# Risk Communication about Alternative Health Promotion Strategies

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1. Which factors influence decision making concerning choices for best, second best and worst risk prevention strategies, such as smoking/e-cigarette smoking/quit smoking and full/partial/no vaccination (e.g. knowledge, risk perception, cognitive...

| | |
|---|---|
| **Ethische beoordeling** | Positief advies |
| **Status** | Werving nog niet gestart |
| **Type aandoening** | - |
| **Onderzoekstype** | Observationeel onderzoek, zonder invasieve metingen |

## Samenvatting

### ID

NL-OMON27996

**Bron**
Nationaal Trial Register

**Verkorte titel**
RICALTS

**Aandoening**

immunization, informed decision making, risk communication,

### Ondersteuning

**Primaire sponsor:** National Institute for Public Health and the Environment
**Overige ondersteuning:** National Institute for Public Health and the Environment

### Onderzoeksproduct en/of interventie

### Uitkomstmaten

**Primaire uitkomstmaten**

Our project aims to identify decision-making factors regarding alternative health strategies by studying two cases: e-cigarette use, partial vaccination.

# Toelichting onderzoek

**Achtergrond van het onderzoek**

Most parents have a positive attitude and intention towards childhood vaccination (i.e. overall childhood vaccination coverage of 95%). In a questionnaire study among the general Dutch population, 81% indicated that vaccinating their child was evident, and 83% that they did not give much thought to their decision. Furthermore, beliefs about vaccines, anticipated regret, and attitude were the strongest predictors of intention. Attitude was most strongly affected by beliefs about the vaccine, moral norms towards vaccination, and trust in the National Immunisation Programme (NIP) (Harmsen et al. submitted). Dutch parents who refused (part of the) vaccinations for their child did so because of beliefs that their healthy lifestyle would protect their child, low receptivity to diseases in their child, perceived inefficacy and side effects of vaccination, advantages of becoming ill, and a negative social environment (4). Parents that visited an anthroposophical child welfare centre did not refuse all vaccinations, but mostly measles, mumps, and rubella (MMR), and did so for similar reasons (5). Pro-vaccination messages may not always lead to the intended effect (6) demonstrating the need to attune messages to receiver characteristics. Research clearly shows that risk perception (i.e. perceived severity and susceptibility) including its emotional components (7), depends on psychological and social issues, and not solely on scientific knowledge (8). Further, adults felt that vaccine leaflets were aimed at persuasion rather than being truly informative, (4, 5, 8) and currently no information is included about other vaccination options (e.g. leave out MMR vaccination or extending it to 12 years old).

2.1.3 Health Communication Strategies

Decisions concerning a particular option are determined by several factors. While there has been a lot of debate on the role of risk perceptions (e.g. regarding vaccination, (9)), recent research shows that these perceptions are important probably as a distal factor determining attitudes and self-efficacy (10). According to van den Berg, Timmermans, ten Kate, van Vugt and van der Wal (11) informed decision making is a process where the outcome, informed choice, is based on sufficient knowledge about all relevant factors involved, is consistent with attitudes, beliefs and overall values of the decision maker, and alternatives are deliberated and evaluated.

Recent studies have identified that risk perceptions play a crucial role in the concept awareness (9, 10), and that they need to enclose both a cognitive and emotional component, which is in line with the overall approach of risk as feelings proposed by, amongst others, Slovic and Loewenstein (11-13). Janssen et al (7) furthermore showed that affective risk perception strongly influenced behavior beyond motivational factors. For both smoking cessation and vaccination, risk perception has been consistently indicated as a core behavioral determinant (9, 14) and the need for accurate risk communication strategies is evident (15).

When two options are involved (the best and second best option), citizens have to compare both alternatives. This implies that they need to be aware of the existence of an alternative, need to be able to compare the pros and cons of both options, and feel confident of choosing between them. In this deliberation process both emotional and cognitive considerations play an important role (7, 16-18), as well as how risks are measured and presented (16, 18). Furthermore, a general communication approach aimed at all citizens is often not the most effective way of communication. Since 1990, Maastricht University has demonstrated that providing personalized information using computer tailored technology is much more effective as well as cost-effective. This has been shown for a range of health prevention behaviours, such as smoking, alcohol, physical activity, nutrition, and patient education (19-22), and results have been confirmed in a recent meta-analysis (23, 24). In case of risk communication on second best options, a personalized approach may be particularly important, as second best options are mainly intended as an alternative for citizens that would otherwise follow the worst option.

In sum, communication on second best options is currently not evidence based, and often performed by stakeholders with vested interests. An effective and efficient strategy for communicating best and second best messages is imperative, but currently lacking. The current research project aims to fill this information gap.

**Doel van het onderzoek**

1. Which factors influence decision making concerning choices for best, second best and worst risk prevention strategies, such as smoking/e-cigarette smoking/quit smoking and full/partial/no vaccination (e.g. knowledge, risk perception, cognitive and emotional factors, social factors, self-efficacy, role of experts, how risk information is provided)?

**Onderzoeksopzet**

Februari till March

**Onderzoeksproduct en/of interventie**

nvt

# Contactpersonen

## Publiek

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### Wetenschappelijk

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## Deelname eisen

### Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

For this study the research population will consists of parents. To ensure representativeness of the study population and generalizability of the study results, heterogeneity of participants will be strived for. Accordingly, parents who have opted for following the NIP (child born between 2013 and 2014), parents who opted for partially following the NIP or on a different schedule (child born between 2013 and 2014), and parents who opted out of the NIP are approached for participation (child born between 2013 and 2014), and are registered with the Dutch immunization registry.

### Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Parents who opted out or partially vaccinated their child due to illness or practical reasons.

## Onderzoeksopzet

### Opzet

| | |
|---|---|
| Type: | Observationeel onderzoek, zonder invasieve metingen |
| Onderzoeksmodel: | Parallel |
| Toewijzing: | N.v.t. / één studie arm |
| Blindering: | Open / niet geblindeerd |
| Controle: | N.v.t. / onbekend |

### Deelname

Nederland

| | |
|---|---|
| Status: | Werving nog niet gestart |
| (Verwachte) startdatum: | 01-02-2017 |
| Aantal proefpersonen: | 600 |
| Type: | Verwachte startdatum |

## Ethische beoordeling

Positief advies

| | |
|---|---|
| Datum: | 17-01-2017 |
| Soort: | Eerste indiening |

## Registraties

### Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

### Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

### In overige registers

| Register | ID |
|---|---|
| NTR-new | NL5973 |

| Register | ID |
| --- | --- |
| NTR-old | NTR6347 |
| Ander register | METC Atrium te Heerlen : 16-N-84 |

# Resultaten