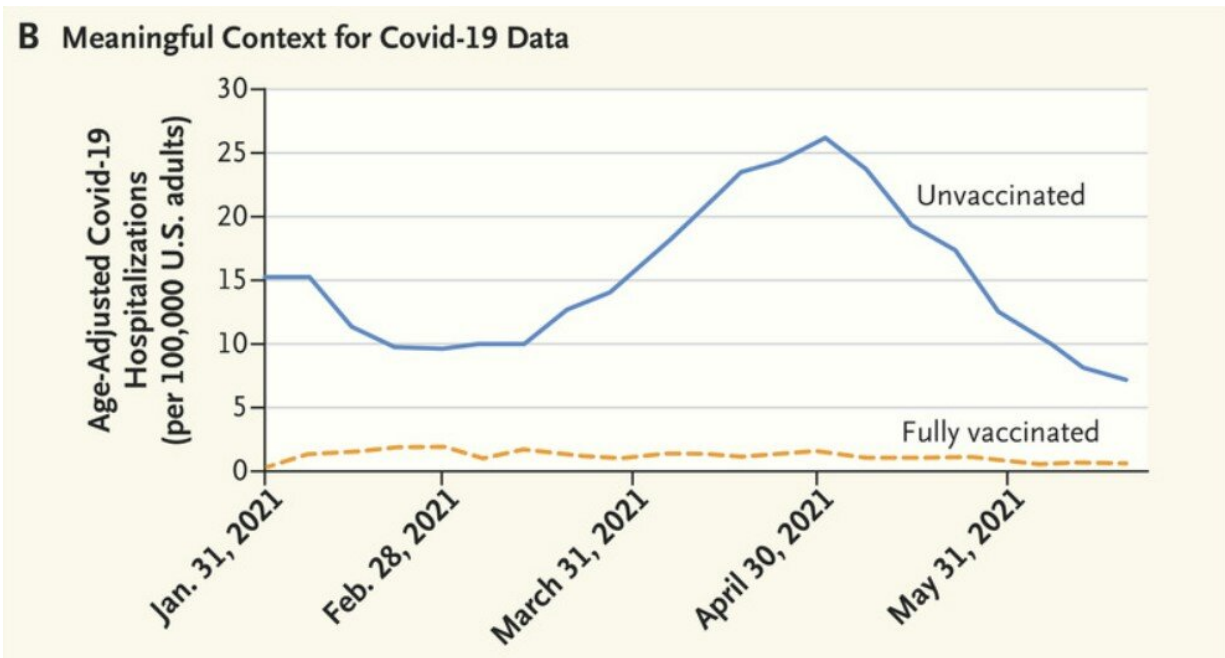


Better communicating the health effects of climate change

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Credit: *New England Journal of Medicine* (2022). DOI: 10.1056/NEJMp2201801

Health professionals could better communicate the health effects of climate change by using information that promotes action rather than confusion, according to a recent article by a University of Oregon researcher.

Professor Ellen Peters, Philip H. Knight Chair and director of the UO Center for Science Communication Research, was lead author for the article, "Communicating Statistics on the Health Effects of Climate Change." It was published July 21 in the *New England Journal of Medicine*.

Peters and co-author Dr. Renee Salas, of the Center for Climate, Health, and the Global Environment at the T.H. Chan School of Public Health at Harvard, translated research findings on the increased deaths from [extreme heat](#) that can be attributed to [climate change](#).

Peters spoke with a University of Oregon communications specialist about the journal commentary and what it means:

Your commentary talks about the way that health care professionals are also science communicators, interpreting statistics and research to inform patients. How can health care workers help educate the public on climate change's health effects?

Because they're trusted messengers, [health professionals](#) can educate the public on the health effects of climate change by providing the facts strategically, in ways that people can grasp. They can make their messages even more powerful by also including narratives, example stories about climate changes' impact on people's health, to help patients understand the very real connection that exists between climate change and health and its relevance to their lives today. Finally, they can suggest concrete, doable steps that patients can take. Doing so can help to avoid the hopelessness that climate change sometimes elicits, replacing it with confidence and action.

You say that statistics can earn people's trust. What is the best way to convey such data to the public?

Statistics are just numbers. When health professionals simply data dump on patients, those patients can feel overwhelmed and not understand. Instead, health professionals should start by deciding on a goal for the communication and then they should thoughtfully and strategically choose how to present the information. A number of key strategies exist, including: 1) providing a meaningful context such as through the use of comparisons; and 2) reducing cognitive burden, which might mean not providing all of the information at once or might mean doing any math rather than requiring patients to do so.

There is an example in the commentary of journalists using data and statistics without proper context. How can journalists do better?

They can learn evidence-based techniques to help data come alive for people. In my class on science communication and decision-making, for example, we go through both psychological theory and concrete examples of how journalists and other communicators can draw attention to important numbers, reduce how difficult they are for people to understand, and help people understand not just what the numbers are but what they mean for the decision at hand. By teaching both theory and examples, students learn how to present numbers in specific situations and how to extend theory about presenting numbers into other situations they face.

The commentary says that people 'can be easily tripped up by overly complex information.' How do we break up a large topic, like climate change, into

easier to understand pieces?

When it comes to the enormous topic of climate change, I'd recommend looking at a single example at a time and preferably an example that is relevant to your life and local community. In the Pacific Northwest, for example, heat events are something we all can, and will, feel. Climate change is making heat waves worse, and it's amplifying droughts as it intensifies wildfires. At the same time, it is increasing heat-related mortality, having adverse effects on asthma and heart disease, and increasing heat-related mortality (you can see more on this topic in our commentary). Find out how and when extreme heat days might affect you and how you can protect yourself. That might involve staying indoors on particularly hot days and knowing where cooling centers are in your area, especially if you don't have air conditioning or your power goes out. It might involve thinking about how others in your area might be affected and what you can do to help, whether it's donating money or time or calling your congressional representative to take actions that reduce the burning of fossil fuels to tackle the root causes of climate change.

How does this commentary relate back to work you are doing at the UO?

As a decision psychologist and director of the Center for Science Communication Research, I study and teach about the basic building blocks of human judgment and [decision-making](#) and their links with effective science communication techniques. I'm particularly interested in the impact of statistics and [emotional responses](#), both of which are critical to perceiving the health risks of climate change and acting to reduce them.

Because about a third of U.S. adults are innumerate, presenting numeric

facts to people without considering their comprehensibility and usability is like throwing good money after bad. Therefore, communicators need to present numbers in ways that make sense to people who cannot easily grasp them otherwise.

This fits in perfectly with our mission, which is to make complex science useful to improve people's lives. Climate change is arguably the most important issue facing us today. By helping the public understand these interconnected issues of climate change and health, we can protect health today and motivate action toward an equitable transition away from fossil fuels.

More information: Ellen Peters et al, Communicating Statistics on the Health Effects of Climate Change, *New England Journal of Medicine* (2022). [DOI: 10.1056/NEJMp2201801](https://doi.org/10.1056/NEJMp2201801)

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