



Communication Planning for Rural Health Systems

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Learning Objectives

- Participants will be able to use available secondary research and social listening to develop a strategic communication plan.
- Participants will understand which communication tactics to use in different communication situations including in a crisis.
- Participants will be able to recognize and try to dispel disinformation and misinformation related to health care.

What is important in Communication?

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

Ask:

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

Research (Who is your audience?)

- Demographics
 - Census.gov
 - NYS SPARCS Data
 - County Health Rankings
 - NYS Dashboard (other state dashboards)
- Psychographics
 - ESRI Tapestry Segmentation Data
- Other considerations
 - SES
 - Generations
 - Cultures
 - Power Distance
 - Collectivism vs Individualism
 - Uncertainty Avoidance
 - Masculinity vs Femininity
 - Race/Ethnicity
 - ?

Communication Audit

Understand and review all communication.

- Website
- Social media
- Traditional media
- Internal communication
- Communication with community partners
- Collateral materials
- Brand identity

Communication Audit

What questions should you ask?

- What materials does our audience see, hear, and feel?
 - Have an understanding of material you share.
- Do we have an identity?
 - If our audience were to see/hear/feel something, would they know it is from us?
- What do we know?
 - Do we know what our audience thinks of us? Do we know how they gather and process information?

Social Listening

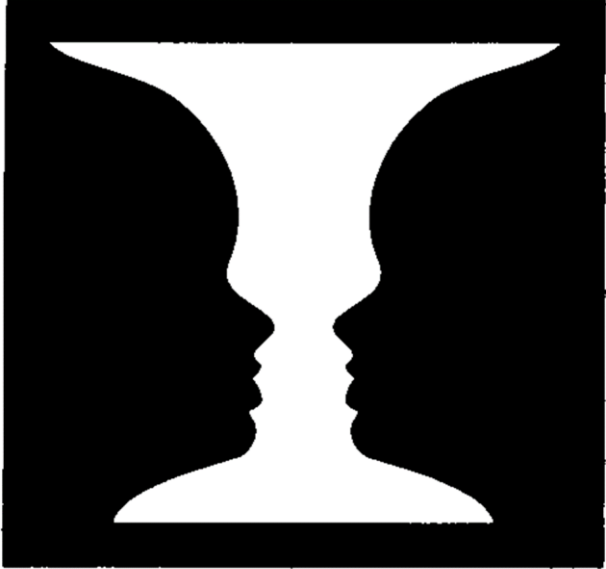
- Determine appropriate social media channels used by our audience.
- Determine community opinion leaders and influencers.
- Determine best communication channels/methods/messages.
- "Listen" beyond the usual channels.
- **Listen and Hear (voice to the voiceless – boo)**

The World Health Organization defines social listening as "the regular and systematic aggregation, filtering and monitoring of conversations and public discourse in a combination of traditional media, digital media, off-line and on-line sources of information that represent different populations and geographies."

Social Listening

- What are people saying about us?
 - Social listening involves content analysis of social media channels as well as other outlets like focus groups, surveys, in-depth interviews, traditional media, conversations. Determine community opinion leaders and influencers.
- What is the tone/nature of the conversation?
 - Should we respond?
 - Are people asking questions we should answer?
 - Should we not respond?

Perceptions



Generations

Shawn Johnson
Author of The Generational Code

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

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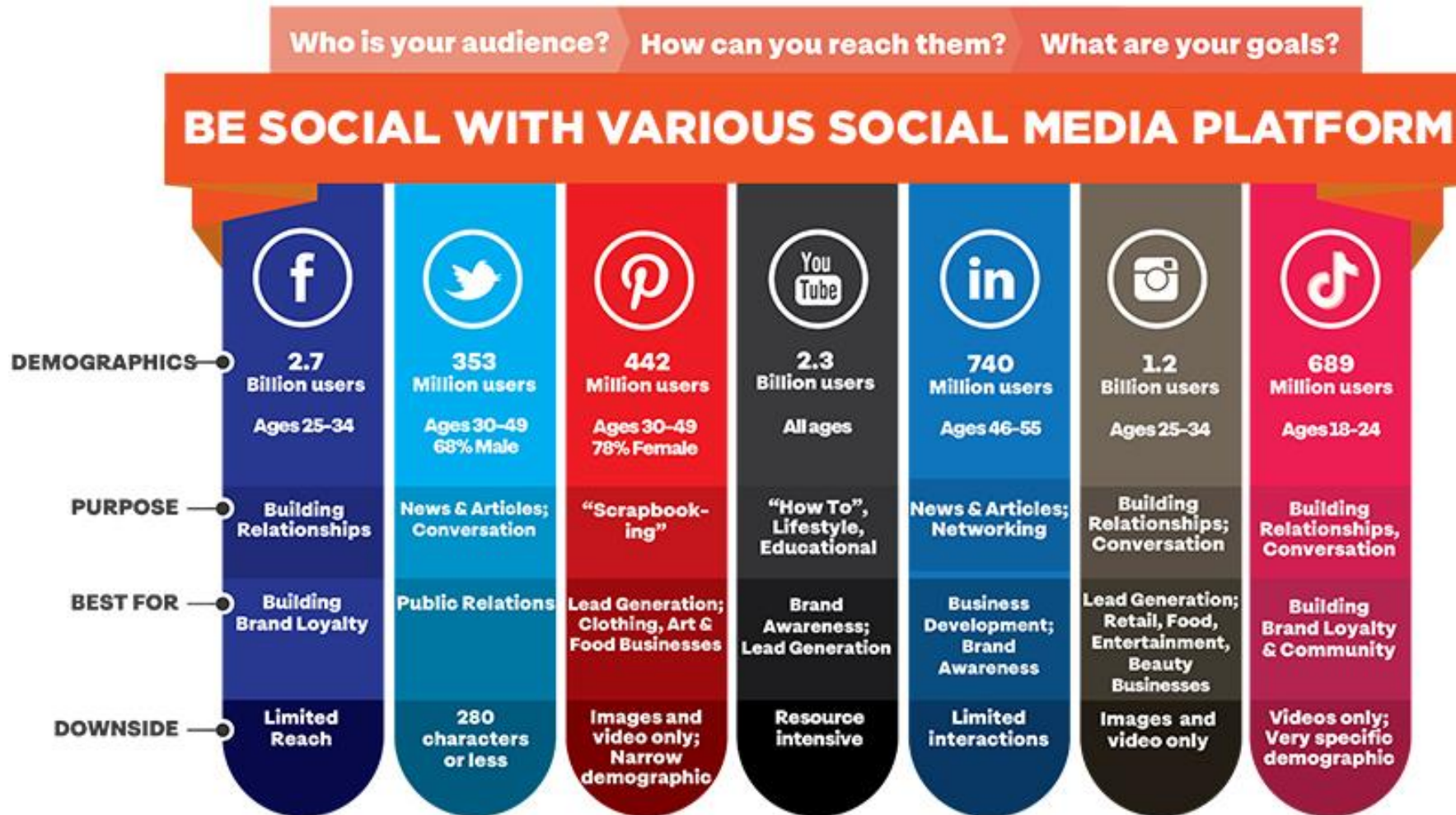
Internal Communication

- 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?

External Communication

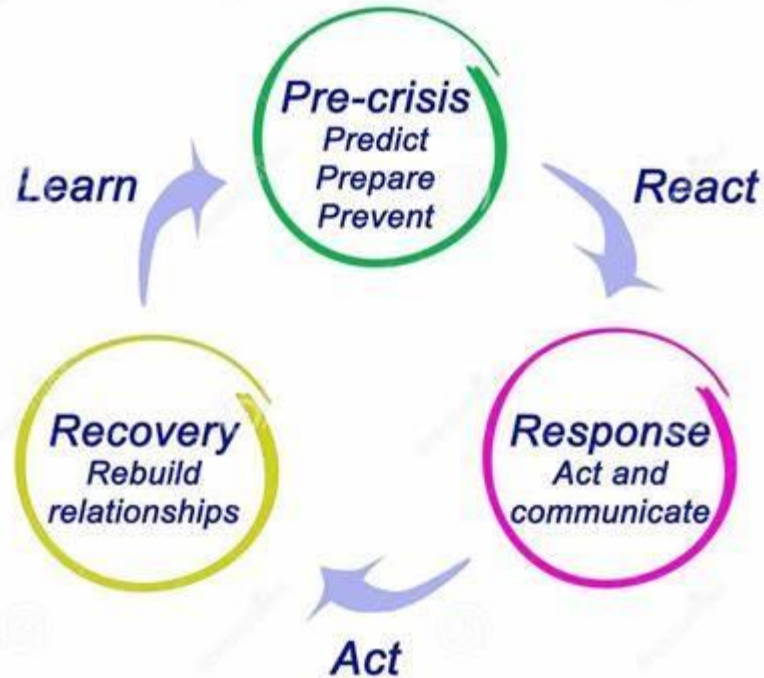
- Advertising
 - Social advertising
 - Traditional advertising
 - Other outlets? (examples: church bulletins, school newsletters, local club newsletters)
- Public Relations
 - Develop relationships with media outlets (traditional, usually)
 - Promotional campaigns (events, health observances, clinics, education)
 - Collateral material (press kit, brochures, social media posts, website, videos)

Social Media



Crisis Communication

Crisis Communications Cycle



- Work with your Emergency Preparedness Team to ensure you have appropriate communication tactics in place in case of emergency.

Infodemics (Disinformation)

10 TYPES OF MIS- AND DISINFORMATION



FALSE CONNECTION
When headlines, visuals or captions don't support the content



FALSE CONTEXT
When genuine content is shared with false contextual information



MANIPULATED CONTENT
When genuine information or imagery is manipulated to deceive



SATIRE OR PARODY
No intention to cause harm but has potential to fool



MISLEADING CONTENT
Misleading use of information to frame an issue or individual



IMPOSTER CONTENT
When genuine sources are impersonated



FABRICATED CONTENT
Content that is 100% false, designed to deceive and do harm



PROPAGANDA
When content is used to manage attitudes, values and knowledge



SPONSORED CONTENT
Advertising or PR disguised as editorial content



ERROR
When established news organisations make mistakes while reporting

STOP THE SPREAD OF MISINFORMATION.
THINK BEFORE YOU SHARE, REACT OR RESPOND.

GROUNDVIEWS
journalism for citizens

SHSMDSociety for Health Care
Strategy & Market
Development™

Source: Groundviews.org

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.

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

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

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

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

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.

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

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.

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

Obviously flat.
→ Single cause: Assuming a single cause or reason when there might be multiple causes or reasons.

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.

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.

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

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

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

Illustration and design: Marie-Paule Gattien, www.gattien.com

Skeptical Science, klimafakten.de

Infodemics (Disinformation)

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.

Three Key Take-Aways

- Secondary research sources are out there and available for use to help determine your audience and drive your strategic and communication planning.
- Urban and rural communication tactics may overlap but rural health care systems have specific communication challenges not faced by urban systems. That said, though, many of the same tactics may be used but with some caveats...
- Disinformation is here to stay. How we approach it and respond to it will help determine how effective our communication may be.



Questions?

Please be sure to complete the session evaluation!



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Dr. Hoffmann is an associate professor in the Jandoli School of Communication, a New York State senior public health fellow with the Cattaraugus County Health Department, a Richard P. Nathan Public Policy Fellow with the Rockefeller Institute of Government, and an entrepreneur. She is the owner of Data Doyenne, a LinkedIn newsletter and upcoming podcast titled WTF? (What the Facts?) which delves into disinformation and the infodemic.

She received her doctorate and master's degrees in communication from the State University of New York at Buffalo and her Bachelor of Science degree in biology from St. Bonaventure University. Additionally, she completed the World Health Organization Infodemic Manager Training Program. Her research and teaching focus on infodemics, conflict management, conflict resolution, and corporate communication and strategy. Prior to going into academia, Dr. Hoffmann worked in creative services for Catholic Health. She also recently served as the deans of the Jandoli School of Communication and graduate studies.

She is also the author of *WTF? (What the Facts?) an Infodemiologists Guide to the Truth* (available May, 2024).

Her role as a senior health fellow includes strategic and communication planning and implementation. Her Rockefeller policy fellowship deals with the infodemic and policy issues surrounding it.

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Resources

- [Edelman Trust Barometer](#)
- [U.S. Census](#)
- [NYS SPARCS Data](#)
- [County Health Rankings](#)
- [NYS Dashboard](#)
- [ESRI Tapestry Segmentation Data](#)