

The contribution of communication to health - a study on radio communication about risk in greater São Paulo

A contribuição da comunicação para a saúde: estudo de comunicação de risco via rádio na grande São Paulo

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Resumo

Este artigo analisa, a partir da programação das rádios comunitárias “8 de Dezembro”, situada na cidade de Vargem Grande Paulista, e “Cantareira”, na Vila Brasilândia, município de São Paulo, e dos discursos de seus ouvintes, como ocorre a comunicação de riscos sanitários inerentes ao campo da vigilância sanitária e qual é a influência sobre seus ouvintes. Foram analisados documentos produzidos pela rádio sobre saúde e vigilância sanitária e realizadas entrevistas qualiquantitativas com 106 ouvintes. Utilizou-se a metodologia do discurso do sujeito coletivo (DSC), que une o aspecto qualitativo ao quantitativo da pesquisa. Posteriormente os dados foram tabulados com a ajuda do software Qualiquantsoft. Concluiu-se que as rádios comunitárias podem ser um espaço de comunicação em saúde pública, por meio de processos educomunicativos, ou seja, podem ter um papel educativo sobre a população, estimulando a comunicação de riscos sanitários de forma mais eficiente e democrática. Na educomunicação, a recepção é crítica e interage com a emissão, ressignificando a mensagem a partir das experiências de vida local, social, cultural, educacional, religiosa etc.

Palavras-chaves: Riscos sanitários; Saúde; Educação; Comunicação; Comunicação em saúde; Educomunicação.

Abstract

This paper aims to analyze how the communication of public health risks takes place and the influence of these messages on the listener's lives, through community broadcasting ("8 de Dezembro" located in Vargem, Grande Paulista-SP and "Cantareira", located in Vila Brasilândia, São Paulo-SP) using statements by their listeners. Documents produced by the broadcasters on health and health surveillance and quali-quantitative interviews with 106 listeners were analyzed. Collective-Subject-Discourse (CSD), which combines the qualitative and quantitative aspects of research was the methodology used. Next, the data were tabulated using Qualiquantsoft software. It was concluded that community radio can be a space for communication on public health, using edu-communicative processes, i.e., it may play an educational role in the community, encouraging the communication of health risks in an efficient and democratic way. In edu-communication, reception is critical and interacts with the broadcast, giving the message new meaning based on experiences of local, social, cultural, educational and religious life, among others.

Keywords: Health Risks; Health; Education; Communication; Health Communication; Educational Communication.

Introduction

This work is the result of research which aimed to study the relationship between areas of health care and communication and how this relationship can be a relevant factor in the discussion of the populations' rights to quality of life and to better health care conditions.

Widening the communication horizons between the health care area and the community, represented by the different sectors of which it is composed, depends largely on the means of communication. The media, in its most diverse vehicles of communication, plays an essential role in this context, be that in divulging guidance and information of collective interest regarding basic sanitary practices, or be it in forming public opinion regarding promoting health care as a citizens' right.

In the field of communication, interest in the media used for scientific and health care topics is growing. The space in print journals and the time in radio and television news given over to information and news regarding science is significant, especially that which touches on impacts to people's everyday lives.

In this growing inter-relationship between the communication and health care fields, the idea of knowledge about risk, and the possibility of producing this knowledge, makes itself felt. The concept of "risk society", developed by sociologists such as Ulrich Beck and Anthony Giddens (Beck, 1992), concerns the capacity of the individual, in post-modern society, to establish a continuous review of their attitudes and behavior based on new scientific information or knowledge about aspects of their social life. This reflection helps us to think about the role communication plays in health care, especially the means of communication in providing a vehicle for this information.

Using these reflections as a starting point, we began this work by analyzing the conditions in the area of communication in Brazil, which shows conflicts and inequalities, producing a BELÍNDIA¹ scenario.

¹ BELÍNDIA - Term coined by the economist Edmar Bacha, in 1974, to define what would be the income distribution in Brazil at that time - a combination of small, rich Belgium and an immense, poor India. The economist finds this expression to be valid still when defining the current distribution of wealth in the country, due to inequalities which exist based on combining first and third world realities.. <http://www.alanhenriques1.hpg.ig.com.br/belindia.htm>

The phenomenon of community radio appeared as an alternative from the 1970s² onward, with popular participation and practicing citizenship, which enabled the masses to make use of the as resources in the world of communication, which until then had merely served the elite where income was concentrated, freeing them and making them protagonist in the process of constructing knowledge using means of communication. Currently, media resources are still concentrated in the hands of a few levels of society, but the forms of alternative communication are multiplying in the country, providing the masses with instruments with which to access a variety of information and even producing their own means of communication, thanks to facilities and the falling price of equipment, enabled by the development of NICT (new information and communication technologies).

On the other hand, the current public health care situation in Brazil, an evolution of the struggle for health care reform which culminated in the formation of the *Sistema Único de Saúde* (SUS), established in the 1988 Constitution, poses the challenge of understanding the meaning of this system today, both in terms of rights achieved and of what is still to be done to improve it and ensure the population effective rights concerning health care, within the logic of social inclusion.

In this context, we also analyzed how the concept of risk has been constructed historically in our society and the role of communicating risk as an objective of preventing, decreasing and eliminating it. From the same perspective, we analyze the role of health care surveillance in managing and communicating health risks, as a way of improving the population's quality of life and protecting the environment.

The word "risk" dates back to the 14th century, although it gained the connotation of danger only in the 16th century. Risk is a broad term, with various meanings but which, today, tends to be used in almost all areas, although it is a term most consolidated in those of economics and health, being used to refer to the probability of the risk or as a metaphor for danger (Spinke et al., 2002).

The concept of risk is a reflection of the reorientation of individuals with future events, in a kind of "domestication of coming events" (Spink e col., 2002, p. 151). For the authors, if before the modern age danger implied fatality, now it is reframed into possible control.

Risk and the perception which one has of it cannot be focused on without considering the historical context which produced it, especially in what concerns the relationships with geographical space, the ways of occupying the territory and the social relationships characteristic of the period. According to Veyret (2007), the territory of contemporary risks, natural as well as technological and social, are largely consequences of political or economic choices, which cannot be understood in isolation from the context of a specific period.

In the field of health care, the term risk has differentiated itself in what Luiz (2006) names "self-management: it is assumed that, given enough information, individuals will adapt their behavior, eliminating all risks and thus achieving full health" (p. 81). This assumes that risk prevention work means, through probabilistic processes, predicting, preventing, reducing and even avoiding risks to individuals' health.

Use of the concept of risk in modern society is more and more linked to natural phenomena or those provoked by human activity, so present in contemporary everyday life. The phenomena of modern risk are dynamic and mutable, also influenced by complex knowledge and new technology. This unpredictability has shaken historical and even scientific "certainties".

Society, in the context of the risks mentioned above, charge scientific institutions, public bodies or civil organizations with the social function of creating organs and institutions to control, normalize and regulate social practices which minimize, reduce or avoid possible risks to which the societies are exposed. However, these institutions, faced with the dynamism with which new risks are produced and supported by science and technology, are constantly challenged to respond to the phenomena which occur so rapidly and continuously.

2 "period strongly marked by censorship, due to the military dictatorship, alternative means of communication began to appear in Brazil, struggling for democratic rights. Among them, so-called pirate or community radio. Today, the political scene is different, but the phenomenon continues to grow." (Agência Cidadã, 2011).

On the other hand, the common sense which predominates in modern society about the power of science and the State to protect the citizen from the risks to which they are increasingly exposed, and to which a response is not always given, leads the citizens to create and seek more and more individualized or metaphysical solutions to explain the phenomena which afflict their lives and to prevent the risks to which they are exposed (Lefevre and Lefevre, 2004).

The role of communication as a conductor in the relationship with risk is essential in today's society, marked by breaks with paradigms and certainties; thus, in addition to being the "risk society", it is also the "information society" (Beck, 1992, p. 72-90). This scenario elevates the communication processes to a privileged status, a form of mediation essential in the collective understanding of the concept of "risk" or to what risks this society is exposed, and how it should position itself when dealing with them in order to avoid, reduce or prevent them.

Thus, using the concepts of "risk society and "information society", this research aims its analysis at understanding the role of communication processes in managing risk situations inherent in the world in which we live and to contemporary man, understanding that risk is important in the discussion of the political role of health protection.

Observing the relationship in the two fields of knowledge of communication and health, we underline the history of this relationship in Brazil and its advantages in education, health care, as a driving force in popular participation in managing health care processes. The "meetings" of communication and health care do not always occur in the form of epistemological constructs. But through timely initiatives in which the areas of health care try to incorporate communication strategies into their everyday work.

With the advent of studies of epidemiology occupying health care actions, the communication practices of health institutions start, in this context, to take charge of performing a no-rational dimension of planning, seeking to respond to a certain "spirit of reluctance" in individuals in adjusting to the norms and priorities defined by the health care administration (Pitta, 1994. p. 243).

This logic of functionalist communication influenced communication and health care policies throughout the history of public health in Brazil, that attempted to disclose the "reception" (individuals receiving communicative messages) of health messages through a technical discourse which increasingly disempowers the reception, the "general public", the "target population".

Lefevre and Lefevre (2004) state that there is a structural deadlock in the communication processes which opposes, on the one hand, the health discourse presided over by the health care authorities/health care professionals and, on the other, the population/users/clients/consumers of health care services and products, each of whom with their views on what health is. These two fields talk about health/disease from two opposing points of reference. The health care authorities/health care professionals talk about health/disease from a technical-scientific perspective, and the population understand health/disease from a commonsense perspective. This causes an imbalanced communicational relationship, as in the society in which we live, technical-scientific discourse is legal, socially authorized, whereas the population/common individual discourse is "lay, unauthorized, prosaic, illegal, uneducated, because it comes from everyday experiences" Lefevre and Lefevre (2004. p. 256.).

However, if on the one hand, this is the dominant logic of institutional health care actions, on the other, in Latin America from the 1960s onwards, in reaction to the described communicational model, theories appeared which placed reception as the protagonist in the communication process, considering the message as a dialogue of mediation between broadcast and reception. An example of this type of theory is educator Paulo Freire's (1982) criticism of the model of knowledge operant in Latin American rural development programs, criticizing the "Agricultural extension" and also reflected in criticism of "health care agents" equipped with their "educative and health care techniques". (Teixeira, 2006). It is the dialogic model of communication or the theory of critical reception.

The institutional communication developed by the health authorities and health care services almost always possessed an asymmetrical element

of prescription/obedience. The greatest challenge is recognizing the social views that the population hold with regards to the health/disease process and whether this relationship changes based on their own everyday experience, from the perspective of children, adults, the elderly, women and worker. We believe that a dialogic communication can be developed, respecting these concepts and moving from the situation of the State having the power over the citizen to a situation in which the citizen is empowered with their citizens' rights ("*power over*" para o "*power with via empowerment*"), as stated in Lefevre and Lefevre (2004).

From this perspective, communication is not only an official discourse on health care, to be heeded, but also a range of discourses from a variety of broadcasters/receivers which interconnect. Thus, a rich field is found in which to construct communicational ecosystems³. In this way, social participation is enabled and enriched in the democratic construction of public health. Understanding this democratic construction as political participation by the population, through social control (a principle guaranteed in the 1998 Constitution in Law 8080 which regulates the creation of the health care system - Sistema Único de Saúde), demonstrating its importance.

Given this situation, we took edu-communication (Soares, 1993) as a theoretical framework, as the most efficient and democratic model of communication compared with other theories of communication with regards to forming citizenship, and the most suitable to the practices of diffusion via community radio. Thus, it is a means of communication characterized as a two-way and not unidirectional process. In edu-communication, the reception is critical and interacts with the broadcaster, giving the message new meaning based on experiences of local, social, cultural, educational and religious life, among others.

Through edu-communication, we can also see that the world of community radio empowers the

population in the process of social control of health care managers, as well as control of agents of health risks to which the population are exposed daily.

In the view of the World Association of Community Radio Broadcasters (AMARC), community radio (CR) are a completely free broadcasters and can operate in a variety of places, including in rural and isolated areas, always in a cooperative and participative way, with alternative, popular and educational programming. On this basis, they can operate in societies without making a profit, in cooperative regimes or survive based on donations from users and listeners. They may even support themselves on resources from international institutions sympathetic to the cause (Coelho Neto, 2002).

AMARC gives some characteristics of what community radio can be. For the association, such broadcasters encourage citizen participation, defending their interests. Thus, they better achieve their aim when catering to the tastes of their listeners, telling the truth, collaborating in solving problems, debating ideas from all sections of society, encouraging cultural diversity and, in particular, not bowing to large companies and mega-interests imposed by the dominant market⁴. Historically, community radio was used to express the thoughts of those who did not have a voice and to open channels of communication and information for them (Coelho Neto, 2002).

Community radio is aimed at an audience on a low income, identified by their culture, thus becoming attainable for a specific population group. The type of programming which they provide cannot be addressed by large broadcasters. Whether that is advertising of a bakery, butcher or grocer who could not otherwise see their advertising and offers popularized, or the adolescent who would otherwise have difficulty sending a birthday message to friends (Coelho Neto, 2002).

According to Bastos⁵, a small, provincial community, or segment of society prefers to tune in to broadcasters whose programming provides them with

³ Communicational ecosystems are spaces in which a dialogic relationship between individuals takes place, giving rise to the flow of relationships between individuals and groups, as well as to access for all to appropriate use of information technology.

⁴ Commercial radio stations.

⁵ BASTOS, R.C. Report on Community Radio. Opinion of the Paulista Association of Local Community Radio (APERLOC). 26/06/1996.

something more practical and effective, taking into consideration their personal interests and points of view, rather than radios aimed at a much larger territory, thus increasing the degree of impersonality of their messages.

Given the theoretical framework of health, risk, communication and community radio laid out above, we seek to verify the influence and behavior of information on health and risk prevention in the programming of two community radio stations in Greater São Paulo: Rádio 8 de Dezembro (FM-98.7, Rádio 8), in Vargem Grande Paulista, in Greater São Paulo, and Rádio Cantareira (FM-107.5), in Vila Brasilândia, in the North of the state capital. They were chosen as they aim to disseminate health information in their programming.

We proposed to verify whether there was an edu-communicative process of communicating health risks in the programming of these stations and how this took place.

Methods

This research used a quali-quantitative methodology of descriptive social research, collecting the opinions and attitudes of listeners of the community radio stations in question with regards their understanding of what was communicated regarding health, as well as subsequent changes in their habits to eliminate, decrease or prevent health risks.

To achieve these objectives, the research was developed in three parts. The first was a documental analysis of the radios' programming, looking at the content concerning health and, more specifically, topics of interest in health surveillance.

The two radio stations were chosen based on recommendation by the Brazilian Community Radio Association - Associação Brasileira de Rádios Comunitárias (ABRAÇO) and of Prof. Dr. Paulo Rogério Gallo, Lecturer at the Faculty of Public Health (FSP), Universidade de São Paulo, the then coordinator of the annual course "Public Health for Popular Radio broadcasters - Saúde Pública para Radio-comunicadores Populares" (Gallo, 2001). The choice was also determined by the fact that the two stations were concerned with spreading health information in their programming.

The first step was to get to know these radio stations: to understand their dependents, the neighborhoods in which they operate, to collect documents, such as statute, regulations and texts and materials published in the media, programming scripts, tapes and CDs of programs containing information on health and health risks, schedules and community radio related legislation.

We presented ourselves to the radio stations in question, clarifying issues such as the aim of the research as well as informing them as to how the radio stations were found.

At this stage, the following programs about health were analyzed: "Communication and Health - Comunicação e Saúde", by Rádio Cantareira, and "Rosa Choque", by Rádio 8. The "Plantão Saúde", series of programs by OBORÉ Comunicações, which produces and distributes this program to the majority of community radio stations in the country, including the two stations in question, who broadcast it as a way of disseminating health information in their programming, was also analyzed.

The aim of this document analysis was to verify whether there was concern with informing the public on how to eliminate, decrease or prevent health risks through radio programming, how this risk was managed by the stations themselves and how this information was organized in their programming.

The second stage was an open interview, with a semi-structured script with managers of the radio stations in question, the objective of which was to verify if they worked on internal management and what the relationships with the community were like, verifying whether there were community and edu-communicative characteristics in their relationship with the reception and the community.

At this stage, an open, semi-structured interview also took place with the programmers of the respective programs on health of the radio stations analyzed, aiming to verify the existence, or not, of the intention to work with information on health risks in the programming, or whether these topics arose unintentionally. In addition, we sought to verify how health information was treated in the programs, what the sources were, whether the topics were requested by the community or not. In short, we sought to verify how the radio programming

managed the issue or risk management, together with its reception and how this health information was mediated.

Finally, in the third stage, analyses of the data were produced based on the results obtained from the interviews, using Collective Subject Discourse (CSD) methodology, for two weeks together with the listeners of these two stations, in order to identify whether “mediation” occurred combined with “reception”.

CSD was used as the methodology for conducting field research with the radio stations in question and their listeners as it provides the researcher with the ability to capture the collective perception of health risk. It is a methodology which combines the qualitative and quantitative aspects of the research, organizing and tabulating statements, which serve as a reference for the qualitative research. According to Lefevre and Lefevre (2003), “the Collective subject is expressed through a discourse in what can be called the “first person (collective) singular”. It is a syntactic “I” which, at the same time, signifies the presence of an individual subject of the discourse and expresses a collective reference as this “I” speaks in the name of a collectivity. This discourse brings to light the collective subject. As stated by Gertz (2011, p. 213): ‘society and culture can be read like a text’” (p. 16).

CSD is a way of presenting qualitative information obtained in statements. It consists of organized editing by the researcher on the principal ideas, as understood and selected by the researcher, of the most significant verbal expressions, extracted from the statements of the subjects interviewed. Key expressions of similar content can be selected under similar central ideas, creating one or several discourses which synthesize the unfolding understanding of the collectivity on the topic in question (Lefevre and Lefevre, 2003).

Thus CSD enabled us to capture the individual opinions of the interviewees and measure them quantitatively. It also enabled us to capture the collective opinion, the cultural influences and the environment of the reality to which the interviewees were subject, at the same time as giving a general vision of the collective, through statistical trends, revealing the identity of individual cases which

expressed the collective. According to Lefevre and Lefevre (2003), “if an individual has a thought (or opinion, belief, view or perception), a collective of individuals also presents a statistical distribution of this thought” (p. 13).

At this stage of the research, using CSD, 53 interviews were carried out with Rádio 8 listeners, and another 53 with Rádio Cantareira listeners. For one week, the interviews were collected next to the outdoor market in Jardim Guarani, a district of Brasília, outside mass in the Igreja Bom Pastor church in Jd. Carombé and by canvassing the homes of listeners in Jardim Guarani, Sta. Teresinha and Vila Isabel.

The scripts of questions for the radio listeners were prepared using a constructivist approach, as suggested by the aim of the research, and pre-tested by telephone with seven listeners. These interviews were recorded in the Audio Lab (LAUDIO) of the Faculty of Public Health (FSP), to adjust possible inaccuracies.

The questions in the first part of the script were concerned with the interviewee’s personal information: name, sex, age, neighborhood and occupation. The second part contained four questions dealing with the listener’s knowledge of the radio stations in question and their programs, interaction with the listeners and how participation in the radio station was ensured. The aim of this block of questions was to ascertain whether the radio station was edu-communicative or not. The final block of three questions sought to ascertain whether the radio station concerned itself with providing information on eliminating, decreasing or preventing health risks for the listeners or for the city/neighborhood. The expression “health risk” was not used, but rather “health”, with the aim of using vocabulary appropriate to the interviewees’ comprehension, as “health risk” is a technical term used among health care professionals, and not widely known by the general public.

Next, the interviews themselves took place, using the questions more as the starting point of the discussion, and leaving the interviewees free to say what they wanted to about the topic. There was an intervention before the interview, explaining what the research was about, and what its aims were, that

it complied with the FSP/USP Ethics Committee. It was explained to the interviewees that they were not obliged to praise the radio station, but that their honest opinion was wanted, be it complimentary, critical or neutral. Once the interview was started and the recorder switched on, the researcher's interactions were aimed only at seeking comprehension, clarifying and widening the context of the discourse, giving no opinions on the topic and thus avoiding interference or distortions.

The CSD methodology indicates that this qualitative type of research does not require a large number of participants, as depth is preferred to width. The researcher may interact with each participant, asking them how they feel about a specific phenomenon, what they think about it, as well as asking for clarification, as a way of establishing the dialogue. Thus, even considering the universe of 32,548 inhabitants in the municipality of Vargem Grande Paulista, the population reached by Rádio 8 de Dezembro FM, and the 246,929 inhabitants of the Brasilândia district covered by Rádio Cantareira FM, a total of 50 listeners per station was deemed sufficient to provide the desired result of this research from a CSD perspective.

Results

At first, when trying to obtain the documents for the analysis of the two stations, their administrative structure seemed disorganized, totally informal and with no management. However, later, after visits to the radio stations and the communities in which they operated, it was possible to see that this was not disorganization but rather an open form of management, democratic and participative. This management was volunteer-based, consisting of mutual trust between members of the community, flexibility in decision making, autonomy of the programmers of each program and in the programming, which characterizes a self-managing, democratic and participative management.

Considering this non-functionalist look at the management of the radio stations in question, it can be concluded that both have communitarian and edu-communicative characteristics, as their organization, structure and statutes are defined based on

a participative perspective, with representation of the community in which they operate both in respect of the composition of boards of the programs and in the composition of the management boards of the associations to which they are linked - the participation of representatives of social organizations in the community, such as residents' associations, charities, churches etc.

Community participation was also noticeable in the dialogue between the program and the listeners, which took place through phone calls, studio visits, statements and live interviews, suggestions for content and music, suggestion and implementation of programs, all of which stages the listeners became programmers and, therefore, participants in the program boards, effective agents in the life of the radio stations and in their respective associations.

This research also concluded that the financial management of the radio stations in question was characterized as communitarian and edu-communicative, as it occurred transparently, with solidarity and voluntary contributions from members of the community, with cultural support achieved by the programmers themselves together with local business and partnerships with NGOs, public institutions, universities and faculties, in projects with objectives of enhancing culture and citizenship. The finance activities of the radio stations in question aimed to support a collective project with the communities involved, and not to make a profit for its members, in contrast with commercial and other radio stations, which call themselves community but aim to gain audience at any cost to thus obtain increasingly large spending on advertising, accumulating capital for its directors.

With regards managing health risk, this research concluded that these are managed based on the radio station management's intention for the station's schedule to play an educational and preventative role, with pieces on health included in the program breaks and in the subjects dealt with. In this aspect, we concluded that Rádio Cantareira showed this intention most clearly, broadcasting a program specifically about health ("Comunicação e Saúde") in its schedule, in addition to pieces in the program breaks. Rádio 8 was not concerned with broadcasting a specific program on health in its schedule, de-

legating this role to “Rosa Choque”, which includes some content on health as the programmer belongs to the Vargem Grande Paulista Municipal Board of Health. In other words, concern with this question was due much more to the programmer’s personal interest than to it being defined as a priority by the station directors.

Both stations used pieces in their schedules, basically produced based on the “Plantão Saúde” program, provided by OBORÉ, an interesting source in the analysis of topic related to health and preventing health risks present in the communities in which the radio stations operate. These programs are produced entirely in the OBORÉ studios with health care researchers and professionals and are delivered to the radio stations in their finished format. This makes it difficult for the radio stations to include themselves and their communities in these health programs. The radio stations accommodate themselves to this format and do not produce their own pieces, making it difficult for them and their listeners to produce collective knowledge edu-communicatively in this area

Edu-communicative production of knowledge with regards identifying and preventing health risk by the radio stations in question verified that in the “Comunicação e Saúde” programs on Rádio Cantareira, and “Rosa Choque”, on Rádio 8, such knowledge is produced, based on listener demand, suggestions for content, transmission of news and of the personal knowledge of programmers and health care professionals’ operating in the communities involved.

In this regard, this research concludes that such programs are characterized as edu-communicative as programs are often the result of interventions and suggestions from listeners and demands and health problems occurring in the communities involved. Even when the content is sourced from mass media material, it is treated from a critical editorial perspective related to local problems.

It was also concluded that the schedules of the radio stations in question, especially the programs mentioned above, managed to comply with their function of communicating health risks, thus influencing the elimination, reduction and prevention of such risks. This could be observed in the cam-

paigns against Dengue in Vargem Grande Paulista and in the treatment of rubbish in the Brasilândia region, produced and broadcast, respectively, by Rádio 8 and Rádio Cantareira. The same dynamic was recorded in complaints about the lack of doctors in health centers in the communities reached by the two stations. In the case of Vargem Grande Paulista, greater circulation of information on preventing Dengue may have increased awareness in the local population, as the city had one of the lowest rates of the disease in the state after the start of the radio campaign. Another issue was reducing the problem of leptospirosis advancing in the Vila Brasilândia region, after the authorities raised the alarm provoked by community mobilization and pressure based on reports of the lack of health care professionals in the health centers and complaints of illegal landfill in the Serra da Cantareira area. Once alerted and pressured by these communicative processes, the authorities took measures and reversed these health and environmental risks.

The interviews with the population reached by the radio stations in question, collected using Collective Subject Discourse, revealed the population’s feelings towards them and the dialogic relationship which these radio stations had with their listeners.

After overcoming distrust of the researcher, the listeners interviewed showed trust and their narrative expressions were relevant, indicating the importance they felt as listeners; and remembering the existence of the radio station made them renew discursively their relationship with the vehicle of communication, and the social and affective connections with other listeners or even with the programmers themselves, who were also part of the community, established through the radio.

Among the principal findings of the interviews with listeners, in addition to the ascertaining the dialogic relationship the radio stations had with their listeners, was finding that the radio stations were means of expression for the community with regards their health and citizenship problems and also the perception of attitudes of preventing, reducing and even eliminating health risk on the part of the interviewees. The habit of listening to programs on health on the radio stations chosen in this study

was highlighted as an important factor in changing or including positive attitudes to health.

Discussion

This conclusion demonstrates the importance of communicating risk via community radio, due to the interaction of such media in the everyday life of inhabitants in the communities in question and their capacity to highlight information produced by science in the area of health surveillance. Thus, CS plays an essential role in the process of reassigning the notion of risk in these communities, based on their own life experiences.

From this perspective, the importance of the activity of communicating risk should be more deeply analyzed, not just academically, but by the authorities, NGOs, agents acting in the public health area and by communities themselves, as an educational factor in eliminating, reducing and preventing health risks.

The risk society is becoming increasingly complex, with the appearance of new health and environmental risks, and communicating these to the population has not been widely discussed in Brazil, being more related to the marketing strategies of health care companies than with strategies of the authorities to inform the population, encourage social participation and empower them to absorb scientific knowledge leading to autonomy and critical thinking and empowering citizenship.

Scientists, researchers and managers in the health care area are aware of the importance of communicating the results of their research, of getting close to the community studied and of establishing strategies so that the population understands the risks. However, the importance of incorporating communication professionals into their teams, in order to deepen and qualify such strategies, is still not understood. In this aspect, trans-disciplinary and multi-professional actions in the area of public health become more and more important, especially when concerned with areas of protection from health risks, such as health surveillance.

Combining education and communication is shown, in this research, to be an efficient way of mediating in the processes of protection from health risks. Therefore, considering the theoretical framework adopted, it is concluded that, from the point of view of the management, mediation and reception, the radio stations analyzed can be defined as edu-communicative and have a relevant role in eliminating, reducing and preventing health risks.

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