connected with the influence of not only professional but also social and behavioral factors on health. With this, people taking decisions are not the representatives of expert community as they themselves get the information on risk levels from specialists in the sphere of their assessment. However, these are the functions of the representatives of authorities and enterprise managers that presuppose that those people will have the task to determine and take certain measures on health risk mitigation.

An active subject of risk communications, in particular in the developed West European and North American societies, is non-commercial organizations protecting the environment, propagating healthy lifestyle, resisting the spread of behavioral habits destroying health and so on.

All the subjects of health risk communication process are both producers and consumers of information about risk. However, if an expert community and individuals at power deal primarily with the results of health risk assessment, the Mass Media, non-commercial organizations and population deal with the perceived risk, the meaning and idea of which are refracted through the reaction of outrage formed both at the level of daily interpersonal informal communications and with the help of the Mass Media and non-commercial organizations.

The reaction of outrage results from the combination of social cultural values and stereotypes inherent in the society in general and separate social groups in particular and information-discursive field formed by the subjects of communication process. At that, the reaction of outrage might be either exaggerated or understated and, accordingly, not correlating with the real (estimated) danger. For example, Russia is characterized by its population loyal attitude to smoking. As for the data of the “Social Opinion” fund as of January 2013 – 61% of Russian people didn’t approve of the ban on smoking zones (specially equipped areas for smoking) at enterprises and companies, 53% believed that the imposed fine for smoking in public places is either too high or even excessive [9]. The great majority of Russian people do not believe in the efficiency of state measures against smoking. Thus, according to the FOM survey, in October 2012, 74% of people thought that ‘anti-tobacco’ law and the measures stated in it will lead to insignificant reduction in the number of smokers (36% of questioned people) or even would not influence on the number of smokers (38% of questioned people) [1].

The survey results of the All-Russian Public Opinion Studies Center (ARPOSC) in February 2013 showed that 49% of Russian people believe that the new law will not reduce tobacco consumption and will just provoke corruption and additional expenses from the budget [2]. Smoking (both active and passive) is not considered as a significant health risk factor. For example, according to Public Opinion Foundation (POF) data, only 9% of the population caring about their health consider refusing from bad habits in general and smoking in particular as taking care about their health [5]. The survey of ARPOSC demonstrated that the majority of Russian people do not connect smoking with their health condition. And only 5% of the questioned people said that this factor is a significant one for their well-being [8]. With this, the third part of Russian people (28%) are regular smokers and the percentage of regular smokers among men is 43% [10]. Such a loyal attitude to smoking forms a reduced reaction of outrage

finally having an effect of ‘smoothing out’. So this is why the risks estimated by specialists are not perceived as serious by the population.

The main source of knowledge of health risks is expert community. Its main task is to provide the most exhaustive information on risks to the interested parties and reach the correlation of the estimated and perceived risk. The function of informing about risk is realized also by people at power. They, having obtained the information about risks from risk assessment institutions (or other representatives of expert community), first of all take decisions on the measures on risk reduction (if those are necessary), secondly they inform population, the Mass Media and non-commercial organizations about the levels of risk and measures taken against it. The Mass Media and non-commercial organizations, in their turn, also realize the function of population informing. However, the population is not to be perceived as a final object of informing about risk because: 1) health risks are discussed through informal communication channels inside various social groups and this is effected without any interference from social institutions and organizations; 2) the population itself may become an initiator (sender) of the message about risk addressed for example to the people at power; 3) the population serves as a subject of feedback reaction to information message transmitted in the process of risk informing.

Here are some data of the survey conducted in May, 2013 by ARPOSC named ‘We and our diseases’. According to the obtained results, as the most frequent reason for our diseases and the diseases of friends and relatives Russian people consider stresses and worries (30% of questioned people). At that, over the last 7 years this reason has been the top one every time this question is asked (2006 and 2007 – 34% of respondents chose the given factor as their answer, 2010 – 33%, 2012 – 29%) [8]. The second place is given to ‘bad environment’ (26% of respondents), the third is ‘age’ (24%)<sup>1</sup>. The share of respondents who found it hard to answer the asked question was 5%.

The obtained data show that the topic of health-forming factors is not only familiar to the population but also our citizens have a certain and quite stable opinion in respect of what influences on the health to a great extent. The results of the survey (in particular for the people at power) are a marker of actualized problems in the mind of population and peculiarities of health risk perception. These are the markers to be oriented at while developing programs of risk informing.

The efficiency of health risk communication is determined by the following parameters: 1) readiness and ability of the risk-communication subjects to a constructive dialogue; 2)

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<sup>1</sup> The question had a form of non-alternative closed question, allowing the possibility of choosing several options of the answer, that is why the sum of answer distribution on all the options exceeds 100%

capability of expert community to deliver the information about risk to various social groups and institutions; 3) specificity of outrage reaction; 4) correlation of real risk, estimated risk and perceived risk.

Talking about risk perception, we should first of all consider an individual who: a) estimates the possibility of some future situation; b) regards it as undesirable or dangerous; c) has a range of opinions, ideas and judgements about this situation and its implications (i.e. regarding the risk) [3]. The last factor, in fact, determines if an individual will assess the future situation as dangerous and how he will estimate its probability. The source of ideas and judgements about the risk may be his belonging to some cultures or subcultures [14, 21], personal experience of an individual and his social environment, social contexts [13, 20], the formed system of values and preferences [12] and the like. The most important thing is that the discrepancies in real, estimated and perceived risk lead to the necessity of interpreting risk not only as a cognizable objective factor but also as a social construct.

Social construction of health risks means that risks are created in the process of social interaction and are perceived as a part of reality, interpreted, filled with meaning and become determinants of social behavior. The actors of health risk construction process become not only individuals but also social groups, organizations and institutions. For example, the Mass Media formation of an outrage reaction is an instance of risk construction.

While developing some events and measures of spreading information on population health risks the whole complex of factors influencing the adequacy of information perception by the target audience should be considered. We should also adapt the contents and the form of information depending on the interests, needs and other characteristics of target audience which will allow to considerably increase the efficiency of informing function realization.

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