

STS approach with Kurumaza dialogue for residents including mediators.

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Purpose of risk communication

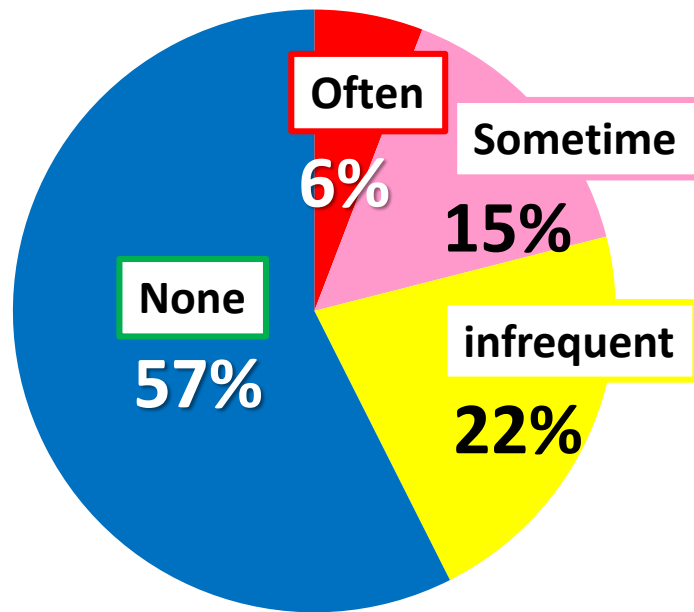
1. to support citizens in understanding about the risk level.

1. Sharing the accurate information

2. Suggestion from the expert

2. to support citizens to make their own decision.

How often radiation anxiety cause problems in your life? (in this 1 month?)



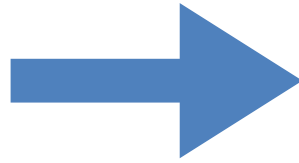
Feb-Oct 2015



**Around 40 % people
have real problem in
their life.**



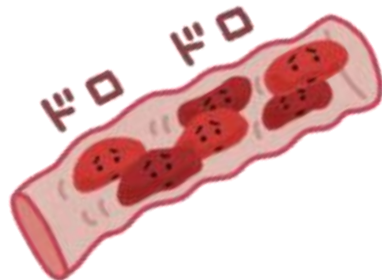
Refuge Life



Obesity



Hypertension



Hyperlipidemia



**Glucose
Intolerance**



**Liver
Dysfunction**

**Most of people don't know
what the real health problem is.**



Health Consultation

- We started health consultation May, 2012 with local governments (public health nurse) of evacuation areas.
- Target: Residents
- We accept all kind of health consultation.
- 4,889 cases (FY2012-2015).



We realized that people faced wide range of non-radiation (social) issues

Reason people hesitate to open up their mind

- **Individual conflict**
 - due to difference of perception
 - due to monetary compensation.

Reasons people cannot return to their original town

- Collapsed **social foundation**
- Lost **social relationship (community)**
- Wild animals

There was Big Wall between Individuals and Experts

- Basically, Japanese individuals hesitate to express their sensitive anxieties.
- Residents observe “new supporter (≡ outsider)” is reliable or not, during consultation.
- They could not express their taboo to unreliable “new supporter”



Personal Consultation

- We can response to personal situation.
- But, we sometimes could not go to the core of issue because of resident's personality, our poor communication skill and vague distrust in limited time.



Round Table Dialogue

- Group discussion can build a sense of ease.
- Same background group have common problems.
- It is difficult to say something in front of people by shy characters.

1. Round Table with Young Mothers in Hirono town

- Every 2 months.
 - Managing with local public health nurses
 - Group work: 5-10 mothers
 1. Free time to write down the question, anxiety and opinion to the cards (anonymous approach)
 2. Group work: categorizing issues together
 3. Small lecture and discussion about their problems
 4. Next theme

Mothers Meeting (1)

- Some of young mothers didn't attend to "radiation lecture" at the initial phase.
- But, they couldn't receive accurate information when they become pregnant.
- It is hard to express their real anxieties because of shy character and peer pressure in the reconstruction momentum.
- But, they can share through opinion anonymous card session.

Mothers Meeting (2)

- Their comments include all kind of local problem.
 - Safety of radiation, disagreement among friends, problems of mother in law, etc.
- They can understand easily because it is self-expressed issue.
- Expert should do listen everything and sort their problems and discuss about each issue.
- Participants observe the expert's attitude, carefully. Therefore, many of them can express their true opinion at the end of session without card.
- It is regular and opened dialogue project.

2. Food Party with Local Seniors in Hirono Town

1. Obtain the food at local market with radiation consultant.
2. Cook and eat together.
3. Check the cesium level of the cooked dishes.
4. Whole body counter.
5. At the same time, they start the monitoring of external dose (2 week).
6. One month later, I explain them the results of surveys.
7. They can understand their own data easily.

Local People Participatory Approach

Dialogue with Local Seniors

- Targets are residents of local community.
- They are not good at “difficult” story of radiation basics. Actually, many of them get tired of hearing the “difficult” lectures.
- They want to know what the real threat is, in their usual life. “Our veggies are safe or not.”
- We prepared
 - Participatory analysis of food, internal contamination and external dose.
- But, they change to ask us wide range of question at the end of the session. I responded all kind of health consultation.

Daily Life and Real Problems in Refuge/ Local Life

Trusted Local key person

Public Health Nurse

Experts from University

Radiation issues

Sense of belonging to the community is important.
But, dialogue and discussion without medical
viewpoint is not effective.

Because “radiation issue” is one of core issues.

Who Can Care such Tangled Situation?

- Principle of “Trust” is
 “To share significant values and goals” .
 (Salient Value Similarity Model)

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- Basis of radiation anxiety is health anxiety.
- Goal of medical professional is
 “Resident’s overall health”.
- Medical /health professionals are the best suited for the communicator of mixed anxieties.

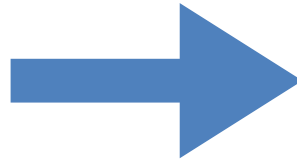


Required Facilitator's Skills

- Knowledge of radiation basics,
- Understanding of dose related health effects,
- Understanding the concept of risks,
- Understanding for some kind of difficulties during the communication,
- Understanding of the specificity of “radiation risk communication” including social and psycho-social aspects,
- Skills of confidence-building,
- Skills of problem resolution in various situation.



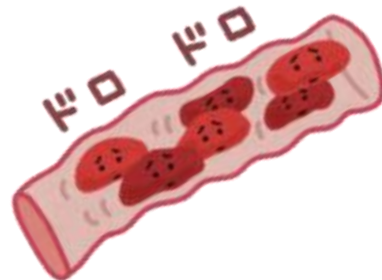
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Responsibility of Medical Professionals

Not only

“To convey the information”,

“To leave a decision up to them”,

But also

“To improve the public health finally”.

Medical professionals should stimulate

“Own awareness” and “voluntary initiative”.

**But it is based on the confidential
relationship.**

Multilayer communication should be continued

Especially,

- We have been supporting the voluntary communication by round table with local mediators in addition to personal consultation.
- They can understand the local socialized issues.
- Dialogue conducted by expert should be changed to local initiative.
- It is quite important to cultivate the local communicators (facilitators).