Health and Safety Communication

Health and Safety Communication: A Practical Guide Forward is an easy introduction to the principles and practice of health and safety communications, providing all you need to know to design and implement communications efforts on a wide range of health and safety topics and issues. Whether you're a student grappling with a health communications course or a professional wishing to learn how to communicate health and safety messages effectively to a range of audiences using a variety of communications media, *Health and Safety Communication* is all you'll need.

This book incorporates two broad sections: the grounding and the applications. The model articulates a planning approach for designing, implementing and reviewing a range of communications approaches. The applications segment specifies numerous approaches, including workshops, print materials, campaigns, the media, public speaking and social media that can be used to convey what the health and safety specialist wants the audience to "know, feel and do" as a result of engagement with the communications approach. *Health and Safety Communication* blends sound foundations with practical strategies for health and safety communication so that messages can be communicated more effectively; after all, for changes to occur, the message must be received and respected.

Unique features of this book include a wide range of approaches and strategies, with numerous examples and tips provided throughout. "Messages from the field" incorporate examples and samples from over 30 individuals and organizations, offering their insights and suggestions. The applied approach of this definitive guide is designed to enhance the competence and confidence of those currently in health or safety arenas, as well as those seeking to incorporate health or safety messages in other settings such as businesses or communities.

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A Practical Guide Forward

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Preface

The world is fraught with thousands of health and safety issues that warrant attention. Whether it is the quality of water, immunization, emerging diseases, aggressive driving, obesity, fire safety, intellectual challenges or drug addiction, the opportunity to make a difference is omnipresent. Some of these issues have greater needs in some areas of the world than in others; and some of these issues are more pronounced among some groups or populations than in others. Whatever the issue or setting, whatever the audience or approach, opportunities exist to make changes in positive directions.

Thankfully, progress has been made, on so many fronts, to reduce the harm or concern associated with so many health and safety issues. And, thankfully, many dedicated professionals and concerned individuals, groups, organizations and agencies have the knowledge and skill to create change. However, while so much progress has been made, much more remains to be accomplished.

That's where this book comes in. As authors, we were inspired to develop this book based on our life-long work with health and safety issues. Between us, we have 80 years of professional work, primarily in the arena of health promotion. Our work in an academic environment has provided us with opportunities to work with students preparing for work in a wide range of professions, whether health-related, business-oriented, human development focused or other specialty. We have each worked in settings outside of academics, and each of us has worked closely with local, state and national organizations. We are aware of changes in how health and safety issues are addressed and are often frustrated with the quality with which health and safety topics are discussed and addressed.

With our work with a range of groups and organizations—non-profit and profit-oriented, large and small, urban and rural—we find that knowledgeable people and organizations often seek relevant approaches for communicating their messages. We have found, all too often, that these dedicated individuals don't have the background or skills for preparing or implementing their communications work. Our aim with this book is to aid individuals and organizations to communicate more effectively with their health and safety initiatives—to be more clear, more up-to-date and, ultimately, more persuasive. We strongly believe that those communicating the health and safety messages do want to have their messages respected and followed. We also believe that, all too often, these well-intended messages fall short of their targets. Thus, we prepared this book with a very practical orientation. It is our aim to enhance the skills as well as the confidence of those doing the communication, so that the results achieved more closely match the results desired.

This is not to say the current messages are not effective, as many are. Many individuals and organizations with specialized skills are quite effective with their messaging; however, these can be costly and out of reach of the thousands of individuals and smaller groups seeking to promote healthier and safer lives with their audiences. Even in the classroom, we find gaps with students' academic preparation focusing on communication skills; while much of this comes with life experience, we seek to "jump start" these young professionals with their message development and delivery.

General considerations

In our preparation of this book, several factors were critical for our writing. Primary among our guiding principles was that we wanted an applied approach. We wanted a "hands on" resource that would be helpful for students and practitioners. The aim for our book was to be useful and practical, and to provide numerous "how to" approaches for their current and future efforts with communicating about **health and safety** issues.

Coupled with this applied approach was the fact that we wanted a resource that was grounded in current science and best practices. To accomplish this, we incorporated our varied experiences and current professional literature to help orchestrate the content and examples. Central with our thinking is that effective approaches need to be grounded with sound theoretical frameworks and good practice; we build on this and highlight effective practices based on firm foundations.

Third, our aim was to provide current examples from practitioners in the field, from all types of settings. We asked policy makers and agency heads, organizers and academics, leaders and grassroots personnel to share their experiences. The book has dozens of examples labeled "Messages from the field" that highlight a wide range of experiences and insights from these professionals. We sought to gather their insights and wisdom to help guide the book's readers with planning and implementing their efforts.

Fourth, we sought a broad focus with communications activities. We weren't limited to brochures and posters, and we didn't want to emphasize campaigns alone. We wanted to be sure that all types of communication initiatives would be included, knowing that our audience of students and practitioners would have the opportunity to share their messages in a wide variety of ways. We wanted to be sure to include workshops and speeches; we incorporated interviews on the radio or television, as well as newspapers and newsletters. We included the emerging role of social media and highlight approaches like flash lectures and blogging. While each of these could comprise an entire book (and many do!), we emphasize the breadth of approaches.

A fifth consideration is that we also addressed both health and safety together. We believe that, while safety is often omitted from a consideration of health, its topics and issues are very much based in a healthy life and environment. Consider safety belts and bike helmets; fire safety and boating safety; impaired driving and personal safety; these often do not come to mind when thinking about "health." We know how vitally important these and many other safety topics are, and we wanted to formally highlight this with both the book title and contents.

Sixth and most important, we wanted to focus on proactive, preventive approaches. Our emphasis is with individuals and organizations seeking to promote health and safety. Our emphasis is not on patients and what is typically a reactive approach, such as dealing with an illness or medical situation. Our focus with this book is for promoting positive attitudes and behaviors, so that unsafe, unhealthy and otherwise problematic situations

are avoided. While dealing with patients is vitally important, and health communication is indeed an essential part of that interaction, that specific setting or focus is not the emphasis of this book. In addition, medical personnel may very well benefit from this book; this book is not about "bedside manner" or "patient communication," although some of the approaches will be helpful for these personnel. Beyond this, a medical specialist may, indeed, be called upon to offer his or her expertise in a proactive manner; imagine a dentist conducting a workshop, a nurse practitioner appearing on a television show to describe actions for reducing harm during a medical emergency, a veterinarian describing healthy habits or a doctor testifying at a public hearing. Each of these situations is quite relevant for this book, as they are envisioned as proactive in approach.

These points serve as the foundation for our approach. We emphasize praxis, where theory and background join with practical applications. We want a sound, practical approach that builds on many quality approaches, yet offers a process that is open for renewal and refinement. We are acutely aware of the changing landscape associated with the ways in which people learn. We encourage our readers to attend to sound processes such as those incorporated here and be open to embracing new strategies if they can aid with delivering a quality message and having the desired results.

Book organization

The organization of this book builds upon our approach as one of praxis—the blend of theoretical and practical approaches. As such, the book is organized into two major parts. The first part—Health and safety communications model—incorporates a strong theoretical foundation and sound planning approaches. In this part, we offer a framework that serves as a foundation for planning and executing health and safety communication efforts. This five-part model—the health and safety communications model – is introduced in the book's first chapter. Each of its five elements serves as the basis for the following five chapters.

The second part of the book—Health and safety communications approaches—addresses the primary ways in which these communications activities occur. Chapters are devoted to campaigns, print materials, workshops and working with the media. We also offer a chapter called "A public presence" where we highlight a range of individualized approaches, such as giving a speech or a TED talk, being interviewed or on a panel, or having an "elevator speech" ready. Further, we have a chapter about social media, with some fairly basic approaches such as websites and blogging, Facebook and Twitter, and other recent and emerging approaches. We end the book with some final thoughts and perspectives.

Throughout the book, even in the first part, we incorporate practical approaches and experiences shared by individuals and organizations that have worked with health and safety communications in the past. We conclude each chapter with a theme of "Forward!" as that highlights our perspectives about where we expect our readers are heading with specific efforts.

The book's audiences and context

As we prepared this book, we envisioned two major audiences. One audience encompasses the practitioner and the other is a student. With the practitioner, this is someone who may or may not be working in a health or safety setting. This practitioner may be

a public health specialist, whose responsibility is one of promoting health messages as part of a defined professional responsibility. Or, it may be an individual who is working in a health profession, but whose responsibilities do not involve communications; however, based on his/her expertise, others may call upon this individual to participate in some communications effort such as a community panel, testifying, public speech or other approach. Similarly, as described earlier, a doctor or nurse may be called upon to conduct a workshop or offer a talk. Or, consider a local sheriff who is asked to do a talk about highway safety concerns, or to prepare a brochure about the use of mopeds in the community. Similarly, an engineer may be asked to lend his or her expertise to a panel discussion, and wants to be able to be more effective with the presentation. Or, within an organization with multiple or many employees, an aim is to provide better information for the employees on any of a range of health and safety topics; perhaps a newsletter or information series is wanted, and an employee is asked to provide leadership for that. For each of these individuals and so many others, this book provides practical guidance and suggestions about being more effective with planning and implementing these efforts. While the second part of the book may be of immediate relevance, the first part provides some foundational information that can be helpful for planning larger-scale and longer-term initiatives.

The other audience includes students preparing to embark on a professional career. This could be a student preparing for health promotion, community health or a related professional area. It could also be someone in the allied health professions who seeks to be able to communicate more effectively with prevention messages. It may be a student in the judicial or enforcement arena, or someone who is studying public and international affairs; it may be a student in business who wants to be prepared to promote a healthier work environment. Whatever the professional role, this book offers professional preparation with the range of theoretical and planning constructs offered in Part I, as well as the numerous practical approaches incorporated within Part II. Many traditional textbooks have identified learning objectives for each chapter, as well as quiz questions, discussion topics and related pedagogical features; this book, with its applied approach, relies on the engagement of the instructional faculty as well as the self-directed learning styles found among many students.

Our hope is that both types of audiences find this book helpful and refreshing. We hope that the blend of theoretical and practical, and exemplified by examples from a wide range of practitioners, is helpful in establishing sound foundations for more effective communications.

Summing up

Our vision with this book is to help a wide range of practitioners from all sorts of professional and volunteer settings. Our audience is not limited to those who have a professional role with health or safety communication; we know so many others will benefit from the skills and tools to be more effective with their communication efforts. With so many health and safety issues warranting sound science and more effective messages, our aim is a simple one—help individuals and organizations, with their behaviors of interest, to "move the needle"!!

We have heard the common phrase of "paying it forward," as individuals are doing good works to help make others' lives better. As individuals read this book, whether specific segments or in its entirety, we hope our readers think about how they can help make others' lives healthier and safer. We know so many people are well intended with

their efforts but just don't have the time or expertise to communicate their messages in ways that resonate effectively and that make a difference. We hope some of the tools and resources here help to bring greater awareness and, ultimately, behavior change.

In preparing this book, we clearly stand on the shoulders of those who have prepared the "Messages from the field," as they share their wisdom and experiences, their heart-aches and joys, from which all of us can learn and grow. We hope the readers learn from those experiences, as well as those from us as authors, to help leave others better off as a result of our collective efforts.

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2   The audience

Step 1

Applying the health and safety communications model starts with a sound working knowledge of your audience (Figure 2.1). In fact, having knowledge and insights about your audience (or audiences) is an essential aspect of preparing your messages and having the results that you seek.

Imagine if you are trying to learn a new language, but to do so you are thrust onto an advanced conversational course. The language is difficult to process at that level of profi-ciency. Another example is reading Shakespeare's plays. The scripts are in early modern English, very timely for when he wrote them, but now they sound funny and can be dif-ficult to understand. Despite these challenges, you can learn a new language by knowing sentence structure, vocabulary or tenses practiced by the conversationalists.

Similarly with health and safety communications, you want to make sure that your message reaches and resonates with your audience. If you are trying to connect with
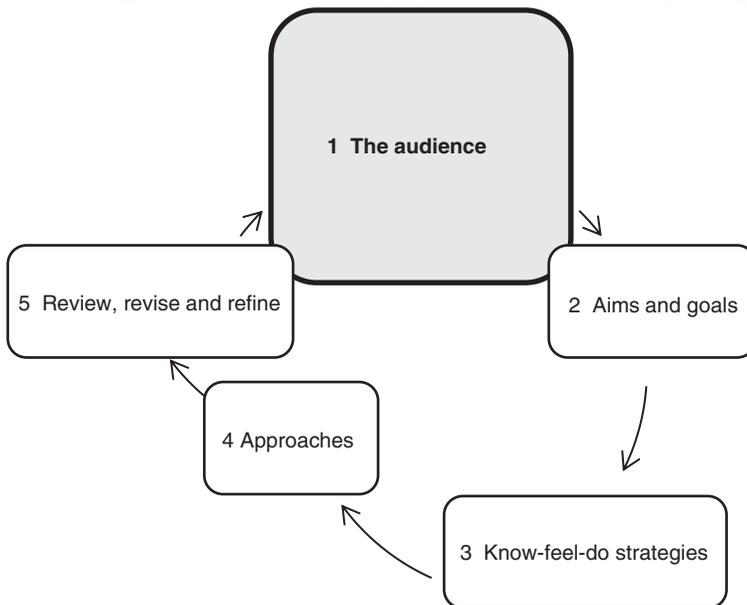

Figure 2.1 Knowing the audience

those in a large urban setting with illustrations about farmland and open spaces, this may not be relevant or appropriate (unless, of course, your aim is to illustrate differences with these distinct settings). If your audience is primarily visual in style, or the cultural values and perspectives are strong in a certain direction, you will want to make sure your approaches honor these orientations.

To know your audience means realizing its interests and needs. What are your audience's needs? Think of a need as circumstances in which something is necessary or a situation that requires a course of action. You are likely not going to undertake a communications endeavor simply to do so; you have something that you want to accomplish and some difference that you want to make. Your efforts with communication center first on recognizing something that is not healthy or safe among your intended audience. Whether it is from data, experience, or your general feeling, you know that some changes or improvements are needed. You may also know that the gap or area of concern is greater in one audience when compared with another; for example, within a certain age group, males may have a greater incidence of the identified health or safety issue than females. Further, health disparities may exist among different groups of individuals, based on a range of demographic factors (e.g., age, gender, education level, socio-economic status, race/ethnicity, country of origin/immigration status, or sexual orientation/gender identity). Accordingly, attending to specific audience(s) of need as well as distinct needs among audiences is important because of numerous factors. You may believe that these gaps are due to inattention or lack of prioritization of that audience; you may further believe that this difference is unethical, or at least unwarranted.

Another factor for consideration is that different audiences may have different needs; you may find that a health issue is higher in a particular audience but it is not found in another audience; thus, the need commands greater attention. For example, first-year college students, when compared with other students, have higher needs regarding appropriate study habits, or healthy decision-making about alcohol use. Or those in certain geographic regions of the country may have been exposed to certain experiences based on the weather, topography, climate, natural resources, culture and numerous other factors; this awareness makes a difference for you as you plan for your communication efforts to resonate positively with your target audience.

Related to awareness about the audience is knowledge about the issue. It is vital to be as current as possible, as knowledge continues to evolve. It is helpful to know what the science surrounding the issue reports. In other words, what is the latest research? It is also important to know the latest approaches to be used. For example, learning about cardiopulmonary resuscitation (CPR) using the latest techniques is so important that certification needs to be renewed every one to two years; in fact, in 2009, the American Heart Association started a campaign promoting Hands-Only CPR, designed to minimize brain damage while awaiting professional assistance. This change also addressed many individuals' concerns with artificial respiration, as some people did not want to do "mouth-to-mouth" on a stranger because they did not know if they could get infected or because of their own lack of comfort using this approach. Having quality facts and current information is important for a quality communications approach.

There are some issues for which the need may be fairly universal among the range of audiences; however, the message composition and channeling to reach specific audiences or subgroups will need to vary. For example, if the objective is to increase the use of automobile safety belts, the strategy would likely vary based on a whole range of factors. With soon-to-be juvenile drivers, the approach may be based on a game or

challenge opportunity. With youth just learning to drive, the emphasis may be based on legal responsibilities and linkages to a new driver's license. With young adults, attention to perceived invulnerability or **optimism bias**—this is, "a crash will never happen to me"—may be warranted. It was once thought that safety belts would cause pregnant women to miscarry in the event of a car crash, so a campaign to combat misinformation may be best for this audience; this would include evidence that the primary cause of fetal death during traffic crashes is death of the mother because she was not wearing a safety belt. The approach used to engage middle age adults may focus on professional or family responsibilities and elderly adults may be encouraged to use safety belts because of increased fragility of their bodies.

Some communication approaches require the involvement of multiple individuals with varying roles. Consider the issue of dental health habits of children. To achieve appropriate dental hygiene at home, the parent may receive a set of messages that includes tips for using know-feel-do strategies appropriate for the child's age group; at the same time, the child may receive different yet consistent messages, using know-feel-do strategies appropriate for the particular age group. These messages are all designed to accomplish the same goal, but are composed and potentially channeled in different, yet complementary, ways.

Central to effective health and safety communications is targeted segmentation. This might seem obvious based on the examples provided above; however, in actual practice, it is forgotten all too often. What often happens with health and safety communications is contamination by two broad misconceptions. The first misconception is "one approach fits everyone" and the second is "I know my audience." This chapter tackles these two misconceptions while providing greater detail on understanding the audience.

Audiences

Your audience is understood within a universal, selected, or indicated context (see Figure 2.2).[1] The universal approach is used when all audiences are included and a single message is used for everyone. Commonly, federal agencies such as the National Highway Traffic Safety Administration issue standards that are adopted as state laws. For example, the legal alcohol concentration is set at a blood alcohol concentration of 0.08 percent. It is a uniformly accepted standard communicated to the universal audience—the public. The selected context is when specific sub-populations or groups of interest are targeted, whether based on specific need or issue. In this sense, your efforts are to reach those of automobile driver licensing age. Good examples are safe teen driving campaigns or efforts to reach older drivers. A universal message would not be appropriate in this situation, as it would not maximize the opportunity to reach the desired audience most effectively. The same message—safe driving—would be offered in different ways for different audiences, whether new drivers, those with some experience (two–three years), those just turning age 21, those with many years of driving history and older drivers. The indicated strategy is more individualized and based on unique needs while working with an individual in that group. For example, recidivist drunk drivers may receive messages that are targeted to them; similarly, those seeking counseling for a specific mental health issue may benefit from communications efforts that would resonate most effectively for them.

If you think about it, the universal approach would be the easiest to implement. Conversely, it is more challenging to have targeted, focused messages based on an

Indicated
Individualized messages based upon unique needs (e.g., alcohol safety awareness program for persons convicted of driving while intoxicated)

Selected
Specific sub-populations or groups of interest to maximize effective communication (e.g., safe teen driving campaigns)

Universal
Entire population included (e.g., Federal agency standards and state laws prohibiting driving while under the influence of alcohol)

Figure 2.2 Audiences

individual's or subgroup's needs. Thus, many health and safety communications efforts are universal in nature, rather than being targeted. You will see in this chapter how it is more appropriate and helpful to segment your audience to obtain the maximum impact of your communication. Segmenting the audience produces a deeper and richer understanding of its needs, aspirations, hopes, issues, culture and more.

As the audience gets defined for the health and safety communications initiative, the main consideration now is to know more about them. You will want to know what characteristics might be important to understand, so that your health initiative will have the greatest likelihood of success. Why is this important? The answer is fairly obvious, as you want to be able to communicate—to resonate—with the audience you are trying to reach. You want to communicate in the best ways, using the most appropriate approaches that work for meeting your goals with the communications effort. You want your message to be "heard" by them. You want to be understood. You want your audience to "decode" your communication in the way you intend. You may have a very well-designed initiative, but if it is not heard well by them, or is not perceived as being credible, your efforts are, to a large extent, wasted. Similarly, consider the way different generations speak to others. A group of retired seniors will not understand current slang and today's youth won't understand examples that resonate so well with these retirees.

So how can you best learn more about your audience? You will want to conduct some assessment activities, incorporating as many as are reasonable and appropriate based on your timeline and available resources. These may be formalized or very informal. This will also depend on your existing familiarity with the audience. More detail about

learning about your audience is found in Chapter 6 which focuses on evaluation activi-
ties; the range of approaches useful for evaluation are also applicable for needs assessment
activities and can be most helpful as you formulate your strategies and approaches.

It is also vital that you stay up-to-date. For example, if you work with college stu-
dents on a regular basis, you are likely fairly up-to-date with their thinking, patterns,
lifestyles and more. They demonstrate changes from year to year, but many of these
are slow and evolving. If you leave the campus, and return in ten years, you will prob-
ably notice major changes. Similarly, if you provide examples of or linkages to various
things, you will want to be sure they are relevant to your audience. Beloit College has
a list of experiences and frames of reference for each entering college class, a listing that
has been published annually since 1998. Table 2.1 shows selected items from the listing
of 50 items for the class of 2019.[2]

As noted earlier, your work with a specific subgroup may evolve from data collection
that has already occurred. That is, you may have decided to target a specific audience
because of the differential needs that emerged from some data that shows a higher need
or area of concern; that provides an excellent starting point for your planning activities.

Table 2.1 Mindset list of the class of 2019

For this generation of entering college students, born in 1997 …

Hybrid automobiles have always been mass produced.

Google has always been there, in its founding words, "to organize the world's information
and make it universally accessible."

They have never licked a postage stamp.

Email has become the new "formal" communication, while texts and tweets remain enclaves
for the casual.

Hong Kong has always been under Chinese rule.

They have grown up treating Wi-Fi as an entitlement.

The announcement of someone being the "first woman" to hold a position has only impressed
their parents.

Color photos have always adorned the front page of *The New York Times*.

Cell phones have become so ubiquitous in class that teachers don't know which students
are using them to take notes and which ones are planning a party.

If you say "around the turn of the century," they may well ask you, "which one?"

The therapeutic use of marijuana has always been legal in a growing number of American states.

Fifteen nations have always been constructing the International Space Station.

The Lion King has always been on Broadway.

First responders have always been heroes.

Poland, Hungary and the Czech Republic have always been members of NATO.

Humans have always had implanted radio frequency ID chips—slightly larger than a grain of rice.

TV has always been in such high definition that they could see the pores of actors and the grimaces
of quarterbacks.

However, you may decide that you need to understand more about why this group has a heightened need in this topic area; this may warrant discussions or focus groups to probe deeper into the issue.

- With the data gathered, you see that males are more likely to drink heavily than are females. Why do you think that is the case?
- It has been reported that student-athletes feel more stress than other students; do you agree with this? If so, why do you think this occurs? If not, why?
- How would you describe the different perspectives of various groups so they best understand the topic of aggressive driving and ways of avoiding doing it?
- In what ways would you motivate people a few years younger than you to take better care of their health?
- What messages are most appropriate for reaching groups of people like you about this health issue?
- What approaches would be best for reaching older adults on these specific health concerns? What approaches or know–feel–do strategies would be best?
- What sorts of incentives or disincentives exist regarding getting your peers to pay attention to this health or safety topic, and how do these vary based on the specific topic?

As you think about the issue that you will be addressing with your health and safety communications effort, there are numerous elements that you might want to know about. In fact, as you start to think about it, you may easily get overwhelmed. The important thing is to prioritize what you learn and what you want to know from and about your target audience. One way of thinking about this is to "fast forward" to some of your general outcomes in a more deliberative manner, as you build your communications effort. That is, think now about what it is that you believe you will want the audience to "know, feel or do"; with that in mind, you can start to query their levels of knowledge about various aspects of the topic, their feelings about it, and their current skills as well as perceptions about their own confidence in addressing the issue.

Numerous frameworks and guides can be helpful. As you start to think about the issue, consider the following as trigger points for you to further refine the nature and scope of your questions:

- knowledge about the topic area and sub-topics within this overall topical issue;
- attitudes about the issue or aspects of it;
- reasons that they or others do or don't do the specific behavior;
- awareness about current practices, policies, programs;
- perception of various consequences and associated harm or benefits;
- helpfulness of resources and know–feel–do strategies, messages and referral services;
- understanding of this issue and its importance;
- information desired;
- ease of access for helpful or problematic factors;
- challenges in understanding the new behaviors;
- the role of the cultural context, including family, friends, peers, groups and society;
- health considerations about the issue;
- existing leadership on this issue;
- messages heard about the topic or related topics;
- what is important to them in their lives;

- what types of messages resonate best;
- perspectives of others' engagement in the behavior;
- what communication vehicles are most helpful, and what should be avoided.

One typical outcome that emerges from a data collection process about a specific audience is that it often generates more questions than you started with. As you gather information, you may find that you want to probe further and more deeply, so that you gain a more complete understanding. What you can always remember is that full knowledge about a group of people is never feasible with this type of work (nor will anyone approach work for all individuals within that grouping). The context within which you are gathering information is to maximize further the effectiveness of your efforts. When you gather information about a subgroup, you are gaining further insight and elucidation about what is important to them and, ultimately, what might be triggers or factors that would be associated with behavior change. Thus, you will, in fact, be more knowledgeable; you will also be more aware of all that you do not know.

Once you gather this information, you are poised to start organizing it in some meaningful and helpful ways for the communications effort. You may need to go through several rounds with this, as you gather information and begin to formulate your communications; you may then realize that you need some more information, which you can obtain and feed that back into your planning and development process.

This entire process is just that—a process. You are formulating approaches that have the greatest likelihood of making a difference. You are working to prepare materials that will resonate with your audience. So you are continually tinkering with it, until you release it, or your time is up and you just need to finalize it.

Intermediary audiences

Another important factor while thinking about your audience has to do with **intermediaries**, those persons linking others in order to reach agreement or reconciliation. These persons are important because they can help your message to be heard; similarly they can block the access to as well as the impact of the message you communicate.

For example, if you are working with student-athletes on campus, your effort will benefit from an understanding of the important role that various intermediaries can play on your behalf. These individuals can reinforce your message; alternatively, they can block it. They serve as a gatekeeper role, where they may not permit the distribution of your messages. Consider each of the following within this context:

- Director of Athletics
- Senior Woman Associate
- Compliance Coordinator
- Sports Psychologists
- Sports Dietitians
- Life Skills Coordinators; Academic Advisors
- Faculty Athletics Representatives
- Coaches
- Student Athlete Advisory Committee/Student Athlete Mentor Peer Educators
- Athletic Trainers
- Others.

This can be the same in other settings, where you are working to get your message across. Your efforts benefit from knowing about these intermediary audiences, so that they serve as a helpful and positive "gatekeeper," that they further reinforce your message with the ultimate audience and that their messages are consistent with your message. Each of these is important.

Intermediary audiences are important for several reasons. Essentially, getting your message communicated to your target audience is not as simple as you just providing the message and having the audience receive it. Typically, intermediaries are part of this process of communicating the message. One aspect is that the intermediary may be an approval agent. You may need his/her sign-off or buy-in so that the message can be communicated. Think of a parent, who reviews the message before it is viewed by his/her child. Also, think about the principal of a school; she/he will likely need to approve the message and strategy before it is distributed.

For example, consider a health campaign that you plan to implement within the high school setting. You may have done numerous planning activities, working with the target audience with knowing their needs, pilot testing the messages and much more. However, if your approach has not involved the school principal, or the appropriate approval bodies such as the parent–teacher association, school board, counselors or others, then you may not get the necessary go-ahead to implement the initiative. Involving the gatekeeper or intermediaries in the process of planning can help assure you that you are on the right track. Further, they become more invested in the process and can provide the necessary support and guidance at various points along the way.

Second, the intermediary may be a communications vehicle. You may be relying on this individual to get the message distributed. For the example with the principal again, you may rely on this individual to distribute the message to the audience, whether that be teachers, counselors, parents or students.

Third, it would be helpful to have the intermediary buy into your message and approach. In that way, they could offer supporting information to the audience, as well as additional encouragement for the audience's participation and engagement in the desired outcome. This could be as simple as them saying "Did you see the message about this health topic? I think this is a good thing." At a minimum, you would hope that the intermediary would not say or do something that would conflict with your message, which might point the audience in a different direction, that could confuse the audience, or that might otherwise undermine your efforts.

Finally, consider the fact that the intermediary may be your specified audience, as they are the access point for ultimately reaching the final audience. That is, your communications effort may have some individuals as the audience to be reached, while your attention for your effort is more focused on a different level. An example would be with medical doctors; these professionals may be the group you reach directly and your communications efforts may be directed specifically at them. However, the ultimate audience you seek to reach is actually the patient and his/her decisions about a specific health issue. Within this, consider that your communications effort is designed to get the medical doctor to engage in a deeper conversation with patients about their use of tobacco or alcohol or other drugs; so the focus of your strategy is with the doctor. Your aim is to get the doctor to have more conversations with their patients, to provide the doctor with some speaking points and trigger statements, to enhance the doctor's confidence about the appropriateness of having these conversations and to provide the doctor with some resources that can then be used by them or

shared by the patients. Ultimately, your audience for the initiative is the patient—but your direct and focused audience for your efforts is the doctor specifically.

Within this context, it is not only the composition of the message that may need the support of the intermediary, but also the channel or approach used to get the message out. The message may be very straightforward, but the approach may be what generates the appeal. As you strive to reach your ultimate target audience, you may be using know–feel–do strategies that are most appropriate for them, but with which the intermediary may not be familiar. A classic example of this is with emerging technology and approaches currently found with social media. To include your message on Facebook, or Twitter or Instagram is something that would not have been possible a few years ago; in fact, many intermediaries may not be familiar with these communications and social networking know–feel–do strategies. Further, some intermediaries may not trust these approaches as valid and may not view them as helpful. What will be important is to garner the support of the intermediaries, particularly with know–feel–do strategies about which they may not be familiar or conversant. This may require some education as well as convincing information, so that the intermediary becomes a supporter, and at least not a roadblock, for your overall communication strategy.

Messages from the field

Creating empathy through intergenerational dialogue

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Lesbian, Gay, Bisexual and Transgender (LGBT) older adults are often invisible in our communities and their needs are often missing from important conversations about health. To help change attitudes and increase advocacy for this issue, SAGE (www.sageusa.org) participated in two Twitter chats during LGBT Health Awareness Week. These bridged older and younger generations with content that focused on common issues. We sought to promote empathy with the younger generations, since they are more likely to share and act. For #MillennialMon we linked participants to an LGBT-friendly provider directory, reiterated Affordable Care Act protections and showed how access to healthcare has improved for all LGBT people. Two examples are "The #ACA protects trans folks by prohibiting sex discrimination in hospitals and other health programs. #MillennialMon #TransHealth" and "The rate for uninsured #LGBTQ folks has been cut in half since 2013: http://bit.ly/1RKipP5 #MillennialMon #ACA." With #WellnessWed we focused on the LGBT older adult experience before tweeting about cultural competence trainings and trending preventative measures that improve health for all ages; one example was "Cultural competence trainings, cultural competence trainings, did we say cultural competence trainings? #WellnessWed #LGBT #TransHealth." Over 5 days SAGE gained 62,644 impressions on Twitter and 1.3 million impressions on Facebook by 1.2 million users. In addition to elevating the needs of LGBT older adults in discussions about health, bridging generations may also help to compensate for a lack of traditional family structure in many LGBT homes, providing both a way out of social isolation and a conduit through which elders can impart wisdom to younger people.

Audience segmentation

Your health and safety message will be tailored to the specific audience(s) you are seeking to reach.

- If you are reaching a certain age group, you will use examples that make sense to that group. For older adults, examples involving youth will probably not be appropriate.
- If you are trying to engage a specific audience, incorporate language appropriate for them. This includes words or phrases that resonate for them. If you are trying to reach employees in the railroad industry, ground your efforts in ways that make sense to this group.
- Use illustrations that link to your audience. If you are working with traffic safety personnel with an enforcement orientation, use visual and verbal illustrations and support materials that work for that group.
- Make sure your language is appropriate for the audience. Some groups vastly prefer visual illustrations; some groups have a lower reading comprehension level. Attend to the audience's reading level; most audiences will not understand a college reading level.[3]
- Your examples may not be precisely of the age of your target audience. Since some groups, such as youth, aspire to those a little older than themselves, your examples may be "several years above" those whom you are seeking to reach.
- If your efforts are designed to address an issue that is primarily gender-specific or focused on a particular race or ethnicity, you will want to have know-feel-do strategies appropriate for that audience. If the topic is about a women's health issue, you may benefit from testimonials from women; you may include men as valid sources if that complements your strategy. Similarly, with race or ethnic considerations, make sure your spokespersons and know-feel-do strategies are appropriate for your planning and content implementation.

This does not mean that your efforts need to be entirely "pure" and only linked to the group or audience you are trying to reach. What it does mean is that whatever you do needs to be grounded and should make sense to your audience. As an example, if you are directing a message of substance abuse prevention to college students, you have to determine which portion of the general college population is more likely to abuse which substances (see Figure 2.3). This requires segmenting the audience. Research evidence indicates that females graduate from high school and college more than males. Further, males are diagnosed with learning disabilities more than females and people with learning disabilities succumb to substance abuse at higher rates than those without these challenges. Also, people with learning disabilities drop out of college at much higher rates than those without such disabilities. In response to the needs of the audience segmentation you could provide useful resources for keeping people with learning disabilities from dropping out from college.[4]

The issue of audience segmentation is grounded with the basic concept that people do not all respond in the same way. Their behavioral intention is a function of not only their view of the relevance or importance of the message but also how they perceive others' attitudes toward the same message. This notion is in keeping with the theory of reasoned action and planned behavior that will be described in Chapter 4 on know-feel-do strategies. Marketers of commercial and social products are cognizant of the needs and interests of market or audience segmentation. At the same time, the marketers also assess the needs and interests of others who might influence the target segment's preferences.
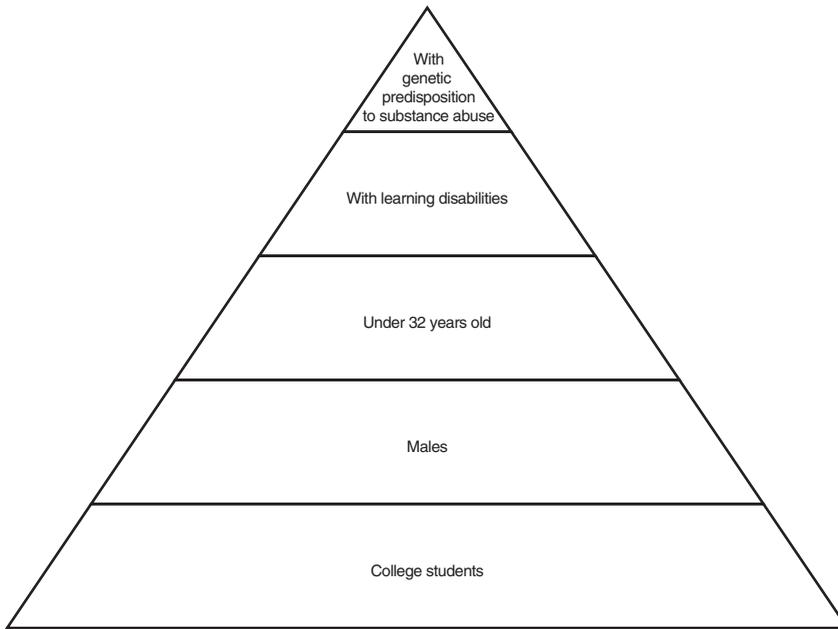
Figure 2.3 Example of audience segmentation

Another aspect of audience segmentation is that your effort may be trying to reach multiple audiences, all at the same time. This may be the case when you have a topic that has multiple strands, such as with youth. If you are initiating a bicycle safety campaign, you may have some approaches that focus directly on your target audience, another approach that complements this and highlights how parents can be involved and a third strategy that engages others active and influential in the lives of youth, such as community leaders, educators and other adults who surround the youth.

As you do the segmentation of the audience, and attempt to include multiple audiences, you will want to be sure that your messages and know–feel–do strategies actually do complement one another. This sounds like an obvious factor, but it is important that it is incorporated in your planning efforts. As you have a specific message or strategy for youth, for example, you may be saying other things for the parent or adult. These additional messages would complement the youth messages and would be consistent with them also. You may just be saying things in a different way and making suggestions or offering tips for adults that would help the youth—the specified target audience—best implement the desired outcomes.

The segmentation of your audience can be based on many different factors. Consider the following:

• Age
• Affiliation groups (clubs, organizations)
• Culture
• Gender
• Race/ethnicity

- Religion
- Occupation
- Region of the country
- Language
- Country of origin
- Education level
- Areas of interest (sports, culture)
- Other.

As you start to think further about audience segmentation, it can appear somewhat overwhelming. That is, what are the primary factors or determinants affecting how individuals will respond to the messages? Is it based on age? Race? Language? Occupation? Further, would this be based on a blend of factors? Think about an effort where you are trying to reach a group of student-athletes—the topic of concern is with a specific team, focusing on women and further highlighting younger students. With adults overall, the body of literature on adult learning theory is helpful and provides useful guidance about ways of best reaching the adult audience as a whole. The end result may be so narrow that it becomes cost-inefficient or inappropriate to implement some initiative. It may make more sense to step back and be a bit broader with your focus.

Audience segmentation is a great concept and one that should be considered as you prepare your efforts. It is something that you could do with various complementary approaches. It is also something where you may include one or more messages for different audiences within a single overall strategy. It is also an approach where you can back off the narrow, specific approach of segmentation and do whatever you can to maximize the appropriate approaches with your audience.

Messages from the field

Adult learning from a presenter's perspective

Kathryn Bedard, MA LCADC, Sojourner Consulting LLC

Children are new to the world. They react; they explore and learn through sensory experiences. If you are providing information to children, and they perceive you to be an authority, children will believe you. Providing information to adults is very different because the adult learning process is complex, uniquely personal and is a subtle dance of power and control, so adult learners offer many variables to consider when developing presentations. The field of adult learning was introduced to the United States in 1968 by Malcolm Knowles.[5]

Adult learning is where theory, experience and practice all crash together: presenters offer their new information with hope (theory). The audience studies the presenters' theory and style of presenting and decides the credibility of the information and its relevance for future use. If the presenter seems credible, information may be put into practice. Part of delivering information effectively, and getting the audience to want to use the information, involves understanding various factors about adults.

Cultural appropriateness and competence

An important part of knowing the audience is attending to culture. Cultural appropriateness in health and safety communications is tailoring the message based on the audience's language, manners of speech, norms and mores, religious beliefs and practices and other ethnic distinctions. Cultural competence in health and safety communications is the ability to design and deliver messages that are culturally appropriate for the audience and, hopefully, ultimately successful. What is important for you as the health communicator is to have a basic understanding of cultural distinctions in your audience.

What is meant by "culture"? It is learned, socially patterned habits of thought and behavior that are characteristic of a group. Other definitions include the following:

- the beliefs, customs, arts of a particular society, group, place or time;
- a particular society that has its own beliefs, ways of life, art, customs;
- a way of thinking, behaving or working that exists in a place or organization (such as a business);
- the integrated pattern of human knowledge, belief and behavior that depends upon the capacity for learning and transmitting knowledge to succeeding generations;
- the customary beliefs, social forms and material traits of a racial, religious or social group;
- the set of shared attitudes, values, goals and practices that characterizes an institution or organization; and
- the set of values, conventions or social practices associated with a particular field, activity or societal characteristic.

The term "culture" is used within various other contexts, with terms such as "pop culture" and the "culture of a region." There are references to "organizational culture" or "corporate profit-seeking cultures" as well as a person having a "lack of culture." For the purposes of health and safety communications and this chapter, the focus is actually about the issue of more global and intrinsic cultural factors for individuals and groups, as cited in the bullets above. Culture thus focuses on the habits of thought and behavior affiliated with a group.

Within this broad construct of culture, an initial consideration focuses on examples of culture. The first issue that comes to mind is factors associated with race and ethnicity. This may include Hispanic, African-American, American-Indian and Asian/Pacific Islander. Even within each of these, additional groupings or considerations will be important and relevant. For example, within the Asian/Pacific Islander designation, different cultural perspectives will be found among Thai and Vietnamese; and differences among those in mainland China and Hong Kong. On Guam, you will find those who have located there as well as the native Chamorro; further, these Pacific Islanders are different from those on the Marshall Islands or Yap or Palau. Related to these are considerations with respect to language, as well as to country of origin.

Another issue with culture has to do with gender; there may be cultural considerations appropriate for men, others for women and still others for transgender individuals. Culture is a consideration with sexual orientation and/or gender identity, whether it be straight, gay, lesbian, transgender, transsexual, queer, questioning or other consideration. Age may play a role with culture, with youth cultures being different from young adult, mature adult and elderly groups. Another factor may have to do with culture associated with individuals in recovery from substance abuse or psychiatric disorder. And many more cultures exist.

Beyond this basic "listing" of cultures, there is blending of cultures. Of course, this can be found within each individual—a person of color, female, whose primary language is not English and who is in recovery from an eating disorder. Another type of blending that occurs is with relationships; consider a married couple with different cultural backgrounds (whether by race or ethnicity, country of origin, language or other factor).

Another consideration is that some cultures may be less obvious and/or more hidden than others. For example, there may be an individual who is a person of color, but "passes" and may be known as a "marginal person." It may not be obvious if a person is in recovery from addiction, but this may be a strong cultural factor for his or her life; this can be the same as a person who drinks or uses drugs excessively as that could be a strong cultural influence. For a gay or lesbian or bisexual individual, this cultural influence is not necessarily expressed or obvious; some individuals may not be "out" with their lifestyle, or may be selective with whom they disclose or share their cultural perspectives. The list can go on and on, so it is important to acknowledge that culture is important, but is not always clearly observable.

It is important to acknowledge that the cultural group or subgroup you are attempting to influence may not be reachable or accessible through normal channels or channels used with others; there may be different channels, or no specific channels may exist. Also, perhaps these individuals are not going to react to the same behavior change theory—for example the subjective norms from the theory of planned behavior are going to be different for someone who is leading a guarded lifestyle or for whom cultural norms are different from the overall societal norms.

The important focus for any of these situations and for reaching individuals who comprise the target audience address the defining cultural considerations appropriate for maximizing your impact. Earlier in this chapter, attention was provided to factors that may resonate well for your audience—so if you are attempting to reach student-athletes, you would be well served to provide examples and illustrations from student-athletes or from those respected by the student-athlete. With issues of diabetes, involve those with experience and expertise with this disease. Similarly, for topics associated with recovery from substances such as drugs or alcohol, engage people in recovery as well as professionals with a deep and compassionate understanding of the processes and struggles associated with recovery issues. Within this cultural context overlay, consider what it is within the cultural context of your audience that may be relevant and appropriate. When trying to reach women, who are the best, most trusted communicators and experts, what are the best examples and illustrations appropriate for reaching this group? When trying to reach gay men or women in recovery or the 1.5 generation of Chinese (those who immigrate to a new country by their early teens, sharing characteristics of both first and second generations), what would be the most appropriate resources and references for achieving your goals?

So the question now arises, why is culture important and how does it matter? As established with a resource on substance abuse issues prepared decades ago,

> Each of our multicultural communities offers a rich and diverse ethnic heritage that, if fully explored and understood, will play an important role in the development of [alcohol and other drug] prevention programs that focus on strengthening cultural resiliency and protective factors.[6]

While this focuses on drugs and alcohol, the context of this is that attention to cultural issues is helpful in understanding the audience. This understanding can lead to the inclusion of know-feel-do strategies and approaches that are more helpful in reaching the audience. Imagine what it would be like to try to reach an audience without an appropriate understanding.

Culture matters because individuals identify strongly with a specific cultural group or several groups. With your efforts in health and safety communications, it is vital that you attend to cultural factors to the extent that they make a difference in the lives of the audience you seek to affect. Your efforts in doing so are important in communicating the respect you have and feel toward your audience. Even though your quest to be culturally competent is never complete, your effort in attempting to maximize your understanding will be helpful in achieving your desired goals with communications efforts.

Today's world is pluralistic and much celebration of diversity is found. Figuratively, American culture has gone from a "melting pot" to a "salad bowl." Individuals within a culture or grouping often view their own culture in ways that are different from those "on the outside." In this sense, culture and diversity go hand in hand. With the presence of various cultures is found diversity. While many similarities exist, differences are also present, thus creating diversity within the overall setting, whether it is a work setting, community, affiliation group, organization or other.

Attention to culture and diversity can be manifested in a variety of ways. **Cultural competence** refers to an ability to interact effectively with people of different cultures and socio-economic backgrounds.

Moving forward within the issue of culture and diversity, two key questions remain. First, what can you do as a health and safety communicator to maximize your cultural competence? Second, how might you apply this to your work? From a professional development perspective, here are some specific things you can do to enhance your cultural competence.

1   Acknowledge that increasing your cultural competence represents a commitment to growth and improvement. Realize that this is not an "endpoint," but rather a process.
2   Make specific efforts to heighten your own personal awareness. Look for opportunities to learn about different cultures and lifestyles. Realize that this may be a personal challenge, as you may learn of practices or perspectives that are quite novel for you.
3   Be aware of all that you do not know. Know that you have limits and that it is not realistic for you to be an expert on all cultures. Also realize that culture may change over time, so various traditions or practices or values may evolve for a group.
4   Attend to your own values. Try to understand your own culture and what is important to you. This is a challenge, as it is hard to fully understand your own culture. As the old maxim says, "a fish doesn't see the water around it."
5   Try to be aware of the culture that affects you. As you understand this, you can gain a better perspective about what might affect others, also.
6   Listen, ask questions, query, probe and strive to better understand others' cultures. Try to understand what aspects of a person's culture are important and why.
7   Strive to have a balanced approach when thinking about cultures. In this, understand cultural differences as well as cultural similarities. Try to acknowledge individual differences within the broader construct of a culture (that is, all individuals within a cultural context or group are not the same on all aspects of their lives). Strive to not

stereotype; while broad cultural considerations are important, that does not mean that all individuals within a cultural grouping are the same.

As you work as a professional in health and safety communications, specific know-feel-do strategies will be important for your work to demonstrate your cultural sensitivity and awareness. Here are some tips that may be helpful in this regard.

- Incorporate, to the greatest extent possible, your understanding of the cultural context of the audience you seek to affect.
- Use language that is respectful and inclusive.
- Choose materials, images and illustrations that best resonate with the cultural perspectives and values of your audience.[7]
- Engage individuals with personal backgrounds or cultural representation of the cultural groups you wish to influence. This may be in the planning and/or pilot testing phases of the process.
- Incorporate a variety of approaches and learning styles with your communications effort.
- Realize that your efforts may face challenges, resistance and lack of understanding. It is thus helpful to acknowledge that discussions of culture may be awkward or uncomfortable for individuals.

As you prepare your efforts, it is critically important to understand the role of culture in the lives and minds of the audiences you seek to reach. You want to acknowledge the important role that culture plays in the minds and lives of individuals and to find ways of dovetailing your communications efforts within the context of their lives and their cultures.

Try for a moment to imagine the opposite perspective. That would be one of highlighting "one message for all" or "one approach for everyone," consistent with the "universal" approach highlighted in the chapter on theoretical groundings. How effective would your efforts be if you ignored cultural factors, or if you attempted a singular strategy designed to reach everyone? In fact, your efforts would likely not work at all; at best, they would not be as effective as if they were more inclusive or acknowledging of cultural considerations.

The practical side, however, is that you will not be able to have a uniquely appropriate approach that addresses all the cultural factors for each individual. That would be virtually impossible, as it requires a full understanding of these various cultural factors and then tailoring the know-feel-do strategies and materials in a way that would be different for each person. That is just not practical or reasonable. However, the important consideration is that you attempt to include cultural considerations, at least at the broadest level, within your efforts to communicate in a reasonable and appropriate way with your audience.

Culture is important for health and safety communications, because culture is important to the people whom you seek to influence. Culture and diversity can be exciting, as this can create healthy interaction among individuals. Culture can be vibrant, as culture affects individuals, groups and the surrounding world. To acknowledge and embrace culture can make a big difference with the impact of our work; to do otherwise is to ignore the obvious.

Messages from the field

Getting to know your audience

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Essential for preparing a health and safety message is knowing your audience and understanding who they are. Where are they spending their time? What do they care about? What are they talking about? Where do they get their information? To what extent do they rely upon newspapers, TV, radio, posters or online via social media for information?

My experience working at a campus police department, with the college student target audience ranging from age 18 to 25, incorporated increased messaging on social media since we found that 9 out of 10 people in the age range 18–29 use social media.[8] However, current work at the Illinois Higher Education Center, with a target audience of professional staff members who are older than college students, necessarily uses other methods to share our message to be more effective. This is because research shows that between 25 percent and 65 percent were not using social media.

Here are some strategies to get to know your audience:

- Your website analytics
  - Where visitors are spending their time on your website tells you what they are most interested in.
- Facebook insights
  - For Facebook pages, their insights will tell your audience demographics, languages, location, when they are online, how they interact with your posts and how many saw your posts.
- Twitter analytics
  - This will show your audience demographics, location, interests and how they interact with your tweets.
- Listen
  - This can be done in person by talking to your audience and/or online. Paying attention to what they are talking about, sharing and watching on social media is valuable information as you create your messaging.
- PEW Research and other data sources
  - Provides valuable data on social media usage by age, gender, education, household income, race/ethnicity and whether they live in a rural, suburban or urban environment.

Knowing your audience will guide you about what platform to use and how to hone your message for maximum effectiveness.

Getting started

By learning more about your audience, you are ready to start a health and safety communication initiative. However, there must be some reason for the initiative. Maybe it is based on an expressed felt interest or concern by yourself and your group. For example, your group volunteers for the American Diabetes Association to prevent type 2 diabetes in all women and to support women in managing their diabetes. As you address this matter of importance, you will not be able to do everything with all audiences, as you will have limited resources and time. You can decide which segment would benefit most from your attention. Is it preventing the disease, for instance, or is it providing support to those with diabetes?
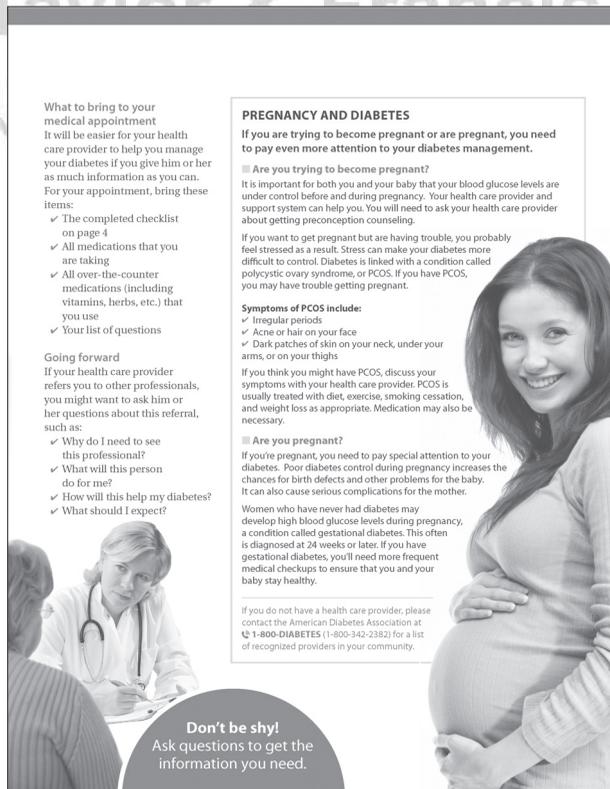
Messages from the field

Considering the audience's needs

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Evelina Sterling, PhD, MPH, MCHES, American Diabetes Association

One of the initiatives of the American Diabetes Association (ADA) is to work to prevent type 2 diabetes in all women and to support women in managing their diabetes. Since the emotional impact of living with a chronic disease, like type 2 diabetes, can have a significant impact on women, the ADA developed the educational booklet *Coping with Diabetes: A Handbook for Women and their Families*. Each section of the booklet was carefully designed to provide information to women in an easy to read format on a wide variety of topics. It was important to explain the connection between stress and diabetes management. The booklet includes a short quiz to assess stressors and provides practical know-feel-do strategies for coping with stress effectively. The booklet also addresses seeking out medical care and communicating effectively with health care professionals. Although the content was important, the images that the booklet included were also critical. The target audience for the booklet was women, but it was important that the images included were women of diverse racial and ethnic backgrounds, varying ages and body types. Each image included in the publication was therefore hand selected with great care.

So it's important to consider all the serious side effects and complications and not just focus on the obvious or stereotypical. If health educators and experts don't know about the disease, how can others be expected to do so? The lesson learned is that it is so important to consider the audience.

Another way of "getting started" is when you are working with an audience on one particular matter only to notice another pressing concern. For example, you may be collaborating with a faith community, recreation center or athletic team to address high school students on the proper use of social media (i.e., Facebook postings, Twitter tweets) when you overhear members of the audience reveal violent experiences in their lives. Essentially, you have come across a specific group within your original audience that would benefit from a violence prevention initiative.

In either case, you need to prioritize your efforts. You have to determine what areas within the larger concern and what segments within the audience deserve the greater attention. Your decision may be based on funding or priorities as established by the group's leadership. Your decision may also rest on "what the data says." Audience segments can differ in their experiences—whether with diabetes or with violence. Similarly, each segment has a respective way of receiving messages based on age, or gender, or race/ethnicity, or level of education, or some other factor or some blend of factors. In the next chapter, you will learn about aiming messages in order to effectively influence and persuade your audience.

Forward!

This chapter addressed the importance of knowing about your audience. It is vital, as a health communicator, that you strive to learn about your audience and to reach them in the most appropriate and effective ways possible. You should not presume that others will respond in ways that work for you or your own circle of influence. You want to work to identify factors and approaches that will work best for your audience, as best you can. While this can be complicated, subsequent steps in the health and safety communications model will clarify how this is done.

The health and safety communications approach may provide guidance and direction about specific action steps an individual would be well advised to follow in various situations. These can illustrate best practices for health and can also be developed within the context of age and culturally appropriate approaches.

In short, knowing the audience is helpful in connecting with them. This understanding can help you be more effective in understanding what motivates them, whether it is images or symbols or language or some other factor. Further, having this understanding, and using this understanding, can help your effort by demonstrating your commitment to them as a group and as individuals, and perhaps as a culture. Your effort can have dramatic effects through itself by being relevant, but also by demonstrating your respect for them. That can serve you and your efforts to a very high level.

Notes

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