Australian Government

Asbestos Safety and Eradication Agency

Asbestos National Strategic Plan

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Guidelines for communicating about asbestos risk to the public

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Australian Government
Asbestos Safety and Eradication Agency

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Dealing with risk perceptions	Always explain what will be resolved, when it will be resolved and what may not be resolved. Asbestos communicators are likely to encounter a range of risk perceptions, from complacent or not concerned, to extremely concerned. This range of perceptions can occur within a single situation and across multiple situations. Do not assume that just because someone knows about and understands asbestos risks they will act in a safe or logical way. Also remember that one person involved in a scenario may perceive the risk as acceptable, while another may not.
Describing the nature of the risk	The key information to communicate in preventive and responsive scenarios is not the same. When communicating about preventing exposure, it is not effectiv e to use language that implies that asbestos is harmless or safe in certain situations. Instead, explain the context within which it becomes dangerous and the steps that people can take to prevent exposure. The key information to communicate when responding to potential asbestos exposure is the risk of disease, because people are more likely to be concerned about the impact of exposure on their health and their families. It is also important to communicate how to avoid further exposure, because the risk of disease will never decrease with increasing exposures.
Describing risk levels	When using relative measures of risk, it is important to explain how experts have assessed the relative risk to be 'low', 'medium' or 'high'. If this can't be explained adequately, it will quickly amplify public mistrust and concern. Be careful using emotive language. When well crafted, appeals to fear first describe the danger and then describe how to prevent or minimise the danger. Consider the use of visual aids, but be aware that these can be interpreted in a variety of ways.

Principles to address the challenges

1. **Invest in preventive communication**
2. **Provide authority and expertise**
3. **Be open, honest and factual**
4. **Acknowledge uncertainty**
5. **Give people respect and control**
6. **Be collaborative and responsible**

Introduction

Who these guidelines are for

These guidelines are for anyone who has to communicate about asbestos risk with the public. This includes:

- federal, state, territory and local government bodies involved in the development, implementation, monitoring and enforcement of asbestos-related laws (eg work health and safety, environment protection, public health, emergency response)
- government and non-government organisations who need to respond to asbestos exposure events
- unions and worker representatives, and employer representatives
- asbestos professionals, specialist advisers and training organisations
- asbestos-related disease advocacy and support groups
- medical and health professionals.

What these guidelines are for

These guidelines include principles for producing clear, consistent and complementary communication messages. They can also be used to establish effective processes for community engagement in both the workplace and non-workplace context.

The guidelines cover both communicating to prevent asbestos exposure and communicating in response to asbestos exposure. These can involve different communication channels, processes and messages. It is important that preventive and responsive communications are considered in tandem, as they affect each other and do not operate alone.

These guidelines are a 'how to' for developing effective messages and processes for communicating asbestos risk, but they do not provide the specific details of those exact messages or processes. This is because every situation is different.

The guidelines should be read in conjunction with Volume 20: Schedule B8 – Guideline on Community Engagement and Risk Communication of the National Environment Protection (Assessment of Site Contamination) Measure May 2013 (ASC NEPM) and the Environmental Health (enHealth) Standing Committee – enHealth Risk Communication Guidance.

Why communicating asbestos exposure risks is challenging

A unique set of factors make communicating the risks associated with airborne asbestos fibres more challenging than other public health risks such as sun exposure, COVID-19 or smoking. These include the following:

- Asbestos-containing materials (ACMs) are ubiquitous, but laboratory testing is needed for definitive identification.
- Asbestos fibres that could be inhaled or ingested are invisible to the naked eye, so there is no way of knowing for certain whether a person has been exposed and has inhaled or ingested them.
- No threshold for exposure to asbestos has been identified below which no cancer will occur.
- Mesothelioma, a cancer caused by exposure to asbestos, is not curable and the mechanism of disease is not entirely understood.
- Asbestos-related diseases like mesothelioma have a long latency period, with symptoms typically appearing decades after a person has been exposed to asbestos.
- Diseases like mesothelioma can cluster in a geographic area.
- The probability of developing an asbestos-related disease is low, but the consequences are high. These types of risks can provoke a range of emotional reactions and a range of risk perceptions.

In addition, there is an important social aspect that cannot be discounted. A history of business and government inaction means that asbestos is a highly emotive issue. As a result, action by government can sometimes be viewed with distrust, and exposure events can quickly escalate and become politicised.

In these guidelines, ‘asbestos’ means airborne asbestos fibres, unless otherwise specified.

Challenges in asbestos communication

Dealing with uncertainty

Risks and uncertainty are distinct but related concepts.

Risk is the probability that harm might occur when exposed to a hazard. Risk assessments are used to assess as accurately as possible the health consequences due to exposure to asbestos.

Uncertainty occurs when there is insufficient information to identify or predict actual outcomes. It can impact the way people perceive risk. People may feel more fear or dread if the information they want cannot be provided.

When an asbestos exposure event occurs, there can be risk or uncertainty about:

- the source material
- the concentration of asbestos fibres that have been released due to the disturbance of asbestos-containing materials (ACMs)
- how far airborne asbestos fibres travel
- how long asbestos fibres are airborne
- whether asbestos fibres have been inhaled
- if they have, where they have lodged in the lungs
- whether the exposed person will develop an asbestos-related disease.

Communicators also need to deal with risk or uncertainty in a range of situations, such as when:

- the situation is rapidly evolving and not all information is available
- exposure to asbestos is possible but not able to be confirmed after the event
- exposure to asbestos is confirmed but it is impossible to predict future outcomes.

Some uncertainty may be able to be reduced or resolved over time by collecting more and better information (eg analysis of suspected material or dust from source material, or when results of air monitoring are available) or may not be resolvable.

At times the state of uncertainty can only be reduced by assigning subjective probabilities to a state of risk (eg the risk of developing an asbestos-related disease).

Communicating about risk and uncertainty is challenging because uncertainty may remain no matter how well the risk is managed or explained.

The level of uncertainty will depend on the situation, and how it is addressed will also be specific to the situation.

Always acknowledge uncertainty in your communications. Denying uncertainty or providing more reassurance than is warranted can undermine trust and confidence.

Key communication lesson

Uncertainty can have a large impact on people's risk perceptions. Always acknowledge uncertainty.

Obtain as much information as you can to reduce uncertainty.

Always explain what will be resolved, when it will be resolved and what may not be resolved.

Dealing with risk perceptions

Good asbestos risk communication starts with understanding how risk is likely to be perceived by the public. It is crucial to remember that members of the general public will assess risk differently to health, medical or scientific experts. Expert risk assessments are made by obtaining as much information as possible about the situation from a range of places, including air monitoring data or epidemiological studies. This specialist knowledge is rarely available to or understood by the general public.

Risk perception is an individual's subjective assessment of the likelihood of negative consequences.

Risk perception is important when communicating asbestos health risks because it determines how much people care about the risk and what they will do to protect themselves. It also determines the strength of their reaction to a particular situation.

There are two aspects to risk perception:

- how much a person knows about and understands the risk
- how they feel about the risk.

Risk perception can vary depending on factors such as age, gender, ethnicity, socioeconomic status, values and personality.

An individual's subjective assessment of risk can also be influenced by a range of factors. For example, a person may:

- know someone who has died from an asbestos-related disease
- have been exposed to asbestos in the past
- have been exposed to media coverage of business or government inaction in relation to asbestos
- have optimistic bias – the tendency to believe that risks pose a less serious threat to them than to other people
- lack information about the hazard, resulting in emotions of dread and fear
- overestimate or underestimate the hazard's actual frequency and severity
- have no control over the hazard because they were involuntarily exposed
- have a child involved in an exposure situation.

As a result, risk perception will vary greatly between individuals and groups.

Control is a significant factor

It is important to appreciate that control plays a significant role. People may perceive the risk as low when they feel, rightly or wrongly, that they are in control of the risk. Conversely, they may perceive the risk as high if they have no control.

When it is not possible to control a hazard directly, trust in an expert or government regulator can give a sense of control by proxy. However, outrage can result if laws and government safety processes fail to keep people safe.

Key communication lesson

Asbestos communicators are likely to encounter a range of risk perceptions, from complacent or not concerned, to extremely concerned. This range of perceptions can occur within a single situation and across multiple situations.

Do not assume that just because someone knows about and understands asbestos risks they will act in a safe or logical way. Also remember that one person involved in a scenario may perceive the risk as acceptable, while another may not.

Describing the nature of the risk

Hazard and risk are often used interchangeably, but there is a difference between the two terms.

Communicating this distinction is especially challenging because airborne asbestos fibres are invisible to the naked eye (although their source material, such as dust, is not), and it is not possible to say for certain whether a material contains asbestos until it is tested in a lab.

What is a hazard?

A hazard is anything that has the potential to cause harm.

The hazard is the asbestos fibres within the ACMs that can become airborne and be inhaled or ingested, leading to the risk of developing an asbestos-related disease.

What is a risk?

Risk is the possibility that harm (death, injury or illness) might occur when exposed to the hazard.

Risk in these guidelines is also used to describe thevlikelihood of exposure to asbestos.

Risk of exposure

When communicating preventive messages, the key issue is the risk of exposure. Risk in this context means the likelihood of being exposed to asbestos fibres.

The most important message to convey is that by preventing exposure to airborne asbestos fibres, people can prevent the risk of developing an asbestos-related disease.

Under work health and safety laws, preventing exposure is expressed as ensuring that exposure to airborne asbestos fibres at a workplace is eliminated so far as is reasonably practicable, and if not reasonably practicable, is minimised as far as is reasonably practicable.

When it comes to ACMs, there are two aspects to prevention:

1. preventing fibres from being released by preventing damage, disturbance or deterioration
2. if released, preventing fibres from being inhaled or ingested.

When communicating a preventive message

Don't say 'ACMs are harmless if left undisturbed'. The exposure risk may be lower if the product is intact, but it will be damaged or will deteriorate at some time, through general wear and tear, weathering, disaster events or other disturbance. Many ACMs have reached or are reaching the end of their product life.

Do say 'ACMs are dangerous when they are damaged, disturbed or deteriorating'.

Don't say 'The greater the dose and duration of exposure, the greater the risk of disease' even if it is the case the risk of disease increases with more exposures. This is because some people may have had many previous exposures. Others may not have been exposed before but can still develop disease. People are also unaware of their own genetic susceptibility to asbestos-related disease. In addition, a person may catastrophise and assume that more exposures will not matter.

Do emphasise the preventive action for people to take, such as 'Find out if your house contains asbestos' or 'If you notice damage to asbestos-containing materials, take these steps to be safe ...'

Do explain the legal responsibilities that people have, such as:

- the common law duty to take reasonable care not to cause harm to another person that could be reasonably foreseen
- statutory duties and offences that apply under a range of laws including work health and safety, public health and environment protection.

Risk of disease

When communicating in response to potential asbestos exposure, the key issue or concern becomes the risk of developing an asbestos-related disease following exposure to asbestos.

Communicating the potential human health effects from exposure to airborne asbestos fibres is straightforward because it is proven to cause cancer in humans.

The communication challenge is explaining why it is difficult to know for certain why some people develop disease and others do not. However, a key point to make is that just because a person has had an exposure does not mean that they are going to get a disease. This is important to alleviate psychological harm that can result from living with the fear of developing an asbestos-related disease. In this situation, it is important to communicate that the risk of disease is related to cumulative exposure over a lifetime. It is an opportunity to explain that, although a one-off exposure may not result in disease, it is important to prevent further exposure.

When communicating a responsive message

Depending on the circumstances, it may be necessary or appropriate to explain what is known and what is not known. For example:

- It is **not known** exactly how asbestos fibres cause cancer. But what **is known** is that the concentration of asbestos fibres in air, the degree of exposure (magnitude or intensity, frequency and duration), fibre dimension (length and diameter), fibre durability or persistence in the lung, and iron content are important determinants of asbestos toxicity.
- The genetic risk factors for some asbestos-related diseases are **not known**. But what **is known** is that there is no known safe level of exposure because it has not yet been possible to identify an exposure threshold below which exposure to asbestos does not involve a cancer risk.
- The workplace exposure standard for asbestos **is known** (0.1 fibre per millilitre of air over an 8-hour period, which is between 500 and 10 000 times background levels). But what is **not known** is which individuals will develop disease, even if they are exposed at levels below the standard.

Most importantly, what **is known** for certain is that the risk of developing asbestos-related disease adds up over a lifetime. That is, the risk of disease will never decrease with increasing exposure. This is why it is essential that people take action to prevent every possible exposure.

Key communication lesson

The key information to communicate in preventive and responsive scenarios is not the same.

When communicating about preventing exposure, it is not effective to use language that implies that asbestos is harmless or safe in certain situations. Instead, explain the context within which it becomes dangerous and the steps that people can take to prevent exposure.

When communicating in response to potential asbestos exposure people will want to know about the impact of exposure on their health and their families.

It is also important to communicate how to avoid further exposure, because the risk of disease will never decrease with increasing exposures.

Setting of the occupational exposure limit

It is common for people to see a contradiction between workplace exposure standards and the World Health Organization (WHO) advice regarding no known safe level of exposure. It is important that communicators understand how occupational exposure limits are set.

As the WHO states, asbestos does not have a safe exposure level which means that any exposure to asbestos may eventually lead to disease. Because it is not possible to set a health-based occupational exposure limit (OEL) instead a relationship between exposure levels and the associated risk (exposure-risk relationship (EER)) is derived which expresses the excess risk of lung cancer and mesothelioma mortality (combined) as a function of the asbestos fibre concentration in the air to facilitate the setting of an OEL. The excess lifetime cancer risk represents the risk of death from cancer in excess of the 'natural' background risk, resulting from a lifetime exposure to the carcinogen. The current OEL is 0.1 fibre per cm^3 which when set was based on the scientific and technological knowledge available at the time. The European Commission has proposed to lower the limit to 0.01 fibre per cm^3 in Directive 2009/148/EC in order to reduce the risk to workers and the public.

Describing risk levels

How is the level of risk determined?

The level of risk is determined by assessing:

- the likelihood of developing an asbestos-related disease
- the consequences of that disease, including death.

Generally, the risk of developing an asbestos-related disease is a low-probability, high-consequence risk, which means it is always serious and concerning to the community.

Communicating likelihood and consequence

It is understandable that people want to know something about the likelihood and consequences of developing an asbestos-related disease, particularly if they have been exposed involuntarily.

It is therefore important to acknowledge the possibility that someone may develop an asbestos-related disease from an exposure event.

Often in such situations, communicators will default to using terms 'low risk' or 'high risk'. But these terms mean different things to different people, and are therefore not always useful.

They also mean different things depending on the circumstance. For example, the likelihood of exposure might be 'low' because the asbestos is bonded securely in a material. But if the asbestos is released, that likelihood changes, and brings increased risk of disease.

Different people will have different individual risk levels during the same exposure event, based on a variety of personal factors, including whether they have been exposed previously. If an assessment of 'low risk' is made, it is important to also explain that it is in the context of cumulative exposures over a lifetime – it is not suggesting that a one-off exposure is harmless.

Understandably, the public will want to know what 'low' or 'high' means for them in absolute terms. But using absolute or relative measures of risk when communicating to the public about the risk of developing an asbestos-related disease can be challenging. When using relative measures of risk, it is important to explain how experts have assessed the relative risk (eg by conducting a risk assessment). If that can't be explained adequately, this will quickly amplify public mistrust and concern.

Make sure to give people a range of information so they can understand the level of risk. Also make sure to give people actions they can take to help them eliminate or minimise the risk.

When communicating preventive messages:

- ✓ Emphasise the harmful health impacts of exposure to motivate people to take the necessary actions to protect themselves and their communities.
- ✗ Avoid framing activities or events as low risk, as this can undermine the threat posed by asbestos exposure.
- ✗ Avoid statements like 'your risk of disease increases the more exposures you have' – while this may be necessary to avoid psychological harm in a responsive message, it may send the wrong message that 'one-off exposures' are fine.
- ✓ Provide clear information about which activities involve risk, and the steps to take to stay safe. For example, instead of a discussion about friable and non-friable asbestos, or asbestos that is in 'good condition' or 'bad condition', consider providing some clear do's and don'ts. Or when explaining that respirable asbestos fibres are invisible to the naked eye, further explain that their source matter is not (ie dust).

When communicating responsive messages:

- ✗ Don't resort to reassuring statements that may suggest that asbestos is a harmless substance.
- ✓ Be aware that what may be determined scientifically as a 'negligible risk' can still give rise to public anger.
- ✓ Be prepared that phrases such as 'a small exposure is a very low risk' can be rebutted with 'there is no known safe level of asbestos exposure', and therefore 'low risk' situations should not be ignored.
- ✓ If it is necessary to describe the level of exposure as posing a low, medium or high risk, provide context for that assessment – for example:
  - 'The exposure standard for asbestos under work health and safety laws has not been exceeded, so there is minimal cause for concern'
  - 'The exposure standard for asbestos has been exceeded, but control measures are now in place to ensure that people are not being exposed', and explain what those controls are
  - contextualise the exposure with what is known from monitoring airborne asbestos concentrations for similar circumstances
  - remind people that their risk of disease increases the more exposures they have, so it's important to protect against every exposure.

Be careful using emotive language

Communication often uses emotion to help bring about behaviour change. The use of fear to communicate a public health message has been widely used for road safety, smoking and HIV-AIDS.

When well crafted, appeals to fear first describe the danger and then describe how to prevent or minimise the danger.

If not well crafted, it may be difficult to reconcile preventive and responsive messages.

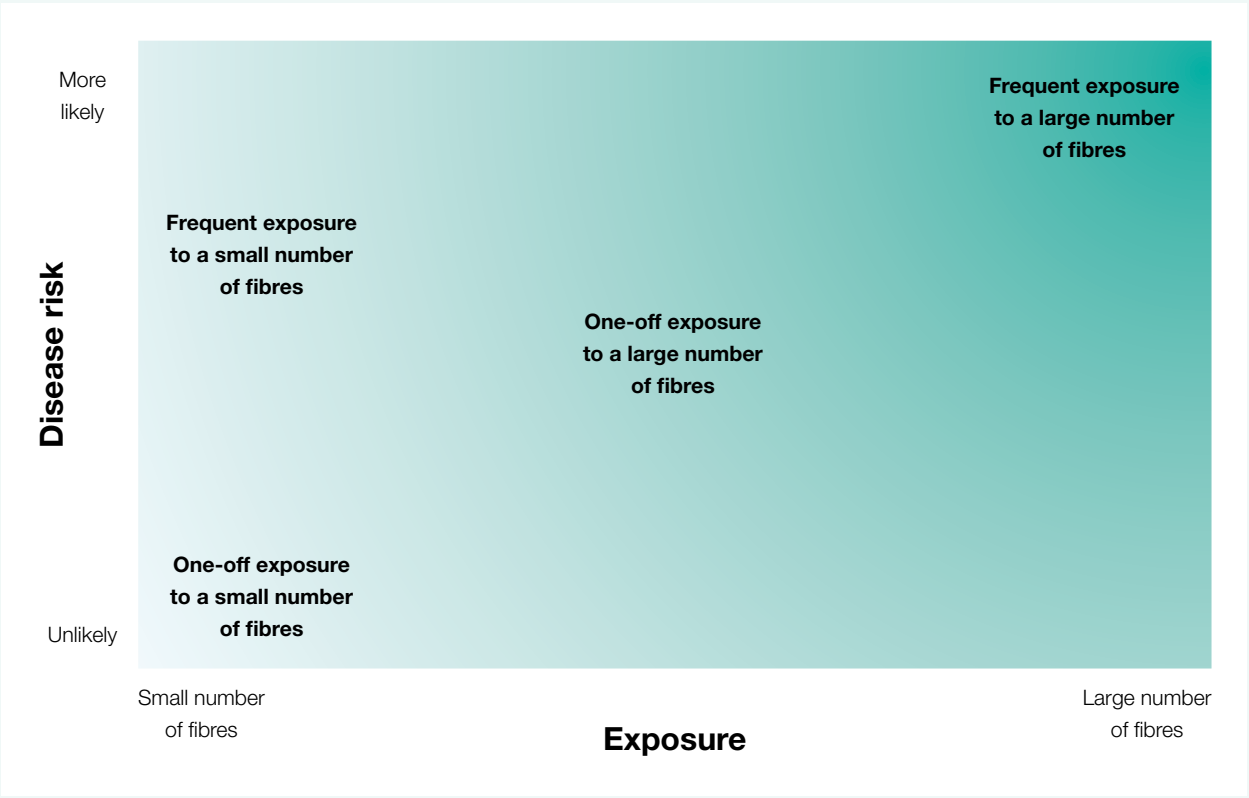
Make sure your preventive and responsive messages are complementary because, for example, it can be confusing for people to be told of the harmful health impacts of exposure but then later told that there is little or no risk when they have been exposed.

When this occurs, explain that it is not possible to determine who will or will not develop disease from low-level exposure, so the only way to eliminate risk is to avoid exposure. The risk will increase the more you are exposed, which is why it is important to remove damaged material and clean up contamination.

Be careful using visual descriptions of disease risk

It can be tempting to use visual aids to describe the risk of disease. For some people, a visual representation can be easier to understand than words alone.

However, be aware that people can interpret visual information in different ways, which may result in unintended consequences. Take the example below:



The issue with this visual description lies in the bottom left corner (exposure to a small number of airborne asbestos fibres being less likely to result in disease):

- Some people may interpret this as being okay to undertake a small renovation on their home, because there will only be a small number of airborne asbestos fibres and the risk of disease is unlikely.
- Some people may interpret this as downplaying the risks of asbestos, because there is no known safe level of exposure.
- Some people who are communicating about asbestos risk may assume that this is a one-off exposure for that person, but the person may have been exposed many times.

Be aware of these different possible interpretations if you use visual information about risk.

In addition, dose–response models are developed from occupational data (heavy industrial exposure) and extrapolated to low levels of exposure typical of environmental and single exposure events. The dose – response models that are used are subject to considerable debate about the validity of the assumptions made.

Principles to address the challenges

This section of these guidelines builds on Schedule B8 of the ASC NEPM and enHealth Risk Communication Guidance to guide communication specifically for people communicating about asbestos risks.

The ASC NEPM establishes a nationally consistent approach to the assessment of sites that are contaminated with hazardous substances such as asbestos. The ASC NEPM is relevant in both workplace and non-workplace contexts. Although the ASC NEPM is confined to the assessment of asbestos risk for contaminated sites, it includes a schedule in Volume 20 (Schedule B8) that contains general principles for effective risk communication and community consultation.

The enHealth Risk Communication Guidance also contains risk communication principles.

Because most asbestos communicators should be familiar with these general principles they are not replicated in these guidelines, but reference is made to them.

1. Invest in preventive communication

ASC NEPM Schedule B8 principle

Plan carefully

enHealth overarching principle

Plan carefully, but assess quickly

Why this is important for asbestos communication

If communication to prevent asbestos exposure is done well, it means that less time and resources need to be spent on communicating to respond to asbestos exposure.

People may not know what to do to prevent exposure to asbestos, or know about the risk of developing asbestos-related disease after potential exposure.

In non-workplace settings, people may also be unaware of the systems and regulations in place to protect them (such as work health and safety, environmental and public health laws), which did not exist in the past when many exposures occurred.

What to do

Invest in communication to prevent asbestos exposure by raising awareness about the risks. Make an effort to communicate with groups who may not be aware of asbestos risks and may not have been reached with previous messages, including culturally and linguistically diverse groups.

Use responsive situations as opportunities to evaluate, refine and improve communication materials. Real-life examples can help to educate and raise awareness about asbestos risks. Ensure that people know how the exposure could have been prevented, so it does not happen again. Consider the entire chain of events that led to the exposure and communicate preventive messages along the chain to raise awareness.
For example:

- after a bushfire, talk with nearby communities about considering removing any asbestos in their buildings before it becomes a risk
- after a workplace incident, clarify the steps that are being taken to review and revise controls to avoid future incidents.

Examples and case studies

The aim of the Asbestos Safety and Eradication Agency (ASEA) is to oversee national actions to improve asbestos awareness and the effective and safe management, removal and disposal of asbestos. The ASEA website demonstrates communication to educate and raise awareness, including case studies of successful asbestos safety communication. All asbestos communicators should be involved in Asbestos Awareness Week, which ASEA coordinates.

Many state government websites have good information to help prevent exposure to asbestos. These include:

- New South Wales
- Victoria
- Queensland
- South Australia
- Northern Territory.

The Queensland Government also has an example of using an exposure incident to raise awareness of asbestos risks.

2. Provide authority and expertise

ASC NEPM Schedule B8 principle

Coordinate and collaborate with other credible sources

enHealth overarching principle

Choose the messenger

Why this is important for asbestos communication

Authority and expertise are part of building trust and confidence when communicating about asbestos, especially after a potential exposure. Australia's history of asbestos issues and the lack of public trust in authorities can make this particularly challenging.

Authority means that it is clear who the responsible organisation is, what they are responsible for and why they are involved. Expertise means demonstrating an understanding of the scientific basis of asbestos issues, and having appropriate experience or credentials to support your communication.

Importantly, authority and expertise are not always found in a single person or organisation:

- in a workplace exposure incident, the employer has authority but may not have expertise
- an occupational hygienist has the expertise to assess risk, but may not have authority to enforce compliance.

What to do

Authority and expertise may be shown by:

- considering the capabilities and competence of the people delivering the messages – you may need different people to deliver different messages. For example, an occupational hygienist may be the appropriate expert to discuss exposure risk, but disease risk may be better presented by an epidemiologist
- considering who the audience will trust and listen to. For example, the work health and safety regulator may have the authority, but the audience may be more likely to respond if the message is delivered by the union or community leaders
- ensuring that the person delivering the message understands all the facts and can use data and technical detail when appropriate
- linking to reliable and credible sources that are appropriate for the audience, such as the World Health Organization or other well-respected organisation, or primary research or systematic reviews for a technical audience.

Examples and case studies

During the COVID-19 pandemic, it has been common to see state premiers and health ministers providing details of the government's response. These situations often used the authority and expertise of chief health officers to explain the physical health risks, and mental health experts to explain the mental health risks.

3. Be open, honest and factual

ASC NEPM Schedule B8 principle

Be honest, frank and open at all times

enHealth overarching principle

Be honest

Why this is important for asbestos communication

It is important to remember the history of asbestos issues in Australia that led to a loss of public trust in authorities. Be aware that people may be sceptical about the information they receive, or suspicious that not all the information is being provided to them. Trust can easily be lost in this way, and is very difficult to regain.

Openness, honesty and transparency are essential to building and maintaining trust and confidence.

What to do

Demonstrate open and transparent communication by:

- **discussing the risk in a factual way** – do not exaggerate or minimise the risk, or try to reassure people. Acknowledge people's emotions but do not try to manage them, and avoid emotion in your message. Ensure that your message cannot be interpreted as 'spin' or manipulation, which will quickly undermine public trust
- **communicating the benefits in the situation, if appropriate** – for example, 'The school will be safer when the asbestos has been removed, and the removal will be done following strict safety rules'. However, ensure that this does not make people feel like they have not been consulted, or that their concerns and needs have not been taken into account
- **building trust by being trustworthy** – help people find credible information about asbestos, and quickly respond to inaccuracy or misinformation
- **explaining what happened when something goes wrong** – acknowledge when things have gone wrong, without placing blame. People may want to know where the system failed and how this is being addressed.

Examples and case studies

A notification of asbestos remediation at Stanmore Public School in New South Wales demonstrates a calm and factual approach to communicating with parents and carers.

The City of Parramatta in New South Wales manages a range of James Hardie Legacy sites. The website demonstrates a successful approach to open, honest and proactive communication about asbestos risks.

4. Acknowledge uncertainty

ASC NEPM Schedule B8 principle

Be honest, frank and open at all times

enHealth overarching principle

Be honest

Why this is important for asbestos communication

Asbestos issues almost always involve uncertainty, including whether a person has been exposed to airborne asbestos fibres and what might happen if they have. In responsive situations, communication often needs to happen before all the information is available. Uncertainty can also have a large impact on people's perceptions of risk.

It is because of this inherent uncertainty that it is so important to prevent exposure to airborne asbestos fibres.

What to do

Always acknowledge uncertainty, as part of open and honest communication. Denying uncertainty or providing more reassurance than is warranted can undermine trust and confidence.

Always pair uncertainty with certainty. Clearly stating what is and is not known, and what people can do about it, can help people feel in control and build trust.

For uncertainty that will be resolved in time, it can be helpful to:

- let people know how it will be resolved, when and by whom – for example, 'We don't yet know the levels of asbestos in the air at the site, but hygienists are doing tests and we expect to tell you the results tomorrow'
- step people through the process as it unfolds – for example, 'This is the information we have now, this is the information we are waiting for, and this is what will happen next'.

For uncertainty that cannot be resolved, it is essential to:

- explain what is known about the health outcomes of asbestos exposure
- give people actions so that they have some control – such as how to protect themselves from future exposure – but also acknowledge that the outcome of a potential asbestos exposure will not be known for many years.

Early and detailed communication can help you to deal with uncertainty because it shows a willingness to be open from the start. Do not delay communicating because you do not have all the information yet. Instead, acknowledge that there is uncertainty and provide an update when more information is available.

Example – pairing uncertainty with certainty

For all public health communications around asbestos exposure, it is crucial to pair uncertainty with certainty. This can be done by providing clear information on what is being done to fix the situation and prevent future exposure, as well as actions people can take.

Three small fragments of bonded asbestos cement were found in the corner of the school oval, partially buried in soil.	— **CERTAINTY***:* Explain what happened in simple terms.
We do not know how long the fragments have been there.	— **UNCERTAINTY***:* Clearly say who might be involved up front – even if this is unknown.
While this is concerning, bonded asbestos cement buried in soil is unlikely to have released fibres into the air and created a health risk.	— Explain the risk of exposure – try to avoid statements about low risk or high risk (see Challenges in asbestos communication).
We are following all the advice and protocols of asbestos removalists, assessors and other experts.	— Explain the **CERTAINTIES** of who is giving advice, what is being done to keep people safe, and how people can keep themselves and their families safe.
They have removed the fragments, and are testing the surrounding soil. They are also testing soil on other parts of the oval in case more fragments are present. The area is fenced off to keep students, staff and school visitors safe. The fence will only be removed, and students allowed back on the oval, once the experts are confident that the oval is safe from exposure risks.	
We will explain to students why they must stay away from the oval at this time. Please help us to reinforce this message with your children.	
The school community will be provided with updated info after the full testing and remediation. This is expected on DATE. We will send this information to you via email.	— **CERTAINTY**: When will more information be available – give a date and how it will be provided.

5. Give people respect and control

ASC NEPM Schedule B8 principle

Listen to the community's specific concerns

enHealth overarching principles

Actively listen

Clear calls to action

Why this is important for asbestos communication

The perception of the risk posed by asbestos varies from person to person. Some people will be extremely concerned; others will be not at all concerned. Particularly in responsive situations, people may feel that they have no control over the situation, which can increase emotion.

Respecting everyone's viewpoints and giving them an action can help people feel more in control.

What to do

Listen to people's concerns

Do not dismiss people's concerns or act defensively. It is essential to listen to, acknowledge and show that you understand people's concerns. All concerns are valid from an individual's perspective. It is important not to tell people how to feel or how concerned they should be, and not to refer to their concerns as 'perceptions'.

Avoid making assumptions about people and their experiences. For example, a person may have been exposed to a small amount of asbestos in an incident that you are responding to, but they may have had multiple small exposures over their life, which increases their risk of developing disease.

Many people are sceptical of information that appears to be designed to reduce their fear or dismiss their concerns, which can undermine trust and confidence. It is more effective to acknowledge people's emotions and address their concerns with empathy while providing honest, accurate information.

Give people an action

Giving people an action allows them to have some control over the situation, which can help reduce fear and uncertainty. This applies in both preventive and responsive situations.

Actions people can take may include:

- following up on reputable information sources that have been provided as part of the risk communication strategy
- for workplace scenarios, contacting their union or work health and safety regulator
- recording details about a potential exposure on the National Asbestos Exposure Register
- talking to their doctor or counsellor about potential health risks, including mental health, noting that doctors cannot test for asbestos exposure
- not smoking or stopping smoking, because smoking increases the risk of developing an asbestos-related disease.

Ensure that your communication clearly explains why people should take that action. It is important to be clear that actions taken after a potential exposure will not reduce the risk of disease developing. However, they may help to settle concerns. Also make sure people know that the risk of disease increases with every exposure, so they can take control to minimise future exposures.

6. Be collaborative and responsible

ASC NEPM Schedule B8 principle

Coordinate and collaborate with other credible sources

enHealth overarching principles

Be human and develop relationships

Plan for diversity

Why this is important for asbestos communication

Many types of organisations are involved in communicating about asbestos issues. There is a long history of asbestos communication to learn from and build on. There is no need to reinvent the wheel – reuse what has been proven to work.

Being clear about which organisation has responsibility in a given situation can support trust and confidence. Similarly, involving the community in two-way communication builds trust and empowers people with information to be safe.

What to do

Build relationships and work together

Build relationships with stakeholders who might need or want to be involved in any situation – it may be too late to do this after an incident has occurred.

Refer to the Asbestos National Strategic Plan to identify who is involved in the asbestos management system and the types of organisations you might partner with in communications.

Develop a clear chain of communication

When multiple agencies are involved, determine who is responsible for communicating and ensure this responsibility is clear. There should be an agreed process, regardless of who the message is coming from. Ensure that all organisations are involved who need to be involved.

Make sure all communicators know where the latest information will be. This is an important administrative function that can often be underestimated. The correct information needs to be available and accessible, so that there are no misconceptions about risk, and to ensure transparency in communication.

Tell people (including the public, if needed) who is involved and what their roles are.

Be responsible

People may feel like they get passed from organisation to organisation because the remit of each is not clear. For example, one organisation may not be legally permitted to provide advice on a certain issue, but they can refer the person to another organisation who can advise on that issue.

Ensure that you clearly explain this to people. This helps maintain trust and confidence when people are referred to another organisation. Help people understand which organisation is responsible for which types of issues.

Ensure two-way communication

Community engagement empowers people to be part of the process, and builds trust and confidence. Ensure that people are aware of how they can provide feedback, and actively encourage feedback. Put processes in place to document feedback, review and reflect on it, and incorporate it into future communications.

When planning preventive and proactive communications, take the time to consult with stakeholders and refine your products. Engage with your communities in a variety of formats (from town hall meetings to social media) to better understand their information needs and concerns, and develop communications that meet these needs. Ensure that the communicators who are involved in community engagement are appropriately trained for these situations.

See Section 5 of Schedule B8 of the ASC NEPM for details of the advantages and disadvantages of different community engagement techniques.

Examples and case studies

The ACT Government Asbestos Response Taskforce was established in 2014 to coordinate the removal of properties affected by loose-fill asbestos (known as 'Mr Fluffy' houses) in the Australian Capital Territory. The taskforce established partnerships with industry and community organisations, and is an example of successful community engagement.

The La Trobe Valley Asbestos Taskforce is another example of successful community engagement and collaboration.

The NSW Asbestos Blueprint is a guide that helps government agencies and organisations to better understand and coordinate their regulatory roles and responsibilities. It also provides the public with a clear description of the regulatory landscape.

How to craft a preventive message

Communicating to prevent asbestos exposure should aim to empower people with the information they need to be safe. This involves both creating awareness about asbestos risks and educating people about safe practices when dealing with asbestos and ACMs. Information needs to be clear, simple and easy to understand, so that people know exactly what to do.

Create a behavioural objective

Be clear about what you want your audience to do. Think about:

- what behaviour or action you want to occur
- who needs to perform this behaviour or action
- when or where it needs to happen.

Also consider:

- what currently exists that is stopping people from doing the desired behaviour (barriers)
- what currently exists that is helping people to do the desired behaviour (enablers).

Common barriers and enablers associated with asbestos management are:

Barriers

Asbestos is contained in many materials – it is hard for individuals to identify its presence in the home or worksite

The effects of asbestos exposure are often felt many years after exposure, hence its risk is easily dismissed in the moment

Enablers

Media coverage and personal experience with asbestos creates greater mental availability and awareness of asbestos

Seeing or hearing others safely dispose of asbestos is more likely to increase compliance

Good behavioural objectives:

- Describe behaviours, not attitudes.
- Express a clear time or opportunity when the action can be done.
- Can be measured, so you can track success.

Draw on people's automatic reactions

Look for ways to simplify the message so that people have an instant reaction to it. This is also known as 'System 1 thinking' and relates to the brain's fast, automatic and intuitive response. This means that people can react to the message without having to engage any conscious reasoning or logic.

Use clear, straightforward language that emphasises the risk and that the damage cannot be undone – for example, 'Asbestos causes cancer'. Avoid technical language (where appropriate).

Example behavioural objective for raising asbestos awareness among home occupiers

Behavioural objective: To have a home occupier be aware of the likelihood of ACMs in the home, understand the harm asbestos causes and exercise caution around those ACMs.

Renovations
To have a home occupier pause and contact a professional before undertaking renovations

Damage to property (fire or storm)
To have a home occupier pause and contact a professional to assess the damage

Minor maintenance
To have a home occupier use adequate PPE to handle and appropriately dispose of ACMs

Damage to property (human-made)
To have a home occupier undertake precautionary action to prevent or minimise asbestos exposure before contacting a professional

Environmental exposure
To have a home occupier identify possible environmental sources of asbestos, avoid contact and monitor for deterioration

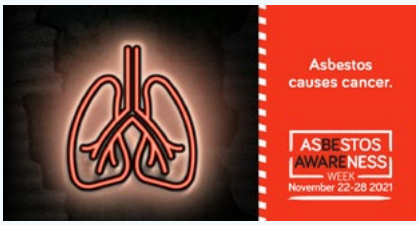
Use visual aids where possible. For example:

- Use imagery that rapidly and easily shows the common locations of ACMs in the home and workplace setting.
- Use imagery that brings to life the immediacy of exposure if ACMs are disturbed.
- Use imagery that highlights the dangers of asbestos exposure, such as a diseased lung.

Identify mental shortcuts

A simple rule of thumb (called a heuristic) can distil a lot of complex information into something that is clear and easy to remember. This can help people make quick decisions and judgements.

For example, a rule of thumb for home occupiers might be 'Many homes built before 1990 contain asbestos'. This is a simple way to help home occupiers or duty holders assess the likelihood of asbestos being present. It makes it instantly clear whether the risk applies to them based on an objective measure (year of build) and removes any subjective assessment about risk.



These examples, from National Asbestos Awareness Week 2021, show the use of heuristics and mental shortcuts. These include the '1 in 3 homes' fact, which has been shown to prompt consideration and caution, and the 'homes built before 1990' fact, which is a heuristic shown in research to be effective at being remembered by the reader. The cancer image is effective in its immediacy and simplicity.

Decide the call to action

Be specific about what you want people to do. A simple call to action like ‘Call an asbestos professional’ makes it clear what the recommended action is.

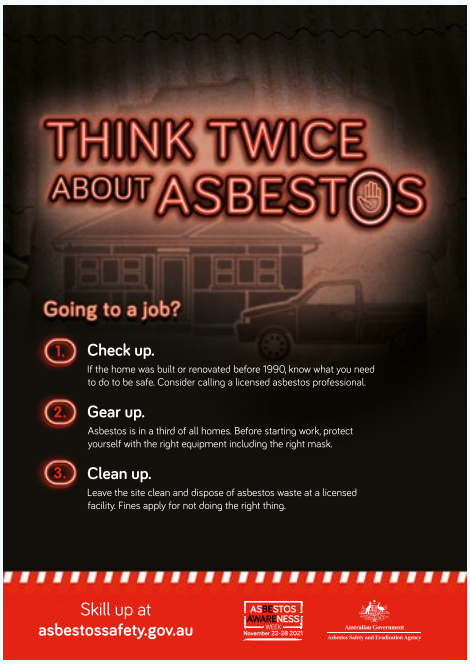
Chunk information

Dense text across multiple pages creates cognitive strain. Breaking down information into smaller sections makes the content easier to read and understand. Use headings, boxes and dot points to simplify your information.

Breaking down tasks into parts makes the tasks seem much more achievable. Use language such as ‘simple steps’ to emphasise the feeling that the task is manageable and easy.

Focus on your specific audience and only include the information they need, not all possible pieces of information.

Use layers of communications so people can find the level of detail they need. For example, a simple dot-point summary could include a link to more detailed information.



These posters from National Asbestos Awareness Week 2021 show these strategies combined into single posters, including: (1) simple steps, (2) chunking of information, and (3) mental shortcuts and heuristics – including the 1990 date.

Frame the communication

The way information is presented – how it is ordered or framed – has a significant impact on people's decision making. Try to frame your communication in a positive way by clearly telling people what they can do to be safe and avoid exposure, rather than focusing on the negative consequences.

In some cases, it may be useful to compare the risks of asbestos to other, more commonly understood risks that people can relate to. However, this depends on how well your audience understands the comparator risk, and how they perceive that risk. Comparisons can sometimes create more confusion than they resolve, or can be used inappropriately.

For example:

- comparing the risks that home occupiers face to the risks that asbestos miners faced in the past is an extreme comparison that does not help people make appropriate decisions
- framing certain activities as 'low risk' undermines the threat of asbestos exposure and may give people a false sense of security in undertaking those activities.

Other hazards – particularly other non-threshold carcinogens – share some of the factors that make communicating asbestos risk challenging. These can provide useful comparisons but should be drawn on carefully, and the similarities and differences to asbestos exposure should be pointed out. Some examples are in the table below.

Hazards	Similarities to asbestos	Differences to asbestos
Sun exposure	We protect ourselves against the sun because we know it causes skin cancer. Being exposed to the sun does not mean you will get skin cancer, but it increases your risk. The likelihood of getting skin cancer increases with the number and intensity of the exposures.	We need a small amount of sun exposure for healthy vitamin D levels. But no amount of asbestos exposure is healthy.
Smoking	We encourage people to not smoke because we know it causes lung cancer. Not everyone who smokes gets lung cancer, but the likelihood of getting cancer increases with the frequency and duration of smoking.	Smoking is a tangible thing that people can often choose to be exposed to. But asbestos can be perceived as 'invisible', and people can be exposed involuntarily.
Driving	Driving has many risks, but we manage these risks through legislation, regulation and enforcement: • people need a licence before they can drive • safety controls like speed limits and seat belts help people keep safe • breaking the rules has legal consequences. Similarly, for asbestos: • people should have training and (in some cases) a licence before they work with asbestos • safety controls like prohibitions, exposure standards and safe work practices help people manage asbestos safely • breaking the rules has legal consequences.	You always know when you are driving a car and how fast you are going. You don't always know whether you are handling ACMs or whether you are being exposed to asbestos fibres. There is also not a comparable exposure risk or outcome because car crashes lead to acute injury, while asbestos exposure may lead to chronic disease.

How to communicate in response to potential asbestos exposure

Every asbestos response situation is unique, and risk perceptions will vary between individuals and groups. This means that there is no standard approach. Communication must be tailored to the specific situation. It may be helpful to work with professional communicators to ensure that your communications are effective.

There are many information sources about how to create clear and effective communication. These guidelines do not attempt to cover these fundamental communication skills. However, the following information is especially relevant to asbestos communication.

Identify your audiences

Identify all stakeholders who need communicating with, as well as their area of focus, their particular needs and concerns, and their preferred language (including language style and languages other than English).

Some questions to guide this consideration include the following:

- Where did the exposure occur – is it a workplace, a public place, or both?
- Was the exposure outdoors (such as soil contamination) or indoors?
- Was the exposure contained within a known community (such as a school or workplace) or far reaching into the public?
- What was the magnitude of the potential exposure?

Some events may need several pieces of communication for different audiences. For example, if asbestos dust was found during renovations at a school, the school could develop two pieces of communication:

- one for parents and staff that would contain detailed information
- one that would be available for the entire local community and would include more general information.

Both pieces of information should be easily accessible for anyone who wants them. A separate piece of communication could also be developed by the work health and safety authority for the workers who were involved, the school community and the general public.

Decide on communication formats and channels

The communication format is the way it is presented – for example, as text in a brochure, as an infographic or as a direct conversation with people. The channel is the method you use to do the communicating – for example, distributing brochures in a community, publishing an infographic on social media or holding a town hall meeting.

Choose the appropriate format and channel for your communication depending on the specific scenario. Be flexible and tailor your approach according to who you are communicating with and your purpose.

You may want to use multiple formats and channels because people gather information in different ways. Some people prefer a website, others prefer a simple dot-point summary, others prefer to speak to someone. Find out how and where your audiences get their information and use those channels to communicate.

Varying levels of technical, scientific or regulatory detail will be needed for different audiences. Use layers of information – from simple key messages to detailed technical information – to cover all audience needs.

Ensure that people have the information they need at the time they need it by considering the entire information journey for each audience, and providing information at various points along that journey. Always include an option to speak with someone, so that people can ask their own specific questions.

It is important to remember that written communication can be interpreted differently by different people. It is also harder to convey tone and nuance in writing than in a conversation, and it is impossible for written communications to cover the circumstances of all people in the group.

Develop the message

Use plain language that is concise and to the point. Keep to the facts – although your audiences may be emotional, your communication should be empathic rather than emotional. Ensure that communications are consistent for each setting, and also consistent both within and between response incidents.

Your communication may need to address some or all of the following issues about risk:

- the risk that people have been exposed – past exposure is usually impossible to quantify but needs to be addressed
- the risk of developing disease – people who may have been exposed are likely to be mainly concerned about the impact that the exposure may have on their health
- the risk of further exposure – people may be concerned about whether it is safe to return to the site and what is being done to prevent further exposure
- how likelihood and consequence are used to determine the level of risk – for example, even if the likelihood (chance) of exposure is low, the consequences of potential exposure (asbestos disease) can be very high.

Be timely

Be timely and proactive with your communications. A lack of information can contribute to concern and distrust among audiences. Rapid communication in response to an asbestos incident can help prevent this. Always be proactive, and communicate early and often.

You may need to communicate before you have all the information. Ensure you communicate this uncertainty and follow up when more information is available. It is far better to communicate early and update regularly than wait until you have all the information.

Thorough planning can help provide timely communications in responsive scenarios. Understand the communications system and who needs to be involved in different situations.

Meet the needs of the media

Asbestos exposure events are often of interest to the media, even if they are relatively small events. This is especially true for schools or other public buildings, or any incident where there is a perceived lack of transparency.

There is often a tendency to sensationalise asbestos exposure events or look for examples of information being hidden. This is linked to Australia's history of poor response to asbestos exposure.

It is essential to:

- communicate with people who are potentially affected by the situation before the media reports on it
- respond to the media quickly, clearly and carefully, even if you don't yet have all the information
- give the same information to the media as you gave to people who are potentially affected by the situation. Use the exact same words, where possible
- think carefully about who will be the spokesperson for the media. This should be a person of authority who is trusted by the community, but who is also close enough to the event to be empathetic. A neutral asbestos professional may also be helpful in larger exposure events.

Not responding to media requests often fuels the perception that there is no response, that the response is lagging somehow, or that something is being hidden.

Resources

Guidance on creating clear and effective health and risk communication materials includes:

- Environmental Health (enHealth) Standing Committee. enHealth Risk Communication Guidance: Risk Communication Principles
- National Environment Protection (Assessment of Site Contamination) Measure 1999 Schedule B8: Guideline on Community Engagement and Risk Communication
- Public Health Research and Practice, Communicating about risk: strategies for situations where public concern is high but the risk is low
- Cancer Council Australia, The birth of Slip, Slop, Slap and the science behind nation-wide behaviour change
- Australian Government Department of Industry, Science, Energy and Resources, Inspiring Australia resources for communicating science
- Peter Sandman risk communication website
- OECD *Tools and ethics for applied behavioural insights: the BASIC toolkit*
- CDC *Health communication playbook*
- WHO resources on risk communication.