

Communicating with Heart in Public Health

WEDNESDAY, SEPTEMBER 10 4:30 - 6:00 pm EST / 1:30 - 3:00pm PST

This event will be recorded. The recording and slides will be available on publichealthcollaborative.org later this week.

All attendees are automatically muted upon entry.







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Closed Captioning and ASL Interpretation

If you'd like to use closed captions or ASL interpretation: Hover over the "More" button or the "Interpretation" button on the bottom of your Zoom screen.

- Live closed captioning is being provided by Al Media.
- ASL interpretation is being provided by Keystone Interpreting Solutions.



Meet Today's Experts



Nir Menachemi, PhD, MPH

Dean
Indiana University Fairbanks School of
Public Health, Indianapolis



Matthew Montesano, MPH
Senior Director of Data Communication
NYC Department of Health and Mental
Hygiene



Leslie Lopato, MD
Co-Leader of the Truth and Trust Project
Braver Angels



Amanda Kwong, MPH
Director
Public Health Communications Collaborative



Don't Forget to Use the Chat!

Add your questions to the chat throughout the webinar.

We'll do our best to get to all of them, but if we don't get to yours, we will repurpose your questions for future webinars, resources, and PHCC Academy courses.





The Role of <u>Trust</u> in Communicating with H.E.A.R.T. in Public Health

Nir Menachemi, PhD, MPH Dean & Professor Fairbanks Endowed Chair

PUBLIC HEALTH

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This open access article is distributed in accordance with the terms of the Creative Commons Attribution (CC BY-NC-ND 4.0) license. By Nir Menachemi, Lindsay Weaver, Virginia Caine, D. Shane Hatchett, Kristina Box, and Paul K. Halverson

COMMENTARY

Indiana's Public Health Investment Holds Insights For Other States

Nir Menachemi (nirmena@iu .edu), Indiana University and Regenstrief Institute, Indianapolis, Indiana.

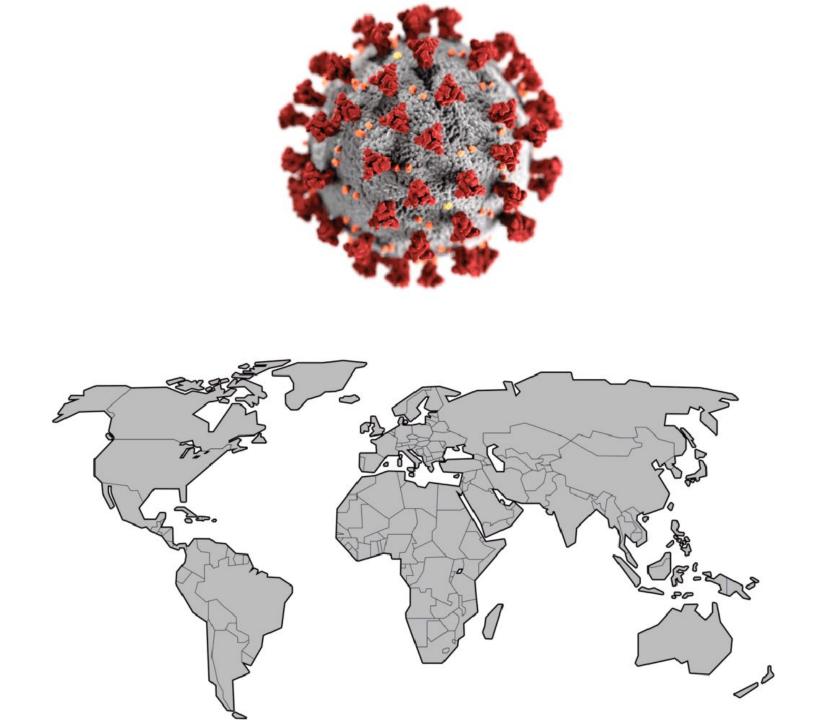
Lindsay Weaver, Indiana Department of Health, Indianapolis, Indiana.

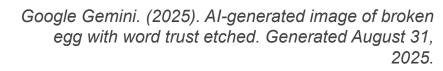
Virginia Caine, Marion County Public Health Department, Indianapolis, Indiana.

D. Shane Hatchett, Indiana Department of Health.

Kristina Box, Indiana Department of Health.

Paul K. Halverson, Oregon Health & Science University and Portland State University, Portland, Oregon. ABSTRACT Indiana has a business-friendly environment, but historical underinvestment in public health has yielded poor health outcomes. In 2023, when trust in governmental public health was strained nationwide, Indiana increased public health spending by 1,500 percent. In this article, we explain how Indiana achieved this unprecedented legislative victory for public health, describing the context, approach, and lessons learned. Specifically, an Indiana University report linking economic vitality and overall health sparked the creation of a governor's commission charged with exploring ways to address Indiana's shortcomings. Working with the Indiana Department of Health, the commission developed multisectoral coalitions and business and government partnerships, and it maintained consistent and coordinated communication with policy makers. Lessons learned included the value of uncoupling public health from partisan narratives, appointing diverse commission membership with strategically selected cochairs, involving local leaders, and ensuring local decisionmaking control. We believe that Indiana's approach holds insights for other states interested in strengthening public health funding in the current era.

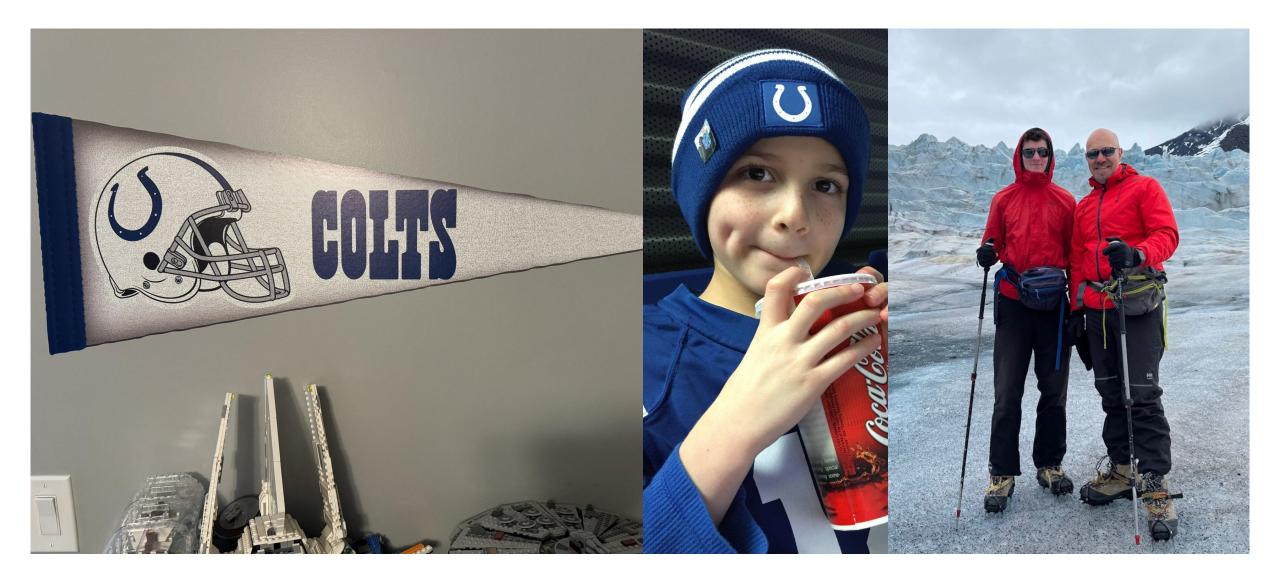












 Competitive and professional sports "exploits" this innate human need

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- The same mechanism affects:
 - Politics with "P" or "p"



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 - Politics with "P" or "p"
 - Culture

Article

Preferred Interpersonal Distances: A Global Comparison

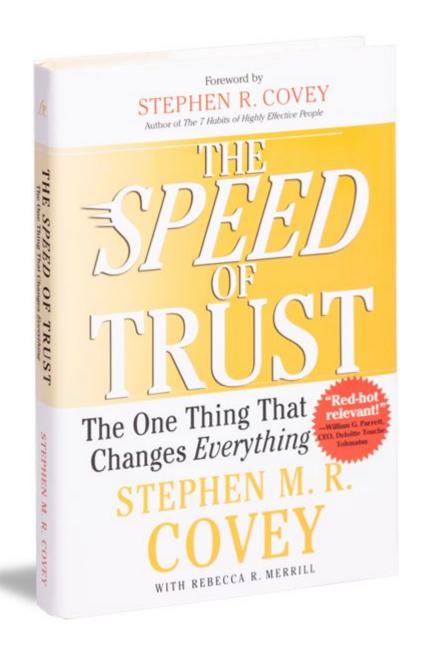
Journal of Cross-Cultural Psychology 2017, Vol. 48(4) 577–592 © The Author(s) 2017 Reprints and permissions: sagepub.com/journalsPermissions.nav DOI: 10.1177/0022022117698039 journals.sagepub.com/home/jcc

(\$)SAGE

Agnieszka Sorokowska¹, Piotr Sorokowski¹, Peter Hilpert², Katarzyna Cantarero³, Tomasz Frackowiak¹, Khodabakhsh Ahmadi⁴, Ahmad M. Alghraibeh⁵, Richmond Aryeetey⁶, Anna



- Competitive and professional sports "exploits" this innate human need
- The same mechanism affects:
 - Politics with "P" or "p"
 - Culture
 - Market competition between firms
 - Much more!
- "I need to find my people"



- We judge ourselves based on our intentions
- We judge others based on their behaviors (which includes their words)

Communicating with H.E.A.R.T. in Public Health



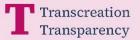
Practical Considerations to Center Empathy and Compassion in Public Health Communications











Listening to Find Your Way to the H.E.A.R.T.

Empathy and compassion are important elements of public health communications. Empathetic communications show an awareness and consideration of your audiences' emotions, beliefs, and experiences. Compassionate communications act on awareness and consideration to support and inform audiences in a responsive way. To create empathetic and compassionate communications, be sure to listen to your audiences, and when you do, **listen to understand.** This can help the H.E.A.R.T. you bring to your communications be better informed and fully aware of the circumstances faced by your audiences. As you develop communications that center both empathy and compassion, consider some of these listening techniques:

- Avoid formulating answers in your mind while you are listening to a response.
- Bring an open and curious mind to your listening.
- Consider biases you may bring to your listening before a conversation starts or before you review responses.
- Gain deeper insight into the perspective of your audience instead of focusing on yours.
- Use active listening when you are in conversation with your audience. Summarize and repeat what you heard and ask clarifying, open-ended questions to ensure you understand.

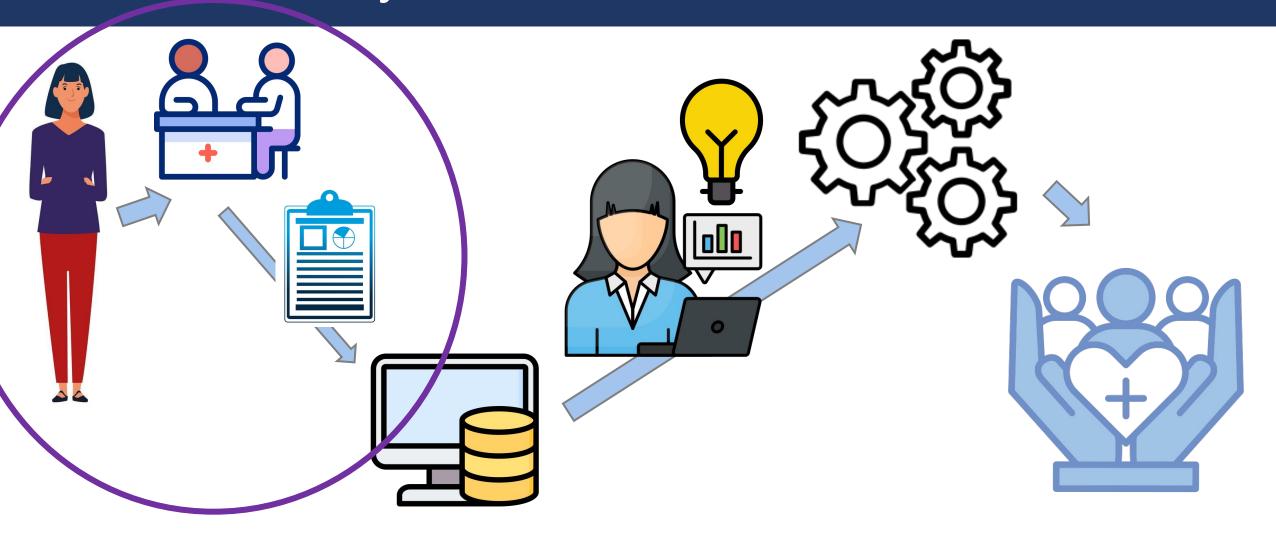
These behaviors help build trust

Solving the "last mile problem" with public health data

Communicating data so it's easier to access, understand, use

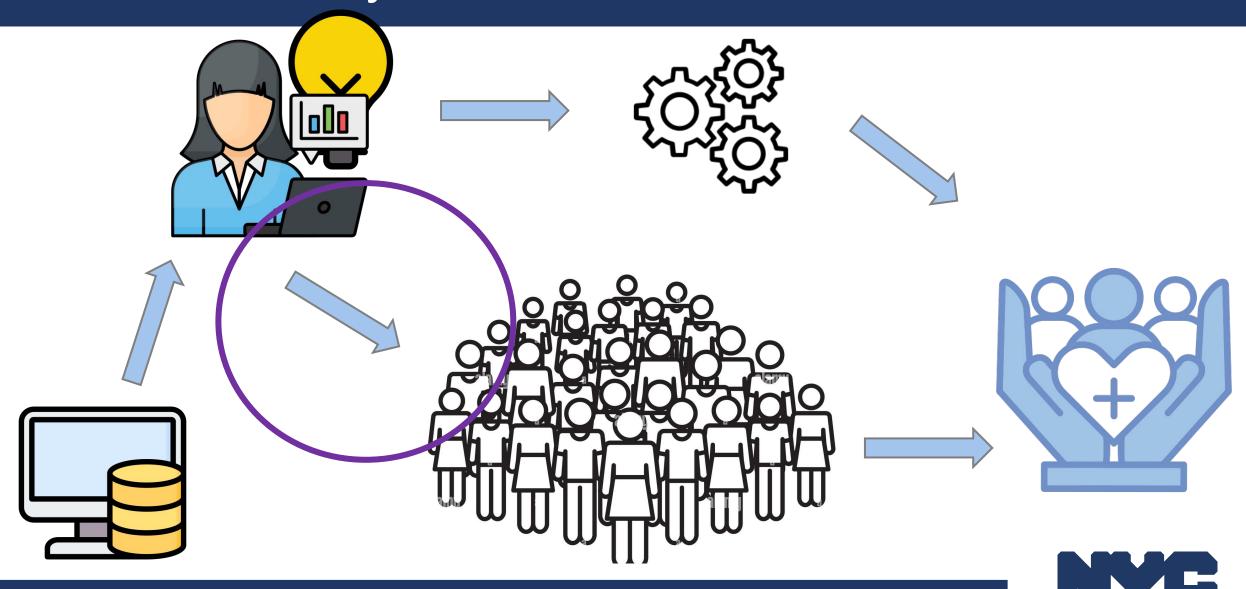


The data lifecycle





The data lifecycle



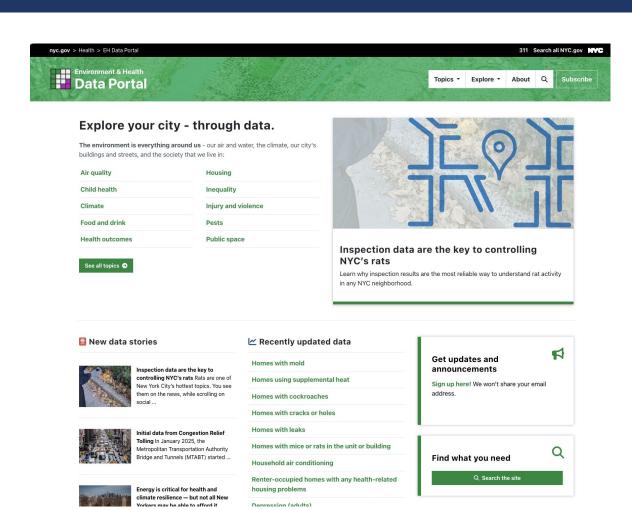
Health

The "last mile problem"

NYC Environment and Health Data Portal

https://a816-dohbesp.nyc.gov/IndicatorPublic/







Talk to people

When we ask how to make data easier for people to understand, this is what we hear:

"It has to be easy to use."

"Don't make me analyze the data – *tell me what's going on.*"



Making data easier to access, understand, and use

Making data easier to access:

- Focus on usability
- Use familiar-feeling web techniques
- Connect information through search, tags, keywords

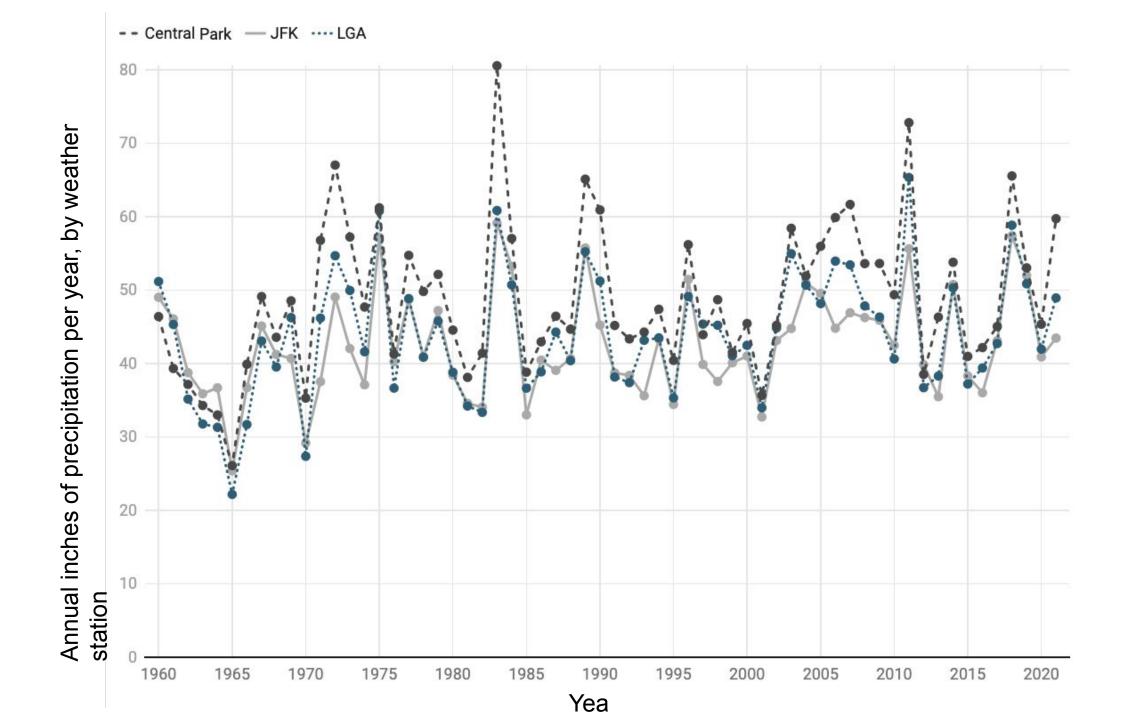


Making data easier to access, understand, and use

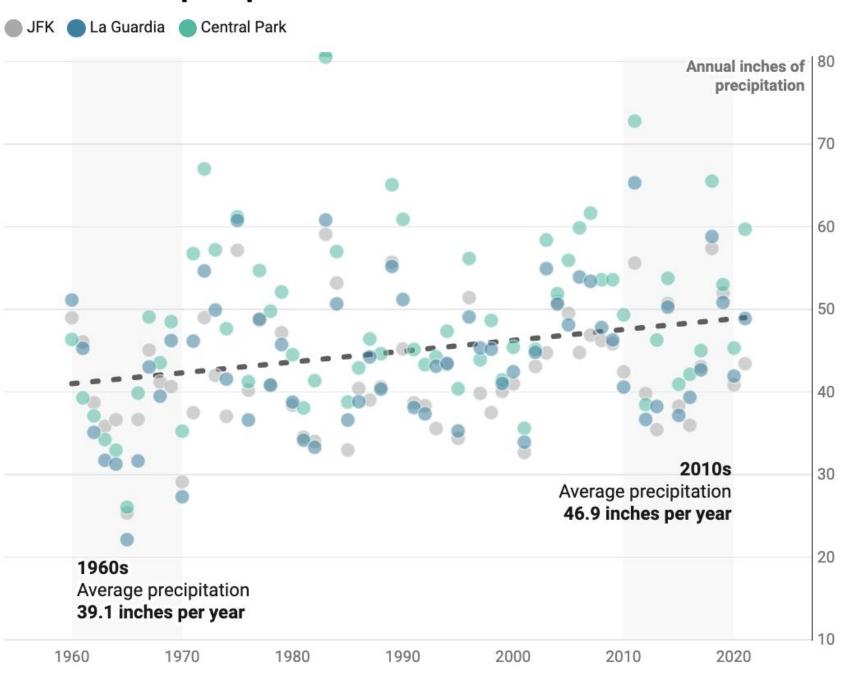
Making data easier to understand:

- Explanatory products complement exploratory products
- Evidence-based data visualization techniques





NYC's annual precipitation has increased about 20% since 1960



Making data easier to access, understand, and use

Making data easier to understand:

- Explanatory products complement exploratory products
- Evidence-based data visualization techniques
- Plain(er) language



Making data easier to access, understand, and use

Access + Understanding = Use

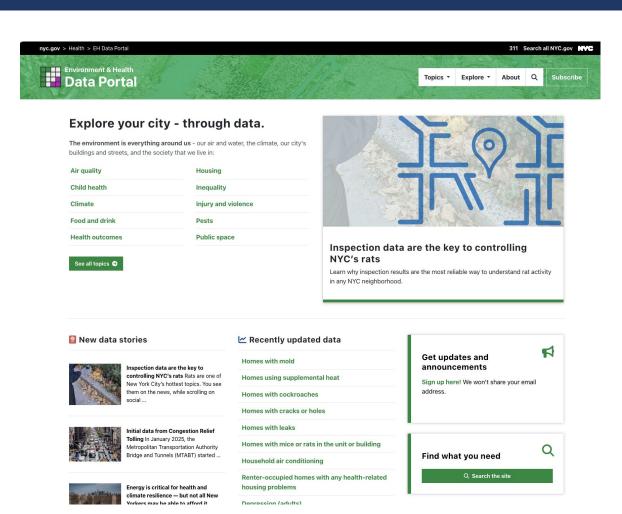


See for yourself

NYC Environment and Health Data Portal

https://a816-dohbesp.nyc.gov/IndicatorPublic/

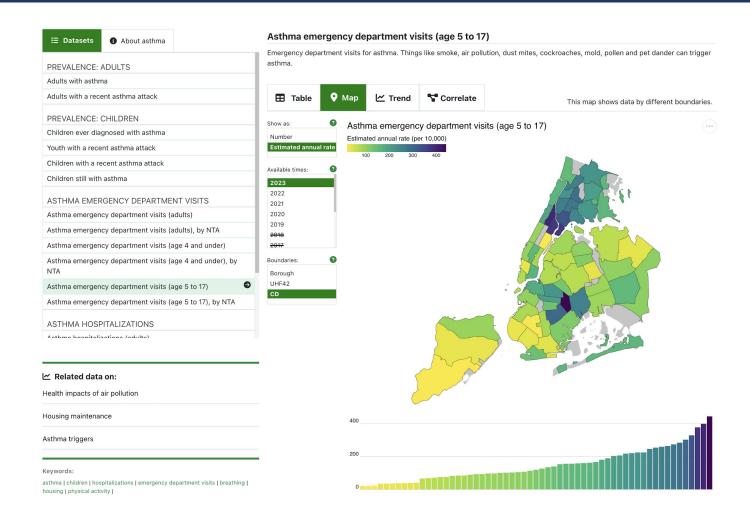






See for yourself

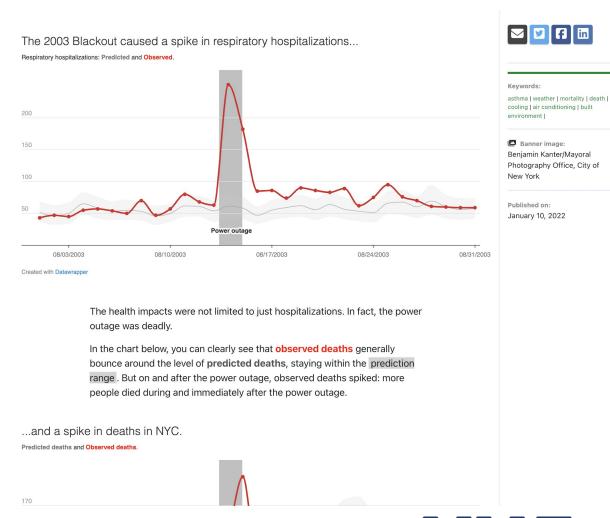
Data Explorer





See for yourself

Explanatory material





Designing tools so more people can use them

PDF reports buried on websites Clunky, archaic dashboards Inaccessible data formats

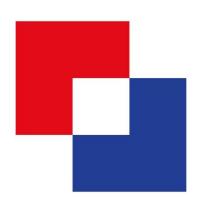
Good websites
Searchable, findable data
Easy-to-understand visuals
Exploratory and explanatory



Thank you!

mmontesano@health.nyc.gov

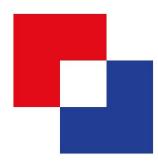
https://github.com/mmontesanonyc/resources



Managing Difficult Conversations in Public Health



Leslie Lopato, MD



BRAVER ANGELS

"Courageous connections across political division" - with unity of purpose, not uniformity of opinion.

National nonprofit with the mission to bring Americans together to bridge the partisan divide and strengthen our democratic republic.

Leadership is half red and half blue at all levels.

We hold workshops, debates, and engage with community members and elected officials

Merriam-Webster's 2024 Word of the Year was: "Polarization"

"Division into two sharply distinct opposites; especially, a state in which the opinions, beliefs, or interests of a group or society no longer range along a continuum but become concentrated at opposing extremes." This is a polarization of issues and ideas.

BUT we need to be aware of

Affective Polarization

The gap between the positive way an "in group" views itself and the negative way it views "others." Characterized by viewing outsiders with anger, distrust, contempt, hostility and even hatred, sometimes seeing them as evil and ill-intentioned.

SHARED FACTS AND SOCIAL TRUST

Most individuals do not have direct, personal access to easily understandable scientific or medical facts.

Even medical and scientific professionals can have trouble evaluating the volumes of information.

We rely on authorities and leaders we trust.

Result: In a polarized world without shared sources of trustworthiness, we lack shared facts, which paralyzes us for making collective decisions.

WHAT CAN WE DO?

We can work to build stronger relationships of respect and trust.

We can develop our skills for communicating across trust and fact divides.

DEVELOP 1:1 RELATIONSHIPS

Reach out to initiate conversation, formally and informally.

Have coffee with your critics.

Connect personally.

Get their story and share yours.

Listen and ask questions when you can do it <u>with sincere</u> <u>curiosity</u>.

Things to Consider:

- 1) Anticipate that **you** may be the one who has to reach out and connect first. You will be doing the "heavy lifting" in the conversation, especially at first.
- Recognize that you may not persuade the other person that they are wrong and you are right.
- 3) Ask nonjudgmentally **how** they came to believe as they do.
- 4) Recognize that listening is **NOT** the same as validating or giving weight to their entire viewpoint.

You need to speak your truth, but for YOU to be heard, the person you're talking to also has to feel heard.

FOUR SKILLS FOR COMMUNICATING

L- LISTEN AND ACKNOWLEDGE

-the other person's view and the strength of their feelings. Give a brief paraphrase of their view and ask question of clarification if necessary.

A- APPRECIATE

-their willingness to bring their concerns to your attention.

A- AGREE

-with whatever piece of common ground you can find, even if it's a small part

P- PERSPECTIVE

-after asking if it's OK, share your own perspective on the issue.

If you'd like to know more about Braver Angels or the Truth and Trust Project: braverangels.org

https://braverangels.org/truth-and-trust/

If you'd like to know more about or schedule a workshop: email: llopato@braverangels.org



Q&A



Explore More from PHCC publichealthcollaborative.org

- Sign up for the PHCC newsletter
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- Review new messaging on the 2025-26 COVID-19 and flu vaccines
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Thank You

More Resources
www.publichealthcollaborative.org

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