



Finger Lakes and Western Region June Consortium
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Presented by:

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Public Health
Prevent. Promote. Protect.

**Cattaraugus County
Health Department**





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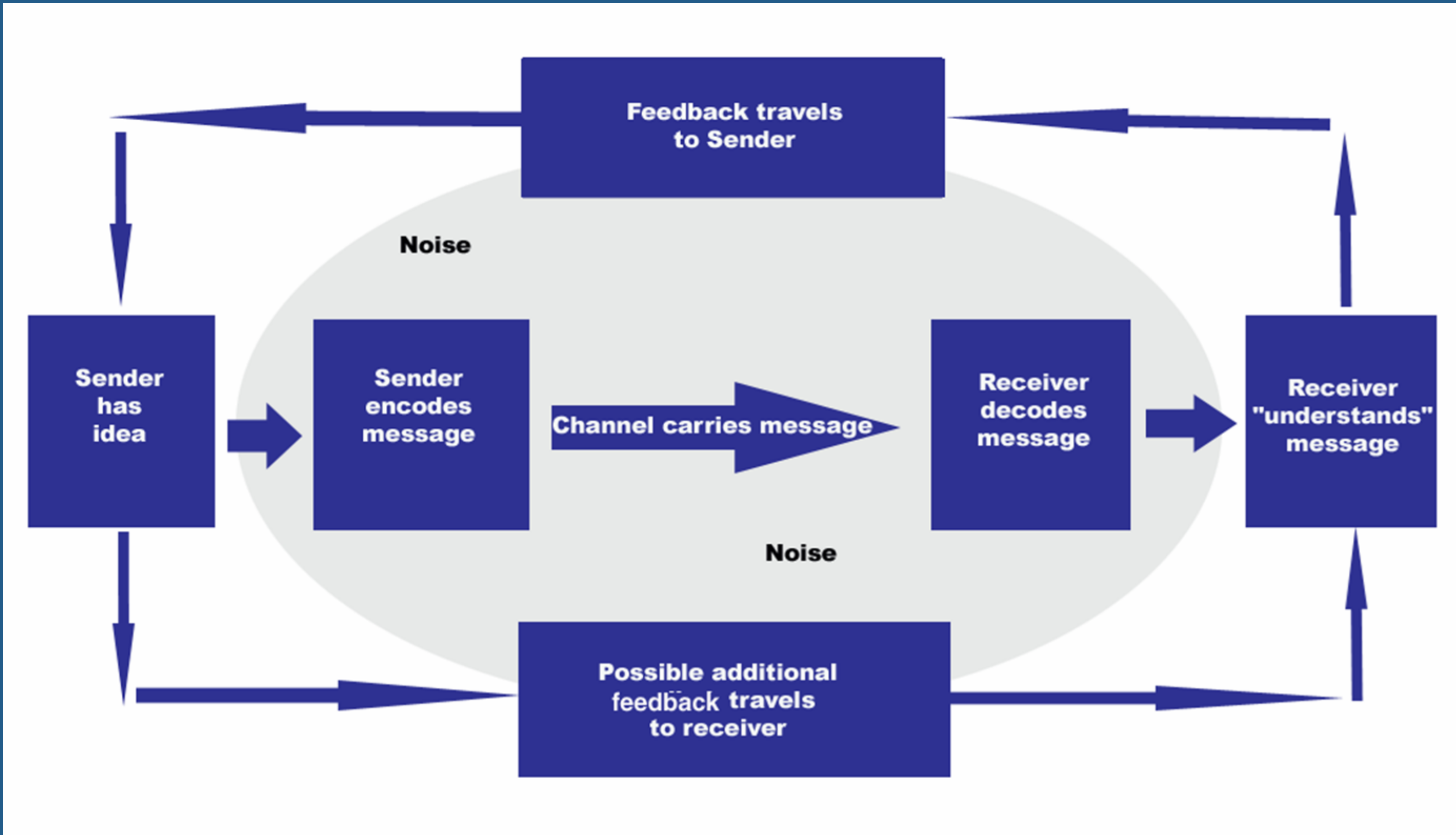
- Identify stakeholders/audiences.
- Understand communication differences across generations and audiences.
- Determine the best way(s) to communicate with different audiences.
- Develop appropriate messaging for each audience using health literacy and evidence-based messaging.
- Recognize and understand different communication methods.
- Develop appropriate messaging across communication platforms.



GOALS & OBJECTIVES



**EFFECTIVE
COMMUNICATION**



What is important in effective communication?

- Truth
- Trust
- Perceptions
- Social Listening
- Empathy
- Research
- Audience

Ask these questions:

- Who is my audience (demographics, psychographics, other)?
- What do they know/think/feel about me?
- What do we know/think/feel about them?
- What do they say about me? How? Tone? Outlet (nonverbals)?
- What do I want people to do (persuasion)?





Trust

Who do you trust?

How do you establish trust?

Consider:

- Sincerity
- Commitment
- Reliability
- Consistency
- Integrity



vision strategic
target achievement innovation
corporate **Culture** business
plan integrity concept
ideology culture



Cultural Differences

It's more than JEDI.
Consider:

- Power Distance
- Collectivism vs Individualism
- Uncertainty Avoidance
- Masculinity vs Femininity



Cultural Differences


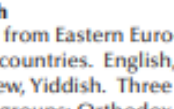


Culture Group and Language	Belief Practices	Nutritional Preferences	Communication Awareness	Patient Care/ Handling of Death
Muslim Language of the country and some English.	Believe in one God "Allah" and Mohammed, his prophet. Five daily prayers. Zakat, a compulsory giving of alms to the poor. Fasting during the month of Ramadan. Pilgrimage to Mecca is the goal of the faithful.	No pork or alcohol. Eat only Halal meat (type of Kosher).	Limit eye contact. Do not touch while talking. Women cover entire body except face and hands.	Do not force foods when it is religiously forbidden. Abortion before 130 days, fetus treated as discarded tissue; after 130 days, as a human being. Before death, confession of sins with family present. After death, only relatives or priest may touch the body. Koran, the holy book, is recited near the dying person. The body is bathed and clothed in white and buried within 24 hours.
Northern European Language of the country and some English.	Very similar to American customs. Protestant with large Catholic populations. Multi-ethnic groups.	Comparable to American diet - meat, vegetables, and starches. Coffee, hot tea, and beer.	Courtesy is of utmost importance. Address by surname and maintain personal space and good eye contact.	Maintain modesty at all times. Stoic regarding pain tolerance. Death is taken quietly with little emotional expression. Patients/families tend not to question medical authority.
Philippino English, Spanish, Tagalog (80 dialects).	Catholic. Seek both faith healer and Western physician when ill. Belief that many diseases are the will of God.	Theory of hot and cold food. Certain foods in the Philippines are traditionally eaten hot or cold, e.g. milk is only taken HOT. Fish, rice, vegetables, fruit. Meals have to be HOT.	Value and respect elders. Loving, family-oriented. Set aside time just for family.	Family decision important. Ignore health-related issues; often non-compliant. In spite of Western medicine, they often leave things in the hands of God, with occasional folk medicine. Home remedies: herbal tea, massage, sleep. May subscribe to supernatural cause of diseases.
Southern European Language of the country and some English.	Roman Catholic, Protestant, Greek Orthodox, and some Jewish.	Main meal at mid-day: pasta, meat, and fish with cheeses and wine. Fresh fruit. Espresso coffee.	Talkative, very expressive. Direct and to the point. Extroverted. Good eye contact. Like personal and physical contact: holding hands, patting on the back, kissing.	Educated, yet reluctant to get medical attention. Very independent. Birth control and abortion are accepted in some countries and not in others. Family gets involved with caring for ill family member.
Vietnamese Vietnamese language has several dialects - also French, English, Chinese.	Family loyalty is very important. Religions include Buddhism, Confucianism, Taoism, Cao Di, Hoa Hoa, Catholicism, occasional ancestral worship. General respect and harmony. Supernatural is sometimes used as an explanation for disease.	Rice often with green, leafy vegetable, fish, sauce added for flavor. Meat used sparingly and cut into small pieces. Tea is main beverage. Often lactose and alcohol intolerance.	Communication - formal, polite manner; limited use of touch. Respect conveyed by non-verbal communication. Use both hands to give something to an adult. To beckon someone, place palm downward and wave. Don't snap your fingers to gain attention. Person's name used with title, i.e. "Mr. Bill," "Director James." "Ya" indicates respect, not agreement.	Negative emotions conveyed by silence and reluctant smile; will smile even if angry. Head is sacred - avoid touching. Back rub - uneasy experience. Common folk practices - skin rubbing, pinching, herbs in hot water, balms, string tying. Misunderstanding about illness - drawing blood seen as loss of body tissue; organ donation causes suffering in next life. Hospitalization is last resort. Flowers only for the dead.

Culture Group and Language	Belief Practices	Nutritional Preferences	Communication Awareness	Patient Care/ Handling of Death
American English	Christian and Jewish beliefs are prominent; many others exist in smaller numbers. Family-oriented.	Beef, chicken, potatoes, vegetables. Fast food. Ethnic foods.	Talkative, shake hands, not much touching during conversation. Prefer to gather information for decision making. Some hugging and kissing, mainly between women.	Family members and friends visit in small groups. Expect high-quality care.
Argentinian Spanish	90% Catholic, some Protestant and Jewish. Strong belief in saints, purgatory, and heaven. People from rural areas may be more superstitious.	Emphasis on meat, especially beef with home-made pastas, pastries, and local wines. Mate: national beverage that is stimulating and "addictive" like coffee.	Talkative, very expressive, direct, and to the point. Extroverted. Good eye contact. Like personal and physical contact such as holding hands, hugging, and kissing.	Educated, yet reluctant to get medical attention or accept new medical advancements. Independent, often deny disability. Believe in natural and holistic remedies: herbal teas, pure aloe, natural oils, and poultices. Family gets involved with caring for the ill family member.
Brazilian Portuguese. Diverse cultural backgrounds including: European, African, Indian.	Mostly Catholic, some Spiritism. Growing Evangelical representation. Candomble and Macumba - similar to Santeria.	Beans and rice are staple. Feijoada - black beans, beef, pork. Churrasco (charcoal - broiled meats). Manioc (vegetable). Tropical fruits.	Very sociable. Will stand close to each other. Social kissing, hugging, touching. Good eye contact.	Emphasis on family unity - will want to be actively involved. Tend to trust medical personnel, place great faith in doctors and nurses. Some believe in herbal treatment, teas, and balsams.
Canadian English, French, and Innuite (Eskimo).	Protestant, Catholic, and Jewish.	Comparable to American diet. French influence in Montreal and Quebec.	May prefer no touching or kissing. Take things at face value.	Follow nurse's instructions. Accustomed to socialized medicine, less litigation. Take physicians at their word. Willing to wait for treatment.
Cayman English with some changes in accent or verbs.	People are very religious. Majority of the island is Baptist or "Church of God." <i>Voodoo and psychics are outlawed.</i>	Fish, turtle, beef, goat, and conch. Rice, beans, and plantains. Fried food very rich in fat: cooked or fried in coconut oil or milk.	Like to be acknowledged. Good eye contact. Prefer no touching or kissing. Very talkative and known for their friendliness. Everyone on the island knows each other.	Like to be told what is going on by a doctor. Would rather talk to doctors than nurses. Prefer one-to-one care.
Chinese Many dialects spoken; one written language.	Religions: Taoism, Buddhism, Islam, Christianity. Harmonious relationship with nature and others; loyalty to family, friends, and government. Public debate of conflicting views is unacceptable. Accommodating, not confrontational. Modesty, self-control, self-reliance, self-restraint. Hierarchical structure for interpersonal and family interactions.	Diet consists of vegetables and rice. Tofu (bean curd) can be prepared in various ways. Soy sauce, MSG, and preserved foods. Belief in theory of "yin" (cold) and "yang" (hot) when they are sick. No food with "yin" after surgery (e.g. cold desserts, salad). Often lactose intolerant.	Quiet, polite, unassertive. Suppress feelings of anxiety, fear, depression, and pain. Eye contact and touching sometimes seen as offensive or impolite. Emphasize loyalty and tradition. Self-expression and individualism are discouraged.	Women uncomfortable with exams by male physicians. May not adhere to fixed schedule. May fear medical institutions. Use a combination of herbal and Western medicine. Traditional: acupuncture, herbal medicine, massage, skin scraping, and cupping. Alcohol may cause flushing.



Cultural Differences

Culture Group and Language	Belief Practices	Nutritional Preferences	Communication Awareness	Patient Care/ Handling of Death
Cuban Spanish 	Catholic with Protestant minority. Santeria, which can include animal sacrifice.	Cuban bread, cafe con leche, Cuban coffee. Roast pork, black beans and rice. Plantains, yuca, and chicken and rice.	Some may have a tendency to be loud when having a discussion. Use their hands for emphasis and credibility, and prefer strong eye contact.	Culture requires visiting the sick. The extended family supports the immediate family. It is an insult to the patient if there is not a large family/friend presence.
Ecuadorian Spanish Quechua-Indian 	Primarily Catholic. Increase in Protestant, Baptist, and Jehovah Witness. Very respectful towards religious leaders. Small percentage of population is wealthy with much political control. Family size is usually large.	Diet high in fruits and proteins, starches: rice, potatoes, and corn. Food is prepared fresh daily, usually with salsa. Coastal diet: rice, fish (ceviche). Drink beer, soda.	Extremely polite. Reserved. Respectful. Especially helpful.	Prefer pampering ill family members; stay overnight with patient. Not stoic when it comes to pain. Very private, modest. Embarrassed if they do not look their best. Extremely protective of family; parents often live with grown children.
Guatemalan Spanish, Mayan heritage, European influence. 	Primarily Catholic. Increase in Protestants. Very respectful toward elders. European heritage; strong family ties.	Diets high in fruits, vegetables, rice, beans, and tortillas (corn flour bread).	Quiet, reserved, and respectful. Will not question for fear of insulting professional.	Modest, private, and stoic. Believe in alternative methods of healing.
Haitian Creole; French is taught in schools. 	Catholic and Protestant. Voodoo is practiced. Large social gap exists between wealthy and poor citizens.	Large breakfast and lunch. Light dinner. Rice, fried pork trillot, and red beans. Herbs and cloves.	Quiet, polite. Value touch and eye contact.	Obedient to doctor and nurse, but hesitant to ask questions. View use of oxygen as indication of severe illness. Occasionally share prescriptions and home remedies.
Hindu Hindi 	The belief of cyclic birth and reincarnation lies at the center of Hinduism. The status, condition, and caste of each life is determined by the behavior in the last life.	Cow is sacred. No beef. Some are strictly vegetarian.	Limit eye contact. Do not touch while talking.	Do not try to force foods when religiously forbidden. Death - the priest may actually tie a thread around the neck or wrist to signify a blessing. This thread should not be removed. The priest will pour water into the mouth of the body. Family will request to wash the body. Eldest son is responsible for the funeral rites.
Jamaican English, Patois (broken English). 	Christian beliefs dominate (Catholic, Baptist, Anglican). Strong Rastafari influence.	Beef, goat, rice, peas, chicken, vegetables, fish, and lots of spices. Some avoid eating pork and pork products because of religious beliefs.	Respect for elders is encouraged. Reserved; avoid hugging and showing affection in public. Curious and tend to ask a lot of questions.	Will try some home remedies before seeking medical help. Like to be completely informed before procedures. Respectful of doctor's opinion. May be reluctant to admit that they are in pain. May not adhere

Culture Group and Language	Belief Practices	Nutritional Preferences	Communication Awareness	Patient Care/ Handling of Death
Japanese Japanese 	Self-praise or the acceptance of praise is considered poor manners. Family is extremely important. Behavior and communication are defined by role and status. Religion includes a combination of Buddhism and Shinto.	Food presentation is important. Fish and soybean are main sources of protein, as well as meats and vegetables (some pickled). Rice and noodles; tea; soy sauce. Often lactose intolerant.	Use attitude, actions, and feelings to communicate. Talkative people are considered show-offs or insincere. Openness considered a sign of immaturity, lack of self-control. Implicit non-verbal messages are of central importance. Use concept of hierarchy and status. Avoid conflict. Avoid eye contact and touch.	Family role for support is important. Insulted when addressed by first name. Confidentiality is very important for honor. Information about illness kept in immediate family. Prone to Keloid formation. Cleft lip or palate not uncommon. Alcohol may cause flushing. Tendency to control anger. May be reluctant to admit they are in pain.
Jewish Many from Eastern European countries. English, Hebrew, Yiddish. Three basic groups: Orthodox (most strict), Conservative, Reform (least strict). 	Israel is the holy land. Sabbath is from sundown on Friday to sundown on Saturday. It is customary to invite other families in for Friday evening Sabbath dinner.	Orthodox and some conservatives maintain a kosher diet. Kosher food is prepared according to Jewish law under Rabbinical supervision. Eating of uncleaned animals is forbidden. Blood and animal fats are taboo (blood is synonymous with life). Do not mix meat with dairy products.	Orthodox men do not touch women, except their wives. Touch only for hands-on care. Very talkative and known for their friendliness.	Stoic and authoritative; respect health care workers who show self-confidence. Appreciate family accommodation. Jewish law demands that they seek complete medical care. Donor transplants are not acceptable to Orthodox Jews, but are to Conservative and Reform. Death: Cremation is discouraged. Autopsy is permitted in less strict groups. Orthodox believe that entire body, tissue, organs, amputated limbs, and blood sponges need to be available to family for burial. Do not cross hands in post-mortem care.
Korean Hangul 	Family-oriented. Believe in reincarnation. Religions include: Shamanism, Taoism, Buddhism, Confucianism, and Christianity. Belief in balance of two forces: hot and cold.	High fiber; spicy seasoning; rice; Kim Chee (fermented cabbage). Often lactose intolerant. Speak little during meal.	Reserved with strangers. Will use eye contact with familiar individuals. Etiquette is important. First names used only for family members. Proud, independent. Children should not be used as translators due to reversal of parent/child relationship.	Family needs to be included in plan of care. Prefer non-contact. Respond to sincerity.
Mexican Spanish; people of Indian heritage may speak one of more than 50 dialects. 	Predominantly Roman Catholic. Pray, say rosary, have priest in time of crisis. Limited belief in "brujeria" as a magical, supernatural, or emotional illness precipitated by evil forces.	Corn, beans, avocado, chiles, yellow rice. Heavy use of spices.	Tend to describe emotions by using dramatic body language. Very dramatic with grief, but otherwise diplomatic and tactful. Direct confrontation is rude.	May believe that outcome of circumstances is controlled by external force; this can influence patient's compliance with health care. Women do not expose their bodies to men or other women.



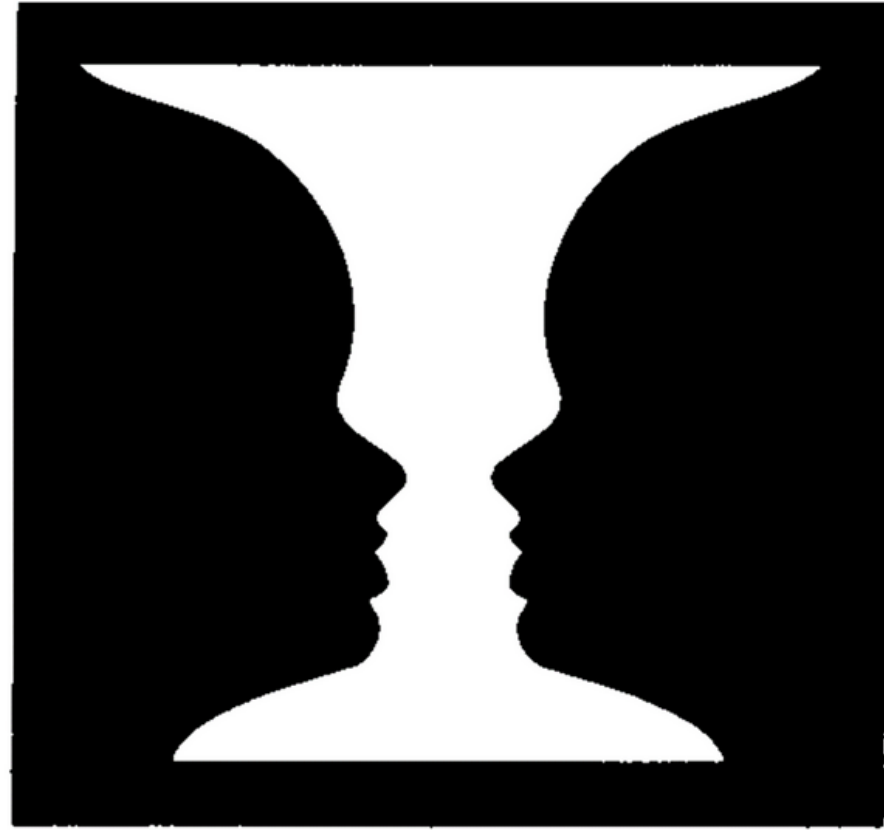
Generations

Shawn Johnson
Multi-Generational Influence Expert

Generational Comparison Chart

	Traditionalists	Boomers	Gen X	Millennials (Y)	Gen Z
Born	1927- 1945	1946-1964	1965-1980	1981-1996	1997-present
Age today	75+	56-74	40-55	24-39	23-
Population (US)	29,936,901	74,102,309	49,151,059	83,545,955	86,391,289
Parenting and Childhood	Strong nuclear families, parenting was associated with discipline.	Most Moms are home. Do it because I said so. Larger classrooms; more competition. Freedom, optimism	Divorce rates increase-single parent homes. Latchkey kids. Self-sufficient, first milk carton kids	Parent more involved-helicopter parents-safety. Amber alert. Participation Trophies. Video games and systems.	Both parents work; raised by grandparents and other caregivers. Constantly exposed to media.
Leadership	Command and control style influenced by strong military associations	Accept poor management and positional leadership. Competitive and value face time.	Prefer leadership styles that are comparatively more autocratic, directive, task oriented and transactional	Prefer leadership styles that are democratic, participative, relationship oriented and transformational.	View the internet as the authority. Prefer coaching style leadership.
Early Communication	Letter/memo. Rotary phones-phone calls are important, prefer one on one	Telephone/email Used touch tone phones-call anytime. Just fax it to me. Enjoy face to face.	Email/Text Used cell phone early. Call me only at work.	Text/Social Media/Smart Phones/Apps/ maybe email	Smart phones/ Apps/Snapchat/ Video/use images and symbols.
Career Attitudes	Job for life, Loyal to one employer. Anything worth getting is worth working for. Work is a privilege.	Large organizations provide whole careers. Competitive. Face time in office. Live to work!	Loyal to profession, not an employer. Emergence of the "knowledge worker." Work to live! "free agents."	First digital careers/work "with" organizations not "for" organizations. Work my way, not your way. Desire meaningful work.	Mobile workers, technology reliant. Multi-taskers. Want promotion, quick response, stimulation, fast promotions.
Formative Life Experiences	Depression, WWII and rationing, nuclear families and few divorces, gender roles	Cold War, Vietnam, Moon landing, Woodstock, communal living	Fall of Berlin Wall, Introduction of PCs and video games, rising levels of divorce	9/11 and rise of global terrorism, PlayStation, social media, reality TV, google	Economic downturn, mobile devices, global warming, environmental issues, Wiki-leaks





Perceptions



Disinformation

Why do people believe as they do?
How do you combat disinformation?

DISINFORMATION 101

The reality of global warming, the effectiveness of vaccinations or the health risks of car exhausts have one thing in common: the scientific basics get regularly distorted in political discussions.

It happens on Facebook, Twitter & Co., as well as on internet blogs, in parliamentary speeches or in personal discussions. For lay people the rhetorical tricks used to manipulate public opinion are often difficult to detect.

This graphic explains the often-used strategies employed by the fog machine of disinformation.

FAKE EXPERTS
→ Presenting unqualified individuals or institutions as sources of credible information.

AGAINST!
Bulk fake experts
→ Citing large numbers of seeming experts to argue that there is no scientific consensus on a topic.

Magnified Minority
→ Magnifying the significance of a handful of dissenting scientists to cast doubt on an overwhelming scientific consensus.

Fake Debate
→ Presenting science and pseudoscience in an adversarial format to give the false impression of an ongoing scientific debate.

LOGICAL FALLACIES
→ Using arguments where the conclusion doesn't logically follow from the premises. Also known as a non sequitur.

False analogy
→ Assuming that because two things are alike in some ways, they are alike in some other respect.

Ambiguity
→ Using ambiguous language in order to lead to a misleading conclusion.

Jumping to conclusions
→ To make a wrong claim look logical by ignoring relevant information.

False Choice
→ False dichotomy
Presenting two options as the only possibilities, when in fact other possibilities exist.

ARGUMENT
Ad hominem
→ Attacking a person/group instead of addressing their arguments.

Red Herring
→ Deliberately diverting attention to an irrelevant point to distract from a more important point.

Single cause
Assuming a single cause or reason when there might be multiple causes or reasons.

IMPOSSIBLE EXPECTATIONS
→ Demanding unrealistic standards of certainty before acting on the science.

Moving goalposts
→ Demanding higher levels of evidence after receiving requested evidence.

ANGER!
Misrepresentation
→ Misrepresenting a situation or an opponent's position in such a way as to distort understanding.

Strawman
→ Misrepresenting or exaggerating an opponent's position to make it easier to attack.

CHERRY PICKING
→ Skillfully selecting data that appear to confirm one position while ignoring other data that contradict that position.

Slothful induction
→ Ignoring relevant evidence when coming to a conclusion.

Anecdote
→ Using personal experience or isolated examples instead of sound arguments or compelling evidence.

CONSPIRACY THEORIES
→ Proposing that a secret plan exists to implement a nefarious scheme such as hiding a truth.



Why Do People Believe?

- Confirmation Bias
 - Look for others like you
- Cognitive Bias
 - Fear, emotion, anxiety
- Partisan Bias
- Post-truth
 - Trust emotions over facts/logic
- Simplification of Complex Issues
- Echo Chamber
 - Self-selection
- Filter Bubble
 - Personalization
- Trauma/Trust

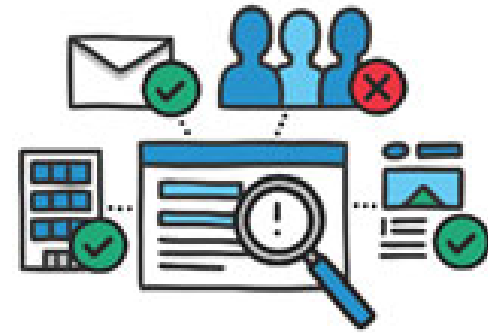


Communication Strategies

- Reread
- Research
- Care before you share
- Have a response plan
- Monitor what's said
- Build trust through authentic messaging
- Be transparent
- Be data-driven but empathetic
- Control the narrative
- Find the mis/disinformation
- Respond - or don't
- No one is stupid

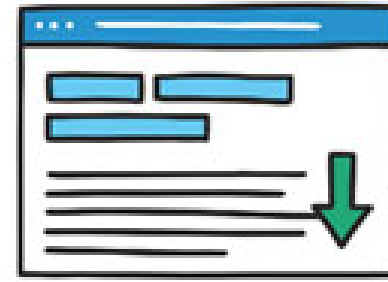


Top tips for navigating the infodemic



1. Assess the source:

Who shared the information with you and where did they get it from? Even if it is friends or family, you still need to vet their source.



2. Go beyond headlines:

Headlines may be intentionally sensational or provocative.



3. Identify the author:

Search the author's name online to see if they are real or credible.



4. Check the date:

Is it up to date and relevant to current events? Has a headline, image or statistic been used out of context?



5. Examine the supporting evidence:

Credible stories back up their claims with facts.



6. Check your biases:

Think about whether your own biases could affect your judgment on what is or is not trustworthy.



7. Turn to fact-checkers:

Consult trusted fact-checking organizations, such as the International Fact-Checking Network and global news outlets focused on debunking misinformation.





Become an engaged listener

Listening well means not just understanding the words or the information being communicated, but also understanding the emotions the speaker is trying to communicate.





Apply positive self-talk and perception

**Positivity is the best
encouragement. It welcomes good
vibes and pleasant outlook in all
communication.**





Use appropriate language

Tailor the words you will use based on your audience or listener. Keep it simple or understandable.





Be Open

Suspend your own judgment, ideas, and beliefs. Give the speaker time to develop and express his/her ideas or point before you conclude if the message has any value, little value, or none at all.

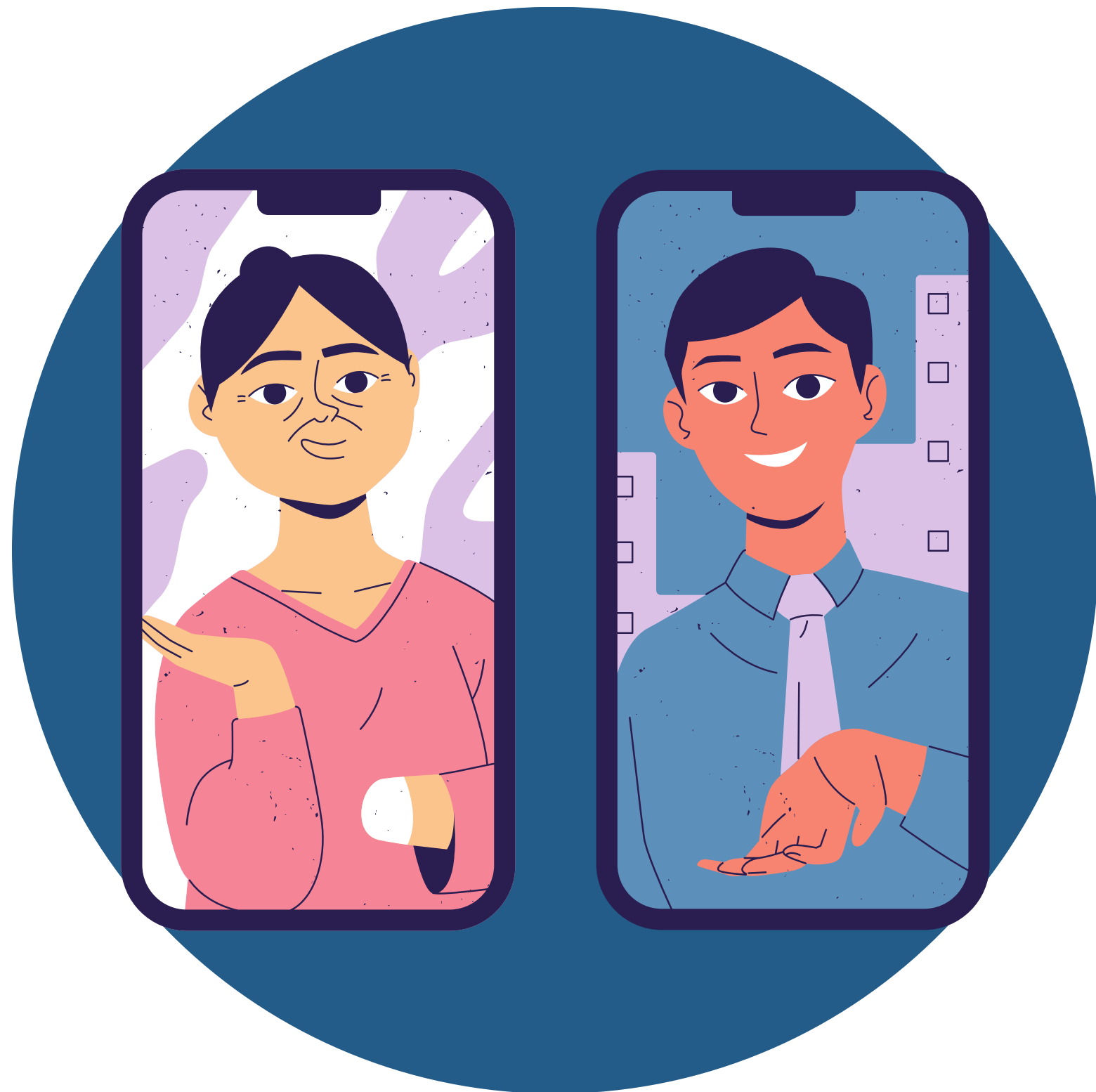




Give and accept feedback

Feedback keeps the communication going. Respond to what has been heard. Keep an open mind and avoid overreacting emotionally to a message or feedback.





Find Common Ground

Often we don't take the time to get to the root of the problem. We also don't think we have anything in common when in fact we do.



Present Information

It's important to know your audience. Will they be moved by facts and figures? Do they need stories and anecdotes? Other?





Pay attention to nonverbal signals

Feedback keeps the communication going. Respond to what has been heard. Keep an open mind and avoid overreacting emotionally to a message or feedback.



Consider

How can we improve internal communication?

- Newsletters (print/electronic)
- Emails
- Gatherings
- Lunch and Learns
- What is your organizational culture?
- What have you done in the past that has worked?
- What would you like to try?
- What do people suggest?
- Other programming?

Internal
Communication



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Consider

Develop relationships with media outlets
(traditional, usually)

Promotional campaigns (events, health
observances, clinics, education)

Collateral material (press kit, brochures, social
media posts, website, videos)



Public Relations



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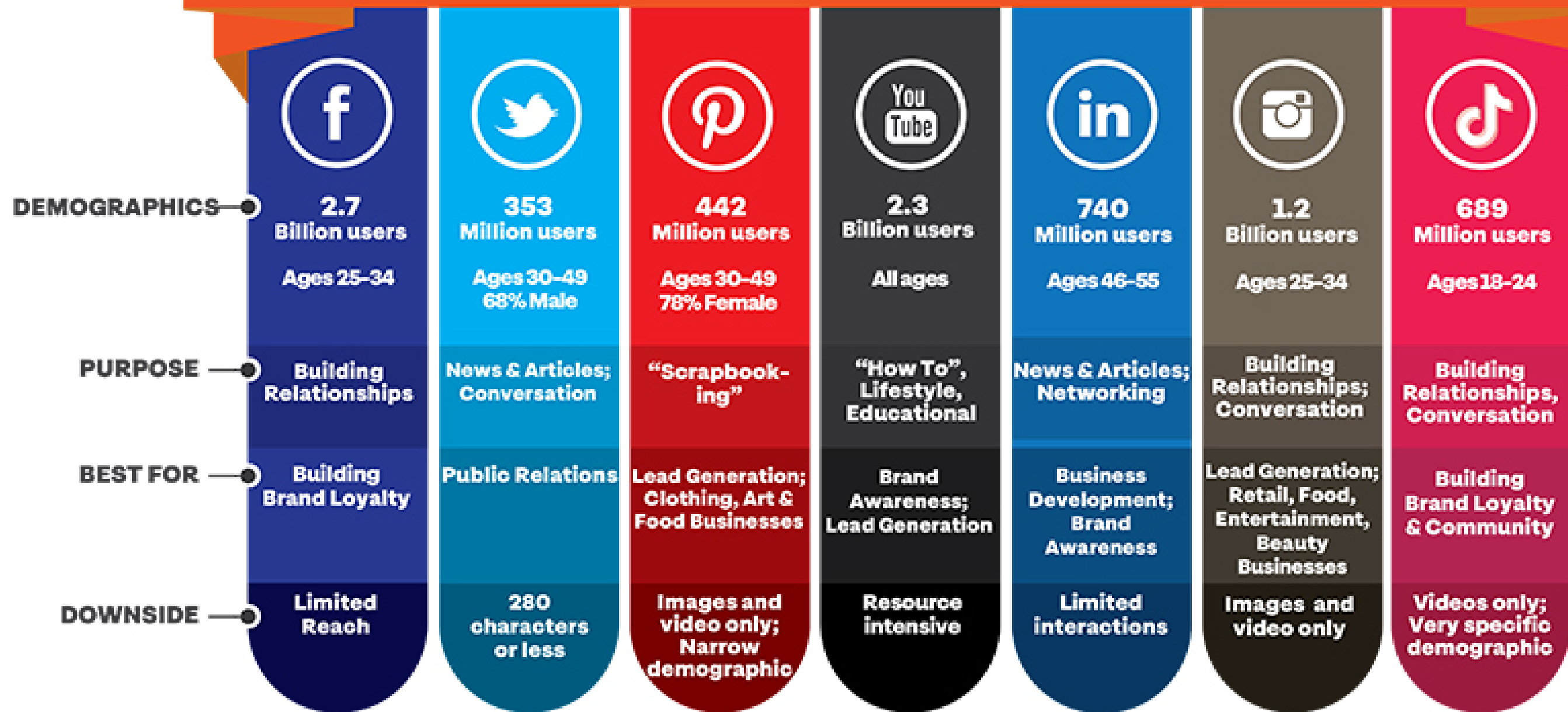
Which Social Should you Use?

Who is your audience?

How can you reach them?

What are your goals?

BE SOCIAL WITH VARIOUS SOCIAL MEDIA PLATFORM



Conclusion

Communication is one of the most important activities.

It can seem daunting but doesn't need to be.

Collaboration, partnerships, relationship building are essential.

Rely on your fellow Fellows.





Thank you!

Do you have any questions for us?