

DISTINGUISHING EFFECTIVE FROM INEFFECTIVE MESSAGES: LESSONS FROM HEALTH PSYCHOLOGY

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Health Psychology

Seeks, in part, to answer the following broad questions:

- Why don't people do what they **know** are the right things for their health?
- Why do messages about health get misinterpreted, and what impact do such misinterpretations have?
- Can we develop interventions that can be integrated in routine health care practice to improve healthy behaviours and, thus, outcomes?

Common problems:

- Wrong message received
- Right message but wrong or unintended effect

Applied to Bushfire Context

Similar principles but different outcome:

Preparation

- Why don't people prepare for bushfires?
- Why do messages about preparation get misinterpreted?
- Can we develop interventions at the individual warning or community education level that will improve community preparedness?

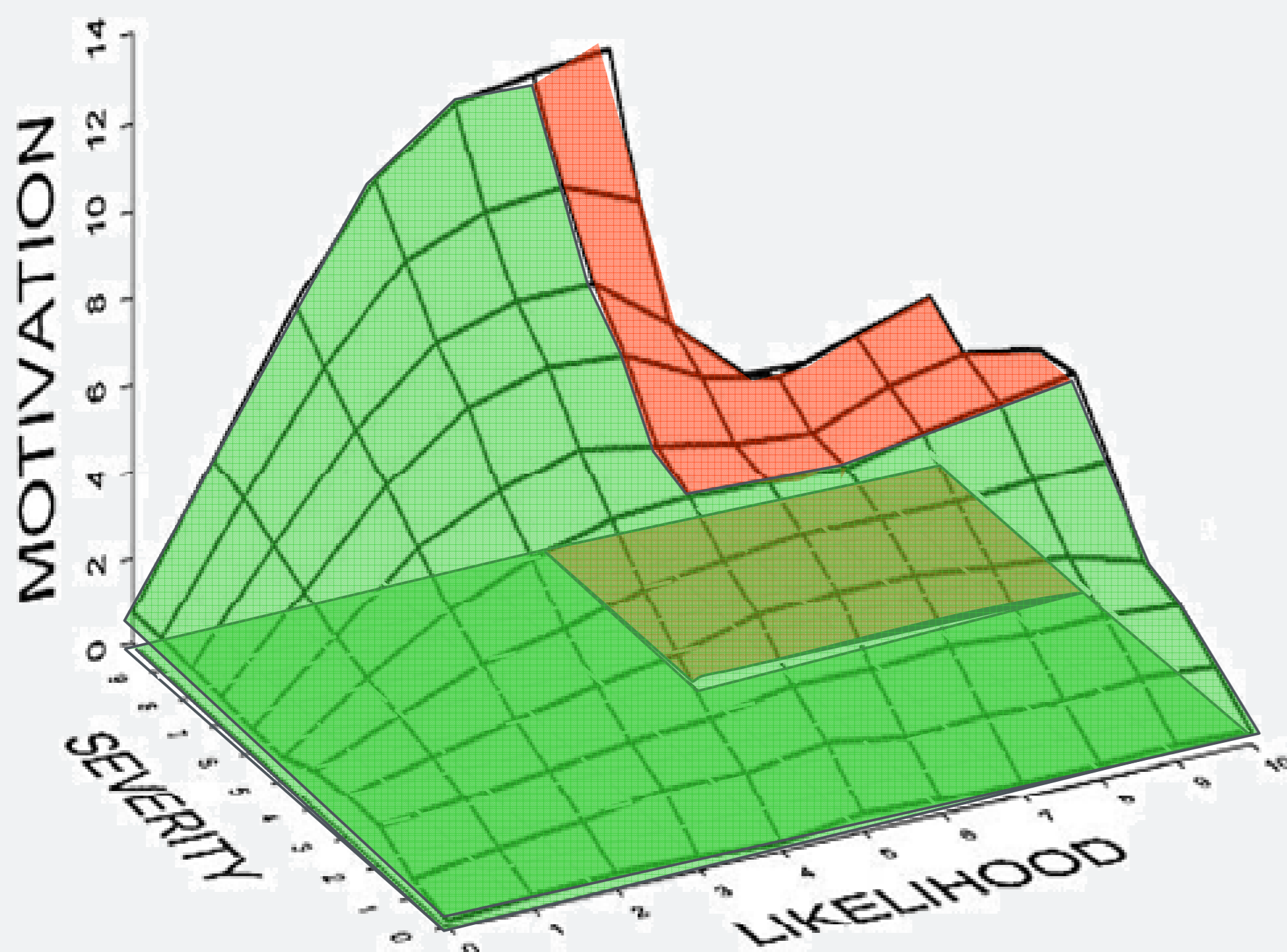


Figure 1. Motivation to avoid threat (M) as a function of perceived likelihood (L) and severity (S). Note that as L and S both pass 6, M drops off considerably (Weinstein, 2000)

Lessons Already Learned

1. 'Frightening' people into action doesn't work
 - At a certain point there becomes a 'sense of inevitability' and people essentially just give up (Figure 1)
2. Predicting behavioural intentions is relatively easy (see Beatson & McLennan, 2010 for a review of the relevant theories) but **predicting actual behaviours** is quite another matter
 - Competing behaviours/goals (Figure 2)
 - Complex behaviour chain (Figure 3)

Research Questions

1. Is what we call 'preparedness' too complex to explain in its own right?
 - If so, how do we break it down into more 'digestible' and **predictable** components?
2. Can we bridge the gap between intentions to prepare and actual preparatory behaviours? (e.g. implementation intentions)
3. What can be done to improve the delivery and content of warning and preparatory messages given community context?

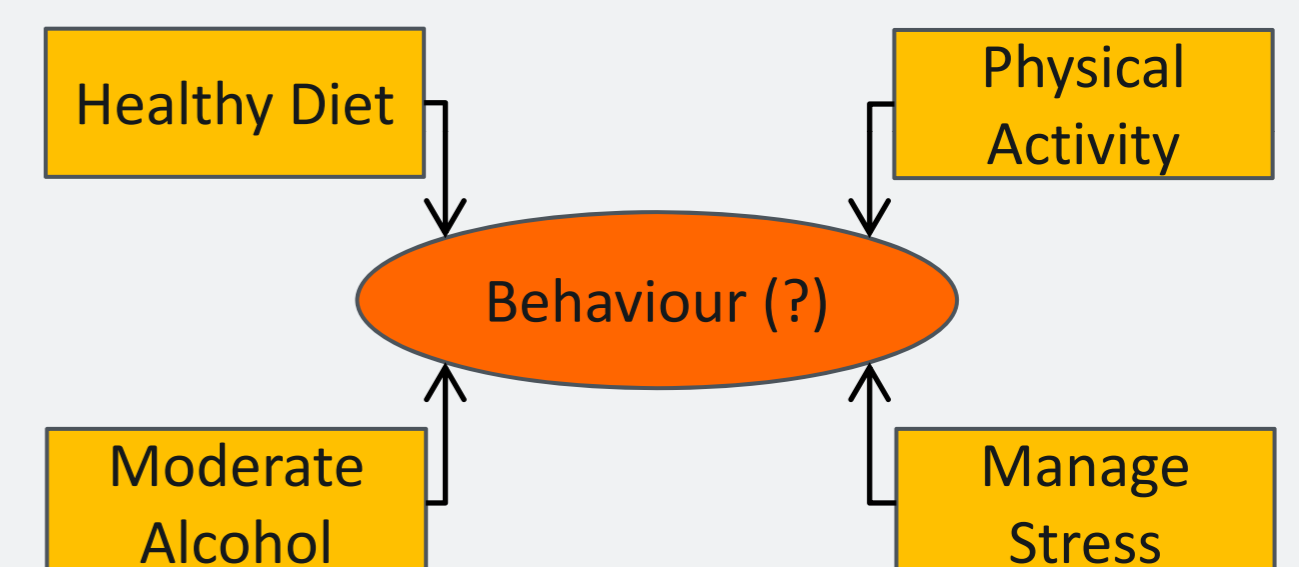


Figure 2. Competing behaviours and goals

Methodology

Studies of how messages influence community members' thinking about preparedness

Evaluate the impact of interventions in the laboratory and within communities through randomised trials

Surveys to inform personalisation of programs

Proposed Deliverables

1. Intervention programs to 'convert' intentions to actions
2. Improved community education on preparedness
3. Interventions to improve the delivery, content, and timing of warning messages

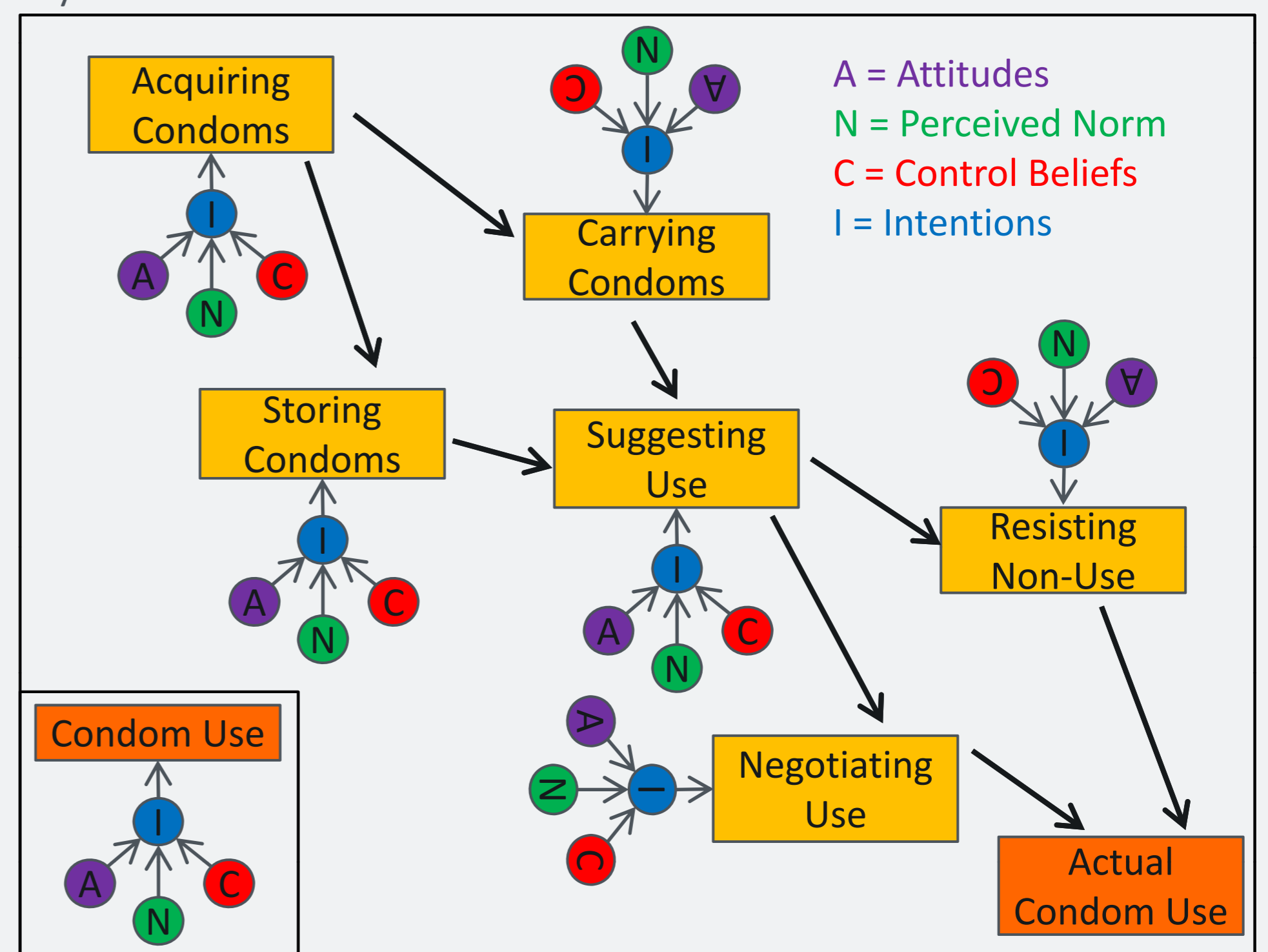


Figure 3. The chain of behaviours, all influenced by attitudes, norms, and control beliefs, that need to be performed to ensure condom use. The small box represents the nature of more traditional applications of the Theory of Planned Behaviour.